

Recording Requested by
State Farm Bank
PO Box 5961
Madison, WI 53705

2013-011550
Klamath County, Oregon
10/11/2013 10:37:05 AM
Fee: \$37.00

When Recorded Mail To:
State Farm Bank
PO Box 5961
Madison, WI 53705

DEED OF RECONVEYANCE

Loan Number:
MERS ID:
MERS Telephone:


Original Trustor: **RAYMOND I GIBSON DONNA J GIBSON ; AS HUSBAND AND WIFE**
Original Trustee:
Original Beneficiary:
Dated: **01/15/2004**
Recorded: **01/28/2004**
Auditor's / Instrument **Vol M04 pg 5177-**
#: **84**
Book / Reel: **M04**
Page: **05177-05184**
Amount of Note: \$ **55,000.00**
Re-Recorded:
Auditor's / Instrument
#:
Book / Reel:
Page:

Filed for record in **Klamath** County, State of **OR**

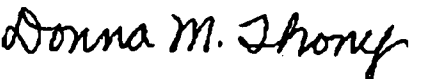
WHEREAS **BMO HARRIS BANK N.A., SUCCESSOR-IN-INTEREST TO M & I BANK FSB** is the present Trustee of record under the above described Deed of Trust:

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.

Date of Document: **10/11/2013**
STATE FARM BANK FSB


Sandra L Birschbach , Vice President
State of **Wisconsin** , County of **Dane**

On **10/11/2013** , before me, the undersigned, a Notary Public in and for the State of **Wisconsin** , duly commissioned and sworn, personally appeared **Sandra L Birschbach** to me known to be the **Vice President** of the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and an oath state that he/she is authorized to execute the said instrument.
Witness my hand and official seal hereto affixed the day and year first above written.


Donna M Thony
Notary Public for said State and County.
My Commission Expires: **01/29/2017**

DONNA M. THONY
NOTARY PUBLIC
STATE OF WISCONSIN