79201 04-15-94P02:05 RCVD

K-44378/K-46471 DEED OF RECONVEYANCE Volmay Page 11265

OR	97204		
5	(M)	;	

KNOW ALL MEN BY THESE PRESENT	TS, That the undersigned trustee or successor	trustee under that
Ahalt, Ronald L. Faganello, and *	., 17, executed and delivered by	Anall, lammy L
	as grantor and recorded on August 4	10 92
m the mongage records of	County Oseden in EGYTYYYY	MOO
page, and/or as ree/me/instrument/r.	miCrofilm/reception No. Cindia	nto which is
ing real property situated in that county described	l as follows:	ate wnich), convey-
	ab 10110110;	

*Lorraine A. Faganello, as tenants in common.

See above referenced Trust Deed

(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.

1202 to do so by its Board of Directors.	
DATED April 14, , 19 94	KLAMATH COUNTY TITLE COMPANY
	By: President
	rresident
	Trustee
This instrument was a	nty of <u>Klamath</u>) ss. acknowledged before me on, 19,
This instrument was a by R. E. Veat as President	cknowledged before me on April 14 1994
OFFICIAL SEAL TAMMY C. ALLEN NOTARY PUBLIC - OREGON COMMISSION NO. 021865 MY COMMISSION ECORES FEB. C4, 1997	My commission expires
Trustee's Name and Address 10: After recording return to (Name, Address, Zip): United States National Bank S. O. Commercial Banking Center P.O. Box 729 Until requested otherwise send all fax statements to (Name, Address, Zip):	STATE OF OREGON, County of
	NAME TITLE