DEED OF RECONVEYANCE

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> Lot 15, Moyina, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

HE 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.

		KT.AMATH CO	OUNTY TITLE COMPANY	
DATED July 18,, 19 94.	••		- 11	
성화생활 한 경험 (Mail 1222) 전 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		By: \ \	Tleaven	
	-		President	
	4			
100 113 3 3	• •		Trustee	
423093				
		771 awa sh) an	
STATE OF OREGON, Co	ounty of	Klawalik) 55.	10
This instrument wa	ıs acknowl	edged before m	e on	, 19,
•				
APPLY TO THE ADMINISTRATION OF THE PARTY OF	a antenomi	added before me	e on July 18.	, 197,
This histiament we	estch			
by	.S. S. Salvalla	······································		
as Preside	nt			
Contraction of the Klanath	_County	Title Compa	mxt	
OFFICE SEAL	1	10000	ahorean	
MOSHHOL BRINE DE BESTER		-XV NAL	QUIII DUI \	
NOTARY PUBLIC - OREGON	· ·	7	Notary Publ	ic for Oregon
a MYCOMMISSION EYDIDE SEET OF 1008			- 1177 1 (A) A	
1000000 - CAPITE SOLF 1, 20, 1990		My commission	expires	
	1		STATE OF OREGON,) .
	į.		County of Klamath	ss.
			I certify that the with	in instrument
***************************************	Ì		I certify that the will	10+h1-
Trustee's Name and Address	1		was received for record on	hezuday
TO:	1	4	ofJuly	, 19 <u>94</u> , at
	1		10:51 o'clock AM., an	
	sı sı	PACE RESERVED	book/reel/volume NoMS	4 on nade
]	FOR	22000	101 / page
	RI	ECORDER'S USE	22099 and/or as fe	
After recording return to (Name, Address, Zip):			ment/microfilm/reception	No84489,
Charles & Sandra Taylor	1		Record of Mortgages of said	i County.
P.O. Box 1597	1		Witness my hand	and seal of
Klamath Falls, OR 97601	4			
Until requested otherwise send all tax statements to (Name, Address, Zip):	1		County affixed.	01
Autit tednessed owerwise saud on the signature to frequest senses with	1		Evelyn Biehn Count	y Cierk
	1		NAME	TITLE
	T Foac.	\$10.00	By annette Much	Lex, Deputy
	4 rees.	470.00		