2013-013712 Klamath County, Oregon

12/16/2013 09:01:57 AM

OFFICIAL SEAL
CARROLL C ARMSTRONG
NOTARY PUBLIC-OREGON

COMMISSION NO. 462542 MY COMMISSION EXPIRES OCTOBER 07, 2015

When Recorded Return To: **CT LIEN SOLUTIONS** PO BOX 29071 GLENDALE, CA 91209-9071 Phone #: 800-331-3282

00146240201300137120010011

Fee: \$37.00

Prepared By: **CT LIEN SOLUTIONS** STEPHANIE CREEK PO BOX 29071 GLENDALE, CA 91209-9071 2 of 2

DEED OF RECONVEYANCE

This Deed of Release is executed and recorded pursuant to the provisions of Oregon Revised Statutes § 86,720



Daniel Hinrichs as Trustee, under the Deed of Trust dated 08/14/2002, made and executed by RITA M. MILLS, as Grantor, and recorded in Book: M02 Page: 46638 on 08/19/2002, of the Official Records in the Office of the Recorder of Klamath County, Oregon, having received from UMPQUA BANK, Beneficiary, under said Deed of Trust a written request to reconvey, reciting that all sums secured by said Deed of Trust have been fully paid, satisfied, or otherwise discharged in the amount of Loan Amount: \$175,000.00 on and said Deed of Trust and the note(s) secured thereby having been surrendered to the Trustee (or Trustor) for cancellation, does hereby reconvey, without warranty, to the person or persons legally entitled thereto, all right, title and interest acquired and now held by said Trustee under said Deed of Trust.

Property Address: 31150 MODOC POINT ROAD, CHILOQUIN, OR, 97624

PIN: R-3507-03000-01100-000

Trustee Address: 590 Commercial Avenue, Coos Bay, OR, 97420

Dated this 12/09/2013

Notary Public:

Trustee: Daniel Hinrichs By:
State of: <u>CVCCION</u> County of: <u>CCOS</u>
On 12-11-13, before me, the undersigned, a notary public in and for said state, personally appeared 12-11-13, before me, the undersigned, a notary public in and for said state, personally appeared 12-11-13, before me, the undersigned, a notary public in and for said state, personally appeared 12-11-13, as Authorized Agents of Daniel Hinrichs, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.
Colicil Name

My Commission Expires: 10.7-1