

2020-012330

Klamath County, Oregon

09/28/2020 08:24:01 AM

Fee: \$82.00

OREGON

RECORD 2ND

COUNTY OF KLAMATH
LOAN NO.: 00003000265290



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 **APRIL 30, 2004** executed by **HAROLD R HEATON AND SALLY P HEATON, INITIAL TRUSTEES OF THE HAROLD R. HEATON AND SALLY P. HEATON 1995 TRUST UTA 9/13/1995**, Trustor, to **U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION**, Original Trustee, for the benefit of **U.S. BANK NATIONAL ASSOCIATION**, Original Beneficiary, and recorded on **JUNE 21, 2004** in Book **M04** at Page **39610** 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: **600 HILLSIDE AVE, KLAMATH FALLS, OR 97601**

WHEREAS, the Undersigned received from **U.S. BANK NATIONAL ASSOCIATION**, the 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.

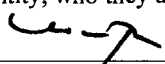
IN WITNESS WHEREOF, the Undersigned has caused this Instrument to be executed this **SEPTEMBER 24, 2020**.

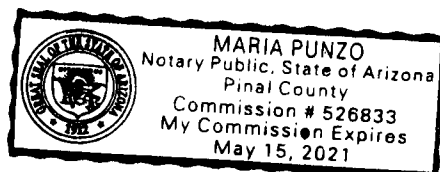
FIRST AMERICAN TITLE INSURANCE COMPANY


SEANAE ERIN MORIARTY, VICE PRESIDENT

STATE OF ARIZONA COUNTY OF MARICOPA) ss.

On **SEPTEMBER 24, 2020**, before me, **MARIA PUNZO**, Notary Public, personally appeared **SEANAE ERIN MORIARTY, VICE PRESIDENT** of **FIRST AMERICAN TITLE INSURANCE COMPANY**, whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or entity, who they acted on the behalf of, executed the instrument.


MARIA PUNZO (COMMISSION EXP. 05/15/2021)
NOTARY PUBLIC



POD: 20200915

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