

'96 MAR 14 P3:19

KCT # 48926

DEED OF RECONVEYANCE

KNOW ALL MEN BY THESE PRESENTS, that the undersigned trustee or successor trustee under that certain trust deed dated January 18, 1994 and September 26, 1994, executed and delivered by ALCO, INC., as grantor and recorded on January 19, 1994 & re-recorded on March 30, 1994; and on September 26, 1994, in the Mortgage Records of Klamath County, Oregon, in book M94, at page 1959 & 9273; and 30179, conveying real property situated in said county described in above mentioned trust deed, having received from the beneficiary under said trust deed a written request to reconvey, reciting that the obligation secured by said 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 said described premises by virtue of said trust deed.

In construing this instrument and whenever the context hereof so requires, the masculine gender includes the feminine and neuter and the singular includes the plural.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument.

Dated: March 12, 1996.

STATE OF OREGON)
County of Klamath) SS

William L. Sisemore
William L. Sisemore, Trustee

Personally appeared the above named William L. Sisemore and acknowledged the foregoing instrument to be his voluntary act and deed. Before me:

Alice L. Sismore
Notary Public for Oregon
My Commission Expires: 8/2/99

After recording return to:

Ulco, Inc.
2316 S. Sixth
Klamath Falls, OR 97601



Until a change is requested,
send tax statements to:

STATE OF OREGON)
) SS
County of Klamath)

I certify that the within instrument was received for record on the 14th day of March, 1996, at 3:19 o'clock P.M., and recorded in book M96 on page 6956 or as file/reel number 14724, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co Clerk
Recording Officer

BY Cheryl L. Hassel
Deputy

FEE \$15.00

K-48957

UNIFORM STATUTORY FORM POWER OF ATTORNEY

(California Probate Code Section 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

1. ROBERT E COSTA22603 A MAPLE AVETORRANCE CA 90505-2706

(YOUR NAME AND ADDRESS)

Return:

appoint

MARIE M SLIESTER12129 OLD FORT RDKLAMATH FALLS OR 97601

(NAME AND ADDRESS OF THE PERSON APPOINTED, OR OF EACH PERSON APPOINTED IF YOU WANT TO DESIGNATE MORE THAN ONE)

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:
TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- REC (A) Real property transactions.
REC (B) Tangible personal property transactions.
____ (C) Stock and bond transactions.
____ (D) Commodity and option transactions.
REC (E) Banking and other financial institution transactions.
REC (F) Business operating transactions.
REC (G) Insurance and annuity transactions.
____ (H) Estate, trust, and other beneficiary transactions.

INITIAL

- REC (I) Claims and litigation.
____ (J) Personal and family maintenance.
____ (K) Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service.
____ (L) Retirement plan transactions.
REC (M) Tax matters.
____ (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT. ALL MATTERS PERTAINING TO PARCEL #1 23.51 SE 1/2 OF

SEC 29 T37S R9 EWN KLAMATH COUNTY

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

6957-A

EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED

If I have designated more than one agent, the agents are to act _____
 IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 27 day of FEB 1996

Robert E. Costa
 (YOUR SIGNATURE)

557-26-5761

(YOUR SOCIAL SECURITY NUMBER)

State of California

County of Los Angeles

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF California

COUNTY OF Los Angeles

On 2/27/96 before me, Catherine Larkin,
(NAME, TITLE OF OFFICER - I.E. "JANE DOE, NOTARY PUBLIC")

Notary Public

personally appeared

Robert E. Costa
 personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS MY HAND AND OFFICIAL SEAL.

Catherine Larkin
 (Signature)



(Seal)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ Klamath County Title _____ the 14th day
 of March A.D., 19 96 at 3:19 o'clock P M., and duly recorded in Vol. M96
 of _____ Deeds _____ on Page 6957

FEE \$15.00

By Bernetha G. Letsch, County Clerk