

M05-69349

Klamath County, Oregon

11/18/2005 09:08:07 AM

Pages 1 Fee: \$21.00

DEED OF RECONVEYANCE

Loan No. 999667321

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed. Dated March 26, 2004, executed and delivered by ALISSA A SMITH, as grantor and recorded on March 29, 2004 in the Mortgage Records of KLAMATH County, Oregon, in book/ reel/volume No. M04 at page 17320, and/or fee/file /instrument /microfilm /reception No. _____ (indicate which), conveying real property situated in the county described as follows:

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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 July 12th, 2005

Joan H. Anderson
Trustee

STATE OF MICHIGAN, COUNTY OF OAKLAND)ss

This instrument was acknowledged before me on July 12th, 2005 by Joan H. Anderson as Substituted trustee

Nancy J. Magde Notary Public for
State of Michigan, County of Oakland County
Acting in Oakland County
Commission Expires: 04/03/2006

	STATE OF OREGON
	County of KLAMATH
	I certify that the within instrument
	was received for record on the ____ day
	of _____, 20____, at
	_____ o'clock ____ M, and recorded in
	book/reel/volume No. _____ on
	page _____ and/or as
	fee/file/instrument/microfilm/reception
	No. _____, Record of Mortgage
	of said County.
	Witness my hand and seal of County
	affixed.
	Name _____ Title _____
Trustee Name and Address	
TO	
After recording return to:	
ALISSA A SMITH	
5600 AMERICAN AVE	
KLAMATH FALLS, OR 97603	
Send all tax statements to:	