

99151

04-28-95A11:00 RCVD

K-47850

DEED OF RECONVEYANCE

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KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated October 28, 19 94, executed and delivered by Kay L. Kratochvil as grantor and recorded on October 31, 19 94, in the Mortgage Records of Klamath County, Oregon, in book/reel volume No. M94 at page 33647, and/or as fee/file/instrument/microfilm/reception No. _____ (indicate which), conveying real property situated in that county described as follows:

Lot 8 Block 30 Klamath River Acres 5th Addition, 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 April 27, 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 April 27, 19 95,

by _____

R. E. Veatch

President

Klamath County Title Company

OFFICIAL SEAL
TRUDIE DURANT
NOTARY PUBLIC - OREGON
COMMISSION NO. 027875
MY COMMISSION EXPIRES SEP. 30, 1997

[Signature]
Notary Public for Oregon
My commission expires _____

Trustee's Name and Address
TO:

After recording return to (Name, Address, Zip):

Associates Financial ServicesP.O. Box 1743Medford, OR 97501

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

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON, } ss.
County of Klamath

I certify that the within instrument was received for record on the 28th day of April, 19 95, at 11:00 o'clock A.M., and recorded in book/reel/volume No. M95 on page 10929 and/or as fee/file/instrument/microfilm/reception No. 99151, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, County Clerk

NAME _____ TITLE _____
By [Signature] Deputy

Fee \$10.00