

NL

452

K-37482

DEED OF RECONVEYANCE

Vol. M95 Page 13675

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated January 9, 1985, executed and delivered by Klamath Falls Intercommunity Hospital Authority, * as grantor and recorded on January 10, 1985, in the Mortgage Records of Klamath County, Oregon, in Book/Reel/volume No. M85 at page 550, and/or as fee/file/instrument/microfilm/reception No. _____ (indicate which), conveying real property situated in that county described as follows:

*an Oregon municipal corporation

See above referenced Trust Deed for legal description

(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 23, 1995.

KLAMATH COUNTY TITLE COMPANY

By: R. E. Veatch
President

Trustee

STATE OF OREGON, County of Klamath ss.

This instrument was acknowledged before me on _____, 19____,

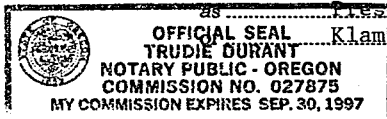
by _____

This instrument was acknowledged before me on May 23, 1995,

by R. E. Veatch

as President

Klamath County Title Company



Trudie Durant
Notary Public for Oregon

My commission expires _____

Trustee's Name and Address
TO:

After recording return to (Name, Address, Zip):
Merle West Medical Center
2865 Daggert
Klamath Falls, OR 97601

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

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON, }
County of Klamath } ss.

I certify that the within instrument was received for record on the 23rd day of May, 1995, at 3:40 o'clock P.M., and recorded in book/reel/volume No. M95 on page 13675 and/or as fee/file/instrument/microfilm/reception No. 452, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co Clerk

By: Britta Hilley, Deputy

FEE: \$10.00

05-23-95P03:40 RCVD