090-21-00217 KCT K-43441 35831 DEED OF RECONVEYANCE Vol. mg/ Page 21150 certain trust deed dated _ person in the Mortgage Records of _ conveying real property situated in said county described as follows: at page Lot 10 Block 3 Tract No. 1145, Nob Hill, a resubdivision of portions of Nob Hill, Irvington Heights, Mountain View Addition and Eldorado Heights, Klamath County, Oregon. Tax Account No. 3809 020DA 3000 Key #171085 \sim C E 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. September 30 DATED: 19 _⁹¹ THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACOURTING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES. Trustee STATE OF OREGON, County of Klaman September 30 Klamath Personally appeared the above named William L. Sisemore _ and acknowledged the foregoing instrument to be his voluntary act and deed. STATE OF OREGON. Before me (OFFICIAL -Alle imer 55. County of . Notary Public for Oregon <u>Klamath</u> I certify that the within instrument My commission expires 8/2/95 was received for record on the 10th day of _____Oct. at _____O'clock __AM., and recorded M91 on page 21150 or as M91 on page 21150 or as SPACE RESERVED in book FOR file/reel number <u>35831</u> ΗD 97601 RECORDER'S USE Record of Mortgages of said County. NAME. ADDRESS, ZIP Witness my hand and seal of i a change is requested all fax statements shall be sent to the following address. County affixed. Evelyn Biehn, County Clerk **Recording Officer** NAME, ADDRESS, ZIP By Caulin Multimstars Deputy Fee \$8.00