

2019-007732

Klamath County, Oregon



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Fee: \$82.00

OREGON
COUNTY OF KLAMATH

RECORD 2ND



WHEN RECORDED MAIL TO:
FIRST AMERICAN MORTGAGE SOLUTIONS
1795 INTERNATIONAL WAY
IDAHO FALLS, ID 83402
PH. 208-528-9895

DEED OF RECONVEYANCE

THE UNDERSIGNED, **FIRST AMERICAN TITLE INSURANCE COMPANY**, located at 1 **FIRST AMERICAN WAY, SANTA ANA, CA 92707**, as Trustee or Successor Trustee, under that certain Deed of Trust dated **NOVEMBER 05, 2010** executed by **JOSEPH A. LEMA AND ARLENE F. LEMA, AS TENANTS BY THE ENTIRETY**, Trustor, to **SERVICE LINK/NATIONALLINK TITLE**, Original Trustee, for the benefit of **MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS")**, AS DESIGNATED NOMINEE FOR **GLOBAL EQUITY FINANCE, INC.**, BENEFICIARY OF THE SECURITY INSTRUMENT, ITS SUCCESSORS AND ASSIGNS, Original Beneficiary, and recorded on **NOVEMBER 18, 2010** as Instrument No. **2010-013414** in the Records of the County Clerk's Office in and for the County of **KLAMATH**, State of **OREGON**.

LEGAL DESCRIPTION: **AS DESCRIBED IN SAID DEED OF TRUST**

PROPERTY ADDRESS: **1813 ETNA ST, KLAMATH FALLS, OR 97603**

WHEREAS, the Undersigned received from **BANK OF AMERICA, N.A.**, the current beneficiary under said Deed of Trust, a written request to reconvey, reciting that the obligation secured by said Deed of Trust has been fully paid and performed. NOW THEREFORE, the Undersigned does hereby grant, bargain, and convey said Deed of Trust, without any covenant or warranty, expressed or implied, to the person or persons legally entitled thereto, all the estate held by the Undersigned in and to said described premises by virtue of said Deed of Trust.

IN WITNESS WHEREOF, the Undersigned has caused this Instrument to be executed this **JUNE 28, 2019**.

FIRST AMERICAN TITLE INSURANCE COMPANY


ILONA DAWIDOWICZ, ASSISTANT SECRETARY

STATE OF ARIZONA COUNTY OF MARICOPA) ss.

On **JUNE 28, 2019**, before me, **K STURDIVANT**, personally appeared **ILONA DAWIDOWICZ** known to me to be the **ASSISTANT SECRETARY** of **FIRST AMERICAN TITLE INSURANCE COMPANY** the corporation that executed the instrument or the person who executed the instrument on behalf of said corporation, and acknowledged to me that such corporation executed the same


K STURDIVANT (COMMISSION EXP. 12/02/2022)
NOTARY PUBLIC



POD: 20190626
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MIN: 100052550304149809
MERS PHONE: 1-888-679-6377