

2009-000840

Klamath County, Oregon



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01/26/2009 08:57:46 AM

Fee: \$26.00

REQUEST FOR FULL RECONVEYANCE

With reference to that certain Trust Deed in which Dina L. Hunter is the Grantor and the undersigned is the Beneficiary, recorded in Volume M96, page 10083, Microfilm Records of Klamath County, Oregon, be advised that the undersigned is the legal owner and holder of all indebtedness secured by said Trust Deed and all sums secured thereby have been fully paid and satisfied. All evidence of indebtedness, including without limitation the Promissory Note evidencing said indebtedness, secured by said Trust Deed is hereby cancelled and I hereby convey without warranty to the parties designated by the terms of the Trust Deed, the estate now held by me under the same.

Until a change is requested all tax statements are to be sent to the following address:

Dina Hunter
P.O. Box 911
Beaverton, OR 97004

DATED this 12 day of JANUARY, 2009

Donald R Thissell
Donald Thissell

On this JANUARY day of 12, 2009, personally appeared the above named Donald Thissell, and acknowledged the foregoing instrument to be his voluntary act and deed. Before me:

SEE ATTACH CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

Notary Public for California
My commission expires:

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of RIVERSIDE

On JANUARY 12, 2009 before me, CHRISTOPHER OAKLEY A NOTARY PUBLIC
(Here insert name and title of the officer)

personally appeared DONNA THISSELL

who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Christopher Oakley
Signature of Notary Public



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~ is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

DESCRIPTION OF THE ATTACHED DOCUMENT

REQUEST FOR FULL RECONVEYANCE
(Title or description of attached document)

RE: DIANA HUNTER PO BOX 911
(Title or description of attached document continued)
BEAVERDALE, OR 97004

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____