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DEED OF RECONVEYANCE

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37191

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated MARCH 22, 1991, executed and delivered by JOHN E JOHNSON AND DEBORAH A JOHNSON, AS TENANTS BY THE * as grantor and recorded on AUGUST 8, 1991, in the Mortgage Records of KLAMATH County, Oregon, in book/reel/volume No. M91 at page 15560, or as document/fee/file/instrument/microfilm No. _____ (indicate which), conveying real property situated in said county described as follows:

*ENTIRETY

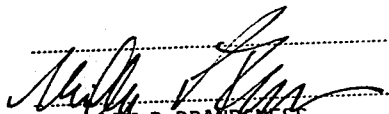
SEE ATTACHED EXHIBIT "A" BY THIS REFERENCE MADE A PART HERETO

(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 do so by its Board of Directors.

DATED: NOVEMBER 6, 1991

 WILLIAM P BRANDSNESS

Trustee

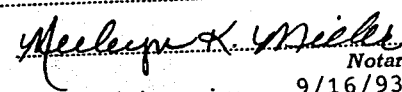
STATE OF OREGON, County of Klamath) ss.This instrument was acknowledged before me on November 6, 1991,by WILLIAM P. BRANDSNESS

This instrument was acknowledged before me on _____, 19____,

by _____

as _____

of _____



 Notary Public for Oregon
 My commission expires 9/16/93

JOHN E AND DEBORAH A JOHNSON

GRANTOR'S NAME AND ADDRESS

SOUTH VALLEY STATE BANK

GRANTEE'S NAME AND ADDRESS

After recording return to:

 SOUTH VALLEY STATE BANK
 801 MAIN STREET
 KLAMATH FALLS OR 97601

NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.

NAME, ADDRESS, ZIP

STATE OF OREGON,) ss.
County of _____

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ or as fee/file/instrument/microfilm/reception No. _____, Record of Mortgages of said County. Witness my hand and seal of County affixed.

NAME

TITLE

By _____ Deputy

SPACE RESERVED
FOR
RECORDER'S USE