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R-11-102-91

dated JULY 26TH 19.90 ., executed and	signed trustee or successor trustee under that certain trust deed I delivered by .VELVET.TAND .RONALD .E. FLESCHER I and recorded on .OCIOBER .25TH	
as grantor and recorded on OCHDER 2311  the Mortgage records of KLAMATH County, Oregon, in book/reel/volume No. M. 88		
	D VOLUME AND PAGE NUMBER FOR LEGAL DISCRIPTION.	
	변 공연 : [18] 11 - [18] 12 - [18] 12 - [18] 12 - [18] 12 - [18] 12 - [18] 12 - [18] 12 - [18] 12 - [18] 12 - [18	
	지하는 선택을 수 있다. 그는 지수는 보다 나를 보고 <mark>있</mark> 다.	
	[18] (18] (18] (18] (18] (18] (18] (18] (	
	그리는 이상 얼마를 살아내면 하다는 그는 그 그 그 그 나는 그 사람이 없다.	
	그리는 참 후 고양승교	
	CONTINUE DESCRIPTION ON REVERSE SIDE)	
secured by said trust deed has been fully paid and per	deed a written request to reconvey, but without formed, hereby does grant, bargain, sell and convey, but without erson or persons legally entitled thereto, all of the estate held by	
any covenant or warranty, express or implied, to the p	formed, hereby does grant, bargain, sen and control, sen	
any covenant or warranty, express or implied, to the p the undersigned in and to said described premises b	y virtue of said that does not said the massaline gender includes the feminine	
In constraing this instrument and whenever the cont	text hereof so requires, the masculine gender includes the feminine	
IN WITNESS WHEREOF, the undersigned trustee	has executed this instrument; if the undersigned is a corporation,	
it has caused its corporate name to be signed and its c	has executed this instrument; it the undersigned authorized corporate seal to be affixed hereunto by its officers duly authorized	
thereunto by order of its Board of Directors.	CHICAGO TITLE INSURANCE COMPANY OF OREGON	
NOVEMBER 1, 1991		
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCR.	AWS Depar Durdock	
IN THIS INSTRUMENT IN COLUMN OR ACCEPTING THIS INS	OULD	
MENT, THE PERSON ACCOUNTS OF COUNTY PLANNING DEP	By: Susan Bouroage, Assistant occurrent	
MENT TO VERIFY APPROVED USES.	Trustee	
(If the trustee who signs above is a corporation, (ORS 93.490)	and the second of the second o	
use the form of acknowledgement opposite.) (OHS 93.490)	CAMAAAAA 1 - U	
STATE OF OREGON, ) ss.	STATE OF OREGON County of NOVEMBER 1, 1991 19	
<b>1</b>	Personally appeared and Susan Bourdage who, being duly sworn,	
County of	each for himself and not one for the other, did say that the former is the	
Personally appeared the above named	Assistant corretary of CHICAGO TITLE	
	INSURANCE COMPANY OF OREGON a corporation,	
and acknowledged the foregoing instru-	and that the seal affixed to the foregoing instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by suppority of its board of directors; and each of them	
ment to bevoluntary act and deed.	of said corporation and that said instrument was signed and sealed in of them of said corporation by authority of its board of directors; and each of them of said corporation by authority of its board of directors; and each of them of the said instrument to be its voluntary and added.	
11	Provide Me:	
Before me:	A STATE OF THE STA	
II '	Notary Public for Oregon MY COMMISSION NO. 007206  MY COMMISSION EXPIRES MAY 3 2 1995	
SEAL) Notary Public for Oregon  My commission expires	My commission expires:	
	STATE OF OREGON, \ \ \ \ ss.	
CHICAGO TITLE INSURANCE 10001 S.E. Sunnyside Rd	County of Klamath	
Clackamas, Oregon 97015	I cortify that the within instrument was	
GRANTOR'S NAME AND ADDRESS	received for record on the . 26th . day	
	of	
SAME AS GRANTOR ABOVE	in book/rool/volume No. My L · · · · · · · · · ·	
	SPACE RESERVED 26861 or as fee/file/instru-	
GRANTEE'S NAME AND ADDRESS	FOR mont/microfilm/reception No 379.44,	
After recording return to: KLAMATH PUBLIC EMPLOYEES CU	Pageri of Mortgages of Said County.	
3737 SHASTA WAY	Witness my hand and seal of County	
KLAMATH FALLS, OREGON 97603	affixed.	
NAME, ADDRESS, ZIP	Fyelyn Biehn, County Clerk	
Uniti a change is requested all tax statements shall be sent to the following add	Eyelyn. Biehn, County. Clerk  NAME  By Pauline Mulinders. Deputy	
	By Raulene Multindary Deputy	
•		
NAME, ADDRESS, ZIP	Fee \$8.00	