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|              | activeted by Robert M. GION &                                                                | VIRGINIA L. GION, husband & vilfo, 19 63                                                                                                                                                                                                                     | ccessor trustee                                        |
|--------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|              | in the Mortgage Records of Klamat                                                            | and recorded on March 9 th County, Oregon, in book M83 eying real property situated in said county                                                                                                                                                           | 19 83                                                  |
|              | 3532 CONV                                                                                    | on county, Oregon, in book M83                                                                                                                                                                                                                               | at page                                                |
|              | written request to reconvey, recibeen fully paid and performed, he any covenant or warrants. | reying real property situated in said coung received from the beneficiary under sating that the obligation secured by said ereby does grant, bargain, sell and converse or implied, to the person or persons leave the undersigned in and to said described. | ity described in<br>aid trust deed a<br>trust deed has |
|              | In construing this instrum masculine gender includes the fem                                 | ent and whenever the context hereof so<br>Linine and neuter and the singular includ                                                                                                                                                                          | requires, the                                          |
|              | VIOLATION OF APPLICABLE LAND USE 1 INSTRUMENT. THE PERSON ACCURATE                           | LOW USE OF THE PROPERTY DESCRIBED IN THIS LAWS AND REGULATIONS. BEFORE SIGNING OR G FEE TITLE TO THE PROPERTY SHOULD O NG DEPARTMENT TO VERIFY APPROVED USES.                                                                                                | S THESTOIDERS                                          |
|              | IN WITNESS WHEREOF, the und                                                                  | ersigned trustee has executed this instr                                                                                                                                                                                                                     |                                                        |
|              | Dated: February 10                                                                           | ^^                                                                                                                                                                                                                                                           | rument.                                                |
|              |                                                                                              |                                                                                                                                                                                                                                                              |                                                        |
|              |                                                                                              | $\gamma$ $n_0 = 0$                                                                                                                                                                                                                                           |                                                        |
|              |                                                                                              | Miller I deserve                                                                                                                                                                                                                                             |                                                        |
|              | STATE OF OREGON )                                                                            |                                                                                                                                                                                                                                                              |                                                        |
|              | County of Klamath )                                                                          |                                                                                                                                                                                                                                                              |                                                        |
| <i>0</i> ]/n | foregoing instrument to be his vol                                                           | Notary Public for Oregon My Commission Expires: 8/2/95                                                                                                                                                                                                       | nowledged the                                          |
| •1           | Until a change is requested,                                                                 | OFFICIAL SEAL AUCE L. SISEMORE NOTARY PUBLIC - OREGON COMMISSION NO. 007497 MY COMMISSION EXPIRES AUG. 02,1995                                                                                                                                               |                                                        |
|              | send tax statements to:                                                                      |                                                                                                                                                                                                                                                              |                                                        |
|              |                                                                                              |                                                                                                                                                                                                                                                              |                                                        |
|              |                                                                                              |                                                                                                                                                                                                                                                              |                                                        |
|              |                                                                                              |                                                                                                                                                                                                                                                              |                                                        |
|              | STATE OF OREGON )                                                                            |                                                                                                                                                                                                                                                              |                                                        |
|              | County of Klamath )                                                                          |                                                                                                                                                                                                                                                              |                                                        |
|              | I certify that the within inco                                                               | Timent time                                                                                                                                                                                                                                                  |                                                        |
|              | Feb. , 19 93 , at mean of said County.                                                       | trument was received for record on the 3:16 o'clock p M., and rec file/reel number 57494, Record                                                                                                                                                             | llthday of orded in book of Mortgages                  |
|              | Witness my hand and seal of Cour                                                             |                                                                                                                                                                                                                                                              |                                                        |
|              |                                                                                              |                                                                                                                                                                                                                                                              |                                                        |
|              |                                                                                              | Evelyn Biehn, County Clerk                                                                                                                                                                                                                                   |                                                        |
|              |                                                                                              | Recording Officer                                                                                                                                                                                                                                            |                                                        |
|              |                                                                                              | By Quelene Muelenders                                                                                                                                                                                                                                        |                                                        |
|              | Fee \$10.00                                                                                  | Deputy                                                                                                                                                                                                                                                       | *                                                      |