8137

DEED OF RECONVEYANCE VOLME Page 29124

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or su	SICCASSOR frustee under 41-4
MANUEL MONHER AND TENANTS IN COMMON AS PRANTOR and recorded on TAI	MILADA CO 02
County Oregon in hook /- and /	1 NO 7
Page Law, and/or as ree/rile/instrument/microfilm/recention No. 70140	(indicate which)
ing real property situated in that county described as follows:	(mancate which J, convey-

LOT 3, BLOCK 1, TRACT 1135, 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 OCT 24 ,1995

ANDREW C BRANDSNESS

Trustee

STATE OF OREGON, C	County of Klamath) ss.	
This instrument w by ກາດຕາພ C.	as acknowledged before me on (I Chybir 25)	ريم ₁₉ جي آ
This instrument w	as acknowledged before me on	, 19,
AS		••••••••••
OCHAL SEAL		•
ARA L. MASTERS Y PUBLIC - OREGON SSION NO. 021893	Justust his	
EXPIRES FEB. 05, 1997	Notary Pu My commission expires 3-5-97	ıblic for Oregon
FCC		

Klanath

NUT: A PUBLIC - OREGON OCIDAL SSION NO. 021893 OCIDAL SSION NO. 021893 OCIDAL SSION NO. 021893	My commission	Notary Public for Oregon expires 3-5-97
ANDREW C. BRANDSNESS Trustee's Name and Address TO: SOUTH VALLEY STATE BANK After recording return to (Name, Address, Zip): SOUTH VALLEY STATE BANK P. O. BOX 5210 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 ofKlamath