*92 DEC 10 PH 3 24 FORM No. 887-Oregon Trust Deed Series-TRUSTEE'S DEED

55054

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DEED OF RECONVEYANCE ing real property situated in that county described as follows: *ENTIRETY LOT 17, BLOCK 6, TRACT 1262, THRID ADDITION TO NORTH HILLS, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

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(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

having received from the beneficiary under the trust deed a written request to reconvey, reciting that the obligation secured by the 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 the described premises by virtue of the trust deed.

In construing this instrument and whenever its context 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, it any, affixed by an officer or other person duly author-

ized to do so by its Board of Directors. DATED DECEMBER 2 192 BRANDSNESS P พับบที่ Trustee STATE OF OREGON, County of __Klamath This instrument was acknowledged before me on ________2 William P. Brandsness This instrument was acknowledged before me on 89 of Notary Public for Oregon My commission expires 9/16/93 STATE OF OREGON, PATRICIA A FUHRMAN SS. County ofKlamath..... I certify that the within instrument was received for record on the 10th day Trustee's No of ______ Dec._____ 19.92.., at TO: SOUTH VALLEY STATE BANK 3:24 o'clock ... R... M., and recorded in SPACE RESERVED FOR 29309 and/or as fee/file/instru-RECORDER'S USE After recording return to (Name, Address, Zip): KLAMATH FIRST FEDERAL SAVINGS ment/microfilm/reception No....55054, Record of Mortgages of said County. 2943 SOUTH SIXTH STREET Witness my hand and seal of KLAMATH FALLS OR 97603 County affixed. Until requested otherwise send all tax statements to (Name Evelyn_Biehn._County_Clerk. By auline Mullendery, Deputy Fee \$10.00