

-TRUSTEE'S DEED OF RECONVEYANCE M 3 41

FORM No. 887-Oracion

et Daad Sarias

-Carl S. Jackson aka Carl Stephen Jackson as grantor and recorded on May 13, _____, 19 86., in the Mortgage Records of _____Klamath _____ County, Oregon, in book/real/volume No. ______ M86 _____ at page8226......, and/or as fee/file/instrument/microfilm/reception No. ______ (indicate which), conveying real property situated in that county described as follows:

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STEVENS-NESS

 S_2^1 of Lots 730 and 731, Block 129, Mills Addition to the City of Klamath Falls, Oregon, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

(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, if any, affixed by an officer or other person duly authorized to do so by its Board of Directors.

DATED	93	Klamath County Title Company			
			ву: 66	President	
	This instrument was acknowledged be		Klamath vledged before i) ss.	, 19,
	by This instrun by	R. E. Vea	tch	ne onJune 7.	, <u>1993 </u> ,
	as of	President Klamath.County.Title.Company			
NOTARY PUBLIC - OREGON		My commission expires 9/3//9 2			
Trustee's Name and Address TO:			SPACE RESERVED FOR RECORDER'S USE	STATE OF OREGON, County of Klamath Ss. I certify that the within instrument was received for record on the	
Affer pecarding geturn to (Nome, Address, Zip): Carl S. Jackson 1035 Mitchell St. Klamath Falls, OR 97601 Until requested otherwise send oll tax statements to (Name, Address,		***, Zip):			
		Fee	\$10.00	Evelyn Biehn, C NAME ByDauling Mullis	TITLE