

ASSIGNMENT OF RENTS—ADDITIONAL COLLATERAL SECURITY

KNOW ALL MEN BY THESE PRESENTS, THAT WHEREAS under date of
EQUILIBRI SAVINGS AND LOAN ASSOCIATION, an Oregon Corporation, of Portland, Oregon, (hereinafter referred to as the assignor)
signed) agreed to make a loan of _____ Dollars to _____

(hereinafter referred to as the assignors) which loan is evidenced by assignor's note dated _____ for _____

(\$ _____) Dollars and

interest payable in equal monthly payments of _____

(\$ _____) Dollars each, payable on the _____

day of each and every month, commencing with _____, 19 _____, secured by a mortgage dated _____

19 _____, filed for record on _____

as Document No. _____

and recorded in Book _____

Page _____

thereof of the Mortgage Records of _____

County, _____

and _____

WHEREAS the said assignors agree, in consideration of the making of the aforesaid loan, to assign as additional collateral security the rent and income from the hereinafter described property:

NOW, THEREFORE, for and in consideration of the premises and the payment to the assignors of the sum of One Dollar and other good and valuable considerations, the receipt whereof is hereby acknowledged,

(the aforesaid assignors) hereby assign to the said assignee, or its assigns, all rents and revenues from the following described property:

and the assignors hereby expressly authorize and empower the said assignee, its agents or attorneys, at its election, without notice to the assignor (or their successors in interest) as agent for the assignor or assignors to take and maintain full control of said property and the improvements thereon; to oust tenants for non-payment of rent; to lease all of said property or any portion thereof in the name of the assignors on such terms as it may deem best; to make alterations or repairs it may deem advisable and deduct the cost thereof from the rents; to receive all rents and income therefrom and issue receipts therefor and out of the amount or amounts so received to pay the necessary operating expenses and to retain the usual charges for thus managing said property; and to apply on the aforesaid mortgage any amount due upon the debt secured thereby; to pay taxes, assessments and premiums on insurance policies, or renewals thereof, on said property, or amounts necessary to carry out any covenant in the said mortgage contained; the assignee herein to determine which items are to be met first; and to pay any surplus so collected to the owners of said property; and those exercising this authority shall be liable to the owners only for the amount collected hereunder and the accounting thereof and as to all other persons those exercising this authority are acting only as agent of the owners in the protection of the mortgagee's interest. In no event is the right to such management and collection of rents to affect or restrict the right of the mortgagee to foreclose the aforesaid mortgage according to its terms.

Whenever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Dated this _____ day of _____, A.D., 19 _____

STATE OF _____
COUNTY OF _____

ss. _____

Thasque & Hedlock

BE IT REMEMBERED, that on this _____ day of _____, A.D., 19 _____, before me, the undersigned, a Notary Public in and for said county and state personally appeared the within named _____

who are known to me to be the identical individuals described in and who executed the within instrument, and acknowledged to me that they executed the same freely and voluntarily.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Gerald E. White
Notary Public for _____

My Commission expires 7/1/72

SEP 22 2 48 PM 1971

Loan No.

ASSIGNMENT OF RENTS

103152034

TO

EQUITABLE SAVINGS & LOAN ASSOCIATION®

225101

STATE OF OREGON,
County of Klamath

Filed for record at request of

MASSACHUSETTS

on this 22 day of SEP 1946 A.C. 9 71

at 2:45 clock P.M. and the

Recorded in Vol. W 72 : 1005 on 10

18001 2524

Wm D. Miller, County Clerk

By Hayden _____

PO. C. 201

After recording please mail to

EQUITABLE SAVINGS & LOAN
ASSOCIATION

PORTLAND, OREGON 97201

0082

20863

SEP 22 2 24 PM 1971

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY CHECKED FOR ACCURACY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

LOCAL REGISTRAR'S NUMBER 32		STANDARD CERTIFICATE OF DEATH STATE OF OREGON DEPARTMENT OF HEALTH - PORTLAND BUREAU OF HEALTH SERVICES		STATE FILE NO	DATE RECEIVED
1 NAME OF DECEASED Elizabeth Louise Pittenger		2 PLACE OF DEATH A COUNTY Klamath		3 USUAL RESIDENCE A STATE Oregon B COUNTY Klamath	
4 CITY TOWN OR LOCATION Klamath Falls		5 STREET ADDRESS, RURAL ROUTE, ETC. 1440 Summers Lane		6 COLOR OR RACE white	
7 NAME OF HOSPITAL OR INSTITUTION P. I. Hospital		8 DATE OF DEATH January 31, 1969		9 SEX female	
10 SOCIAL SECURITY NO. 829-10-1950		11 USUAL OCCUPATION housewife		12 KIND OF BUSINESS OR INDUSTRY home	
13 DATE OF BIRTH September 12, 1912		14 AGE AT LAST BIRTHDAY 56		15 NAME OF SPOUSE Paul Pittenger	
16 BIRTHPLACE (State or Foreign Country) Omaha, Nebraska		17 WAS DECEASED A CITIZEN OF XX Yes		18 IF DECEASED WAS A VETERAN, WHAT WAR? NO	
19 NAME OF FATHER Martin Davis		20 MAIDEN NAME OF MOTHER Margaret E. Copack		21 INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Paul Pittenger, husband	
22 CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C))					
PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Coronary heart disease					
PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I or II Klamath heart disease					
23 WAS DEATH RESULT OF a. Accident <input type="checkbox"/> b. Suicide <input type="checkbox"/> c. Homicide <input type="checkbox"/> d. Other <input checked="" type="checkbox"/>					
24 IF ACCIDENT, WHEN AND WHERE IT OCCURRED At home					
25A PLACE OF INJURY At home					
25B. (If accident) Describe how injury occurred					
26 TIME OF INJURY a. to b. m.					
27 DESCRIBE HOW INJURY OCCURRED					
28 CERTIFICATE I certify that I attended the deceased from the date of death until the date of burial, and that the death occurred on the date stated above, from the causes and on the date stated above.					
29 RESERVED FOR REGISTRAR'S USE					
30A DECEASED WILL BE Buried <input checked="" type="checkbox"/> Cremated <input type="checkbox"/> Other <input type="checkbox"/>		30B DATE 2/4/69		30C NAME OF CEMETERY OR LOCATION Klamath Memorial Park, Klamath Falls, Oregon	
31 DATE RECEIVED BY LOCAL REGISTRAR 2-3-69		32 REGISTRAR'S SIGNATURE Mary Nelson		33 FUNERAL HOME OR SIGNATURE AND ADDRESS Klamath Falls, Oregon	

STATE OF OREGON

County of KLAMATH

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

NEIL BLACK, M. D.
Registrar Vital Statistics

(SEAL)

By Mary Nelson
Deputy Registrar

Date FEB 18 1969 19

NOTED TO NUMBER 56663

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STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Klamath County Title Co

this 22 day of SEPTEMBER A. D., 19 71 at 2:48 o'clock P.M., and duly recorded in

Vol. 71 of DEEDS on Page 10083

WM. D. MILNE, County Clerk

Fee \$1.50

By Hazel Drayton