

Loan 03-798-400900-7

K-47521

99788

05-10-95P03:40 RCVD

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 June 3, 1976, executed and delivered by David C. and Linda M. Groves, husband and wife as grantor and recorded on June 18, 1976, in the Mortgage Records of Klamath County, Oregon, in book/reel/volume No. M76 at page 8595, and/or as fee/file/instrument/microfilm/reception No. (indicate which), conveying real property situated in that county described as follows:

Lot 2 in Block 23, North Klamath Falls, 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 May 10, 1995

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 May 10, 1995,

by

R. E. Veatch

as

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):
Washington Mutual Savings Bank
Attn: Loan Servicing Dept. SAS0307±
P.O. Box 91006
Seattle, WA 98111

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 10th day of May, 1995, at 3:40 o'clock P.M., and recorded in book/reel/volume No. M95 on page 12159 and/or as fee/file/instrument/microfilm/reception No. 29788, 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