



2015-011696  
Klamath County, Oregon  
10/26/2015 11:56:53 AM  
Fee: \$47.00

Recording Requested by:

WHEN RECORDED MAIL TO:

Lester R. Sturm  
36121 Stastny Road  
Malin, Oregon 97632

The undersigned hereby affirm that there is no Social  
Security number contained in this document.

Space Above This Line For Recorder's Use

### DEED OF RECONVEYANCE


American AgCredit, FLCA, successor in interest to Pacific Coast Farm Credit Services, ACA, Trustee, does hereby release and reconvey, without any warranty, to the person and persons legally entitled thereto, all of its estate and interest acquired by appointment or substitution by, through, or under that certain deed of trust dated September 22, 1997 executed by Lester R. Sturm, a married man as his sole and separate property, in favor of Pacific Coast Farm Credit Services, ACA, recorded September 26, 1997, in Volume M97, Page 31595 of official records of the County of Klamath, State of Oregon.

This reconveyance is executed at the request of the beneficiary and by virtue of the power vested in the undersigned trustee by covenants of the trustor in said deed of trust which provide that any trustee named therein, or any duly appointed successor, may at any time perform any act, exercise any power, execute any trust, and make any reconveyance thereunder.

Dated: October 8, 2015

American AgCredit, FLCA

By:

  
Ruth H. McClure  
Vice President

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

County of Sonoma )

On OCT 15 2015

before me,

**ROBERT N. FOSTER**  
**NOTARY PUBLIC**

Date

Here Insert Name and Title of the Officer

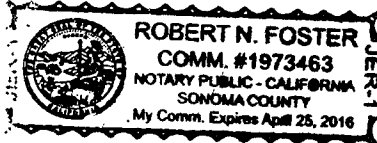
personally appeared Ruth H. McClure

Name(s) of Signer(s)

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.



Signature

Ruth H. Foster

Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_