

2012-007750

Klamath County, Oregon



00121244201200077500010019

07/17/2012 09:24:11 AM

Fee: \$37.00

RECORDING REQUESTED BY:

LoanCare Account Servicing
Account No. 24000110009612

AFTER RECORDING, PLEASE MAIL TO:

TIMOTHY P SIMPSON SR &
PO BOX 8270
MEDFORD, OR 97501

THE BLANK SPACE ABOVE IS RESERVED FOR THE COUNTY RECORDER.

DEED OF FULL RELEASE AND FULL RECONVEYANCE

WHEREAS, the undersigned Trustee or Successor Trustee under that certain Deed of Trust dated December 17, 2010 and EXECUTED BY:

TIMOTHY P SIMPSON SR., INDIVIDUALLY AND AS TRUSTEE OF THE TIMOTHY P SIMPSON SR.,
REVOCABLE LIVING TRUST DATE 8/28/2007, as Trustor, and

FELIPE C ORTEGA AND YOLANDA ORTEGA, OR THE SURVIVOR THEREOF, as Beneficiary

TO: Ticor Title Insurance Company, as Trustee, and:

RECORDED on December 20, 2010 in Instrument No. 2010-014391 of Official Records in the Office of the County Recorder in the County of Klamath, State of Oregon.

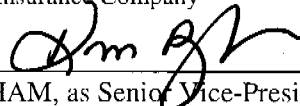
Pursuant to O.R.S. § 86.720. (1) Having received from the beneficiary under said trust deed a written request to reconvey, reciting that the obligation secured by said deed of trust has been fully paid and performed, hereby does grant, bargain, sell and convey, but without any warranty, express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned in and to said described property by the virtue of said deed of trust.

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

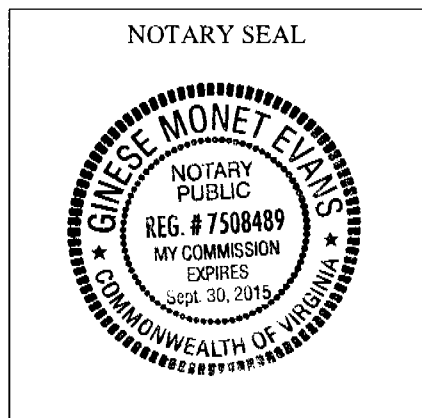
DATED: June 13, 2012

Chicago Title Ins. Co., a Nebraska corp.
, as Successor Trustee by merger to
Ticor Title Insurance Company

State of Virginia }
County of Virginia Beach } SS :


KIM BIGHAM, as Senior Vice-President

NOTARY SEAL



On this day, Wednesday, June 13, 2012, before me personally appeared Kim Bigham, whose identify was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document and who acknowledged that he/she signed this document in his/her authorized capacity.


NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES: 9.30.15