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First American Title
Insurance Company of Oregon
Commercial Title Division

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State of Oregon, County of Klamath
Recorded 08/4/2003 11:45 A m
Vol M03 Pg 55389
Linda Smith, County Clerk
Fee \$ 21.00 # of Pgs 1

003-122

DEED OF FULL RECONVEYANCE

KNOW ALL MEN BY THESE PRESENTS: that the undersigned Trustee or Successor Trustee under that certain Trust Deed:

DATED : November 16, 2000
RECORDED : November 21, 2000
GRANTOR : S.A.M. Care Centers LLC
BENEFICIARY : Umpqua Bank, fka, Valley of the Rogue Bank
TRUSTEE: : FIRST AMERICAN TITLE INSURANCE
VOLUME/PAGE : M00/42061
COUNTY OF : KLAMATH

having received from the beneficiary under said Trust Deed a written request to reconvey said premises, reciting that the obligation secured by said Trust Deed has been fully paid and performed, does hereby 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 that described premises by virtue of said Trust Deed.

IN WITNESS WHEREOF, the undersigned trustee has caused its corporate name be signed hereunder by officers duly authorized thereunto by order of its Board of Directors.

DATED: 7/23/2003

First American Title Insurance Company of Oregon
Successor in interest to Commercial Title Co.

BY:

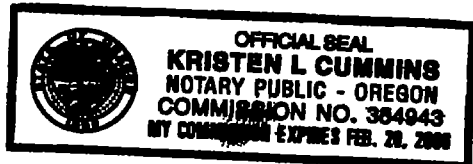
Claudette VonDerahe
Claudette VonDerahe, Authorized Signer

STATE OF OREGON

County of Douglas

This instrument was acknowledged before me on JUL 24 2003 by, Claudette VonDerahe, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose names(s) is/are subscribed to the with 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.



Kristen L Cummins
Notary Public for Oregon

My Commission expires: _____

After recording return to:
S.A.M. Care Centers LLC
1970 E 17th St, Suite 103
Idaho Falls, ID 83404
#03-1875