090-04-11788	mtc 26011
35050 KNOW ALL MEN BY THESE	MTC 26011 DEED OF RECONVEYANCE Vol.m9/ Page 19339 PRESENTS, That the undersigned trustee or successor trustee under that
	farch 4 , 19 80 , executed and delivered by WILLIAM SLIVKOFF and
Lot 16, Block 3, TRACT 1016 know	as GREEN ACRES according to the official plat the County Clerk of Klemath County, Oregon.
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111 3	
는 정말 승규를 위해서 잘 가는 것이 가는 것 없는 것을 가는	
17 . (51	

having received from the beneficiary under said trust deed a written request to reconvey, reciting that the obligation secured by said trust deed has been fully paid and performed, hereby does grant, bargain, sell and convey, but without any covenant or warranty, express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned in and to said described premises by virtue of said trust deed.

In construing this instrument and whenever the context hereof so requires, the masculine gender includes the feminine and neuter and the singular includes the plural.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument. DATED: September 23 . 19 .91 . THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPER IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND I REGULATIONS, BEFORE SIGNING OR ACCEPTING THIS INS PERSON ACOUIRING FEE TITLE TO THE PROPERTY SHOULD THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTME APPROVED USES. Trustee STATE OF OREGON, County of Klamath September 23 Personally appeared the above named William L. Sisemore _ and acknowledged the foregoing instrument to be his voluntary act and deed. STATE OF OREGON, (OFFICIAL au County of ___ Klamath I certify that the within instrument Notary Public for Oregon was received for record on the 24th My commission expires 8/2/95 . 19 91 day of _____ Sept. at 3:36 o'clock P. M., and recorded n-kol in book <u>M91</u> on page19339 or as CE RESERVED file/reel number _____35050. FOR Record of Mortgages of said County. RECORDER'S USE Witness my hand and seal of County affixed. Evelyn Biehn, County Clerk **Recording Officer** B Qauline Multinders Deputy NAME, ADDRESS. ZIP Fee \$8.00