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Recording Requested By:
HomEq Servicing Corporation

And When Recorded Mail To:
HomEq Servicing Corporation
P O BOX 13309
Mailcode #CA3501
Sacramento, CA 95813-3309

Loan #: 0073132003 Customer #: 740 RLS #: 933026

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State of Oregon, County of Klamath Recorded 11/23/04 <u>名。38の</u> m
Recorded 11/23/04
Vol M04 Pg 805 74
Linda Smith, County Clerk
Fee \$ 2/20 # of Pgs _/

## DEED OF RECONVEYANCE

THE UNDERSIGNED, as trustee under that certain deed of trust described below, conveying real property situated in said county and more fully described in said Deed Of Trust, having received from the beneficiary under said deed of trust a written request to reconvey, reciting that the obligation secured by said deed of trust 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 deed of trust.

Original Borrower: LOY M. MEALUE, AN ESTATE IN FEE SIMPLE. Original Beneficiary: TMS MORTGAGE INC., DBA THE MONEY STORE. Current Beneficiary: HOMEQ SERVICING CORPORATION (SUCCESSOR BY MERGER TO TMS MORTGAGE INC., DBA THE MONEY STORE). Deed of Trust Dated: MAY 24, 1996 Recorded on: MAY 28, 1996 as Instrument No. 18763 in Book No. M96 at Page No. 15356 Property Address: HWY 97 BOX 228 CRESCENT OR 97733 - County of KLAMATH, State of OREGON. IN WITNESS WHEREOF, the undersigned trustee has executed this instrument, if the undersigned is a corporation, it has caused its corporate name to be signed hereunto by its officer duly authorized thereunto by order of its Board of Directors. Dated: NOVEMBER 5, 2004

of its Board of Directors. Dated: November 5, 2004

Trustee:

ARUSI R. LOPRINZI, OSBA #03381

By:

Arusi R. Loprinzi, OSBA #03381

State of Organ }
County of Nultnomah } ss.

on Nov 5, 2004, before me, Chast Nesson, personally appeared Arusi R. Loprinzi, OSBA #03381 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

Christi Onelson
(Notary Name):



PREPARED BY: HomEq Servicing Corporation P 0 BOX 13309
Mailcode #CA3501 Sacramento, CA 9:813-3309 Mere Biumaiwai