2012-009646 Klamath County, Oregon

00123582201200096460010013

Recording Requested By: M&T BANK

08/31/2012 09:24:10 AM

Fee: \$37.00

When Recorded Return To:
CoreLogic
450 E. Boundary
Chapin, SC 29036
Attn: Lien Release

19578470

## **DEED OF RECONVEYANCE**

M&T BANK #:0051425502 "RITTER" Lender ID:P65/0050296736 Klamath, Oregon WHEREAS FIRST AMERICAN TITLE INSURANCE COMPANY whose address is 450 E BOUNDARY STREET, CHAPIN, SC 29036 is the present Trustee of record under the following described Deed of Trust:

Trustor: JEFF M RITTER AND SUSAN ETHRIDGE at 2105 AUBURN ST, KLAMATH FALLS, OR

976012307

Beneficiary: M&T BANK at ONE FOUNTAIN PLAZA, 4TH FLOOR, BUFFALO, NY 14203

Original Beneficiary: BANK OF AMERICA, N.A.

Original Trustee: FIRST AMERICAN TITLE INSURANCE COMPANY

Dated: 12/21/1999

Recorded: 12/30/1999 as Instrument No.: N/A, in Book/Reel/Liber: M99, Page/Folio: 51327,

In the County of Klamath, State of Oregon

Property Address: 2105 AUBURN STREET, KLAMATH FALLS, OR 97601

AND WHEREAS, the above said Deed of Trust has been paid in full;

NOW THEREFORE, the present Trustee having received from the present owner of the beneficial interest under said Deed of Trust and the obligations secured thereby a written request to reconvey by reason of the obligations secured by said Deed of Trust,

DOES HEREBY RECONVEY, without warranty, to the person or persons legally entitled thereto, the estate, title and interest now held by it under said Deed of Trust, describing the land therein as more fully described in said Deed of Trust.

By FIRST AMERICAN TITLE INSURANCE COMPANY as Trustee On &-15-1 Z\_\_\_

RONALD E. ROONEY , AUTHORIZED SIGNATORY

STATE OF South Carolina COUNTY OF Lexington

On 6-15-17, before me, Sames B. Erimm, a Notary Public in and for Lexington in the State of South Carolina, personally appeared RONALD E. ROONEY, AUTHORIZED SIGNATORY, 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, and that by his/her/their signature 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,

Notary Public State of Sc County of Veringson
Notary Expires: 12/2,

(This area for notarial seal)

\*AXR\*AXRMATB\*08/03/2012 09:09:09 AM\* MATB01MATB000000000000000556886\* ORKLAMA\* 0051425502 ORSTATE\_TRUST\_REL \*WNS\*WNSMATB\*

JAMES D. ISHMIN
Notary Public
State of South Carolina
My Commission Expires 19/1/1001