FORM No. 887—Oregon Trust Deed Series—TRUSTEE'S DEED OF RECONVEYANCE. 00

35829

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DEED OF RECONVEYANCE Vol. mai Page 21148 KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated.....June 2 & Sitsan M. Veloni, husband and wife

RIGHT 1988

STEVENS-NESS LAW PUB. CO.

PORTLAND, OR. 9720

Lot 2, Block 16, Oregon Shores Subdivision, Tract 1053, according to the official plat thereof on file in the office of the County Clerk, Klamath

K-38678

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

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 singular includes the plural.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument; if the undersigned is a

corporation, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to DATED: October, *19*_91 KLAMATH COUNTY TITLE COMPANY (If executed by a corporation; affix corporate seal) 20 Bv: in the level earin (If the trustee who signs above is a corporation, use the form of acknowledgment opposite.) President STATE OF OREGON, ----Trustee County of STATE OF OREGON,) ss. This instrument was acknowledged before me on County ofKlamath This instrument was acknowledged before me on . Or to ber -9,, 19....., by 19.91, by _____ R. E. Veatch Notary Public for Oregon (SEAL) My commission expires: My commission expires: 31993 (SEAL) STATE OF OREGON, GRANTOR'S NAME AND ADDRESS County of Klamath ss. I certify that the within instrument was received for record on the 10th...day of ______Oct.____, 19.91., at 9:21 o'clock A.M., and recorded GRANTEE'S NAME AND ADDRESS After recording return to: SPACE RESERVED in book/reel/volume No. ______ on Timberland Federal Savings & Loan FOR page ____21148 ____ or as fee/file/instru-624 Simpson Ave. RECORDER'S USE ment/microfilm/reception No.....35829, Hoquiam, WA 98550 Record of Mortgages of said County. NAME, ADDRESS, ZIP Until a change is requested all tax statements shall be sent to the following address. Witness my hand and seal of County affixed. Evelyn Biehn, County Clerk NAME, ADDRESS, ZIP By Qauline Millineale. Deputy Fee \$8.00