

NL
93617 01-17-95A10:35 RCVD K-47521
DEED OF RECONVEYANCE

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KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under the certain trust deed dated October 28, 19 76, executed and delivered by Murray M. Miller and Mary M. Miller as grantor and recorded on October 29, 19 76, in the Mortgage Records of Klamath County, Oregon, in ~~book/reel~~ volume No. M76 page 17197, and/or as fee/file/instrument/microfilm/reception No. _____ (indicate which), conveying real property situated in that county described as follows:

Lot 6 Block 54 Buena Vista Addition to the City of Klamath Falls, Oregon, EXCEPT the Northeastly 10 feet heretofore conveyed to the State of Oregon for highway purposes, 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 January 16, 19 95.

KLAMATH COUNTY TITLE COMPANY

By: [Signature]
President

Trustee

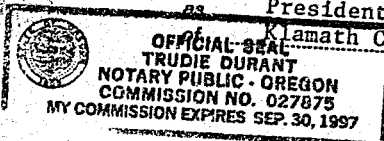
STATE OF OREGON, County of Klamath) ss.
This instrument was acknowledged before me on _____, 19 _____

by _____

This instrument was acknowledged before me on January 16, 19 95.

by R. E. Veatch
as President

Klamath County Title Company



[Signature]
Notary Public for Oregon

My commission expires _____

Trustee's Name and Address
TO:

After recording, return to (Name, Address, Zip):
Washington Mutual Savings Bank
Attn: Loan Servicing Department
P.O. Box 91006
Seattle WA 98111

Until requested otherwise send all tax statements to (Name, Address, Zip):

SPACE RESERVED
FOR
RECORDER'S USE

SAS0307

FEE: \$10.00

STATE OF OREGON,
County of Klamath } ss.

I certify that the within instrument was received for record on the 17th day of January, 19 95, at 10:35 o'clock A.M., and recorded in M95 book/reel/volume No. _____ on page 1018

and/or as fee/file/instrument/microfilm/reception No. 93617 Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, CO. Clerk

By [Signature] Deputy