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MODIFICATION OF MORTGAGE OR TRUST DEED

Vol. M 50 Paga 202

THIS AGREEMENT, made and entered into this <u>16 th</u> day of \_\_\_\_ ROBERT DEE ELLIS and MARY JO ELLIS, dba Service Steel Erection, aka Service Steel 19\_80\_, by and between Erection Co.

hereinafter called the "Borrower(s)" and WESTERN BANK, an Oregon banking corporation, hereinafter called the "Bank": WITNESSETH: On or about the <u>6th</u> day of <u>August</u>

maker(s) if the Borrower is an assignee of record) did make, execute and deliver to the Bank that certain promissory note in the sum of \$ 50,500.00 \_\_\_\_\_ payable in /one of by installments with interest at the rate of 13.50 % per annum. For the purpose of securing the payment of said promissory note, the Borrower(s) (or the original maker(s) if the Borrower is an assignee of record) did make, execute and deliver to the Bank their certain Mortgage or Trust Deed, hereinafter called a "Security Instrument" bearing date of <u>August 6</u> 19 80, conveying the following described real property, situate in the County of \_\_\_\_ Oregon State of

A parcel of land situated in Section 7, Township 40 South, Range 8 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Commencing at the Southwest corner of Lot 1; thence North 00° 02' 12" East along the West line of Lot 1, 505.30 feet to the true point of beginning; thence North  $00^{\circ}$  02' 1 East 235.00 feet; thence South 89° 55' 16" East 557.21 feet; thence South 00° 04' 44" West 235.00 feet; thence North 89° 55' 16" West 557.05 feet to the point of beginning. 02' 12" Containing 3.00 gross land acres, more or less.

which Security Instrument was duly recorded in the records of said county and state.

There is now due and owing upon the promissory note aforesaid, the principal sum of Fifty Thousand Five Hundred and no/100\* \* together with the accrued interest thereon, and the Borrower(s) desire a modification of the terms of payment thereof, to which \* \* the Bank is agreeable on the terms and conditions hereinafter stated and not otherwise.

NOW THEREFORE, in consideration of the premises and of the promises and agreements hereinafter contained, the parties hereto do hereby agree that the balance now due and owing on the promissory note hereinabove described shall be and is payable in a manual ments of Fifty Thousand Five Hundred and no/100\* DOLLARS (\$ 50, 500.00 x \_) each, plus \* \_\_\_\_interest on the unpaid balance at the rate of 15.50 % like installmant, shall be zood is preable, on the xxxx xx day also by month the reafter watik the principal and interest, see fully paid, recomposite the final payment of principal and interest if not sooner paid, shall be due and payable on the <u>31st</u> day , 19\_80\_. If any of said installments or either principal or interest are not so paid, the entire balance then owing shall, at the option of the Bank or its successors in interest, become immediately due and payable without

Except as herein modified in the manner and on the terms and conditions herein stated, the said promissory note and Security Instrument shall be in full force and effect, with all the terms and conditions of which the Borrower(s) do agree to comply in the same manner and to the same extent as though the provisions thereof were in all respects incorporated herein and

IN WITNESS WHEREOF, the Borrower(s) have hereunto set their hand(s) and seal(s) and the Bank has caused these presents to be executed on its behalf by its duly auth

autorized repr	resentative this day and year first hereinabove written.
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Robert Dee Einris, ofBargervice Steel Erectio	WESTERN BANK
When the service Steel Erection	on Aller of the second s
1 Jun a Belis	
Mary Jo All fignature af Service Steel Erection	Klamath Falls A Branch
U Pres carvice steer Brection	By Muled Mainth
Chanta de Dura	Commercial Lounoversigner
State of <u>Oregon</u>	
County of <u>Klamath</u> SS:	, tuti · · · · · · · · ·
reisonally appeared the above named Robert Dee Ellis a	nd Mary Jo Ellis, dba Service Steel Erection
and Shirlie A. Rainwater, Commercial Loan O and acknowledged the foregoing instrument to be their voluntary	fficer for Mostore Re 1
and acknowledged the foregoing instrument to be their voluntary	act and deed Before me
Return to:	line deceil before me:
Western Bank	Alan Durch in .
P. O. Box 669	Notary Public for Oregon
Kanatah Falls. OR 97601	My commission expires 2-26-83
STATE OF OREGON; COUNTY OF KLAMATH; ss.	
STESON, COUNTY OF KLAMATH; SS.	
I hereby certify that the with the	
I hereby certify that the within instrument was recei	ved and filed for record on the 16th day of
October A.D., 19 80 at 4:39	P M and the man was
of Mortgages D. 20000	PM., and duly recorded in VolM80
of Mortgages on Page 20233	
\$3.50	WM. Dy MILNE, County Clerk
	By Dernetha Afels the Deputy

STATE OF OREGON HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES 80-006359 94-397 128 CERTIFICATE OF DEATH Local File Number INT DECEASED-NAME State File Nu First Middle Last. DATE OF DEATH (month, day, year) ENT THOMAS JE FFE RSDN ROBERTSON . April 14, 1980 RACE White, Black, American Indian, SEX etc.(specify) White AGE\_Last Under 1 year Under 1 day DATE OF BIRTH (month, day, year) AGE-Lasi birthday (years) 73 TONS Male mos days hours min 5b 5c 15a April 11. 1907 COUNTY OF DEATH 6 CITY. TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION-NAME (In optime ether, ore strete and number) 7c Kl. Co. Nursing Home 3OK 10 - DSP OF INST. Indicate DOA DP/Emer. Rm. Inpatient [Social 7d Inpatinet Klamath Klamath Falls 0 STATE OF BINING Name country) STATE OF BIRTH (If not in U.S.A., CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, 9 U.S.A. 10 Married Married INT SPOUSE (IF MARRIED, WIDOWED) WAS DECEDENT EVER IN U.S. Yes or Noj Yes H DIN DN ICOK Clara. 111 SOCIAL SECURITY NUMBER USUAL OCCUPATION (give kind of work done during most of working, life, ever 12 KIND OF BUSINESS OR INDUSTRY -- 553 - 09 - 3716 Maintenance Foreman/Ret. 146 NG C Maintenance RESIDENCE-STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER OR R.F.D., ZIP 760 T linside City Limits Oregon 15-156 Klamath 15c Klamath Falls (specify yes or no) -FATHER-NAME first MOTHER-Maiden Name first middle last middle last INFORMANT-NAME and relationship to deceased -Joseph M. Robertson 17 Vernia Ethel Gettys 18 Clara Robertson - Wife BURIAL, CREMATION. CEMETERY OR CREMATORY-NAME REMOVAL, MAUS (specify) 19a 112USOL EUM LOCATION city or town state 196Eternal Hills Memorial Gardens<sub>196</sub> Klamath Falls, Oregon ION FUNERAL SEEVING LICENSEE OF PERSON ACHING AS SOT NAME AND ADDRESS OF FACILITY amin K. WARD'S - 1945 Main - Klamath Falls, Orecon hin 20a 🕨 To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. The state of the cause(s) sta 97601 DATE SIGNED IMO., Day. Yr.] HOUR OF DEATH A 11 14 80 CERTIFIER - NAME AND TITLE 21c 5:45 (Type or print) м 21d Earle LeVernois, M.D. / 2628 Campus Dr / Klamath Falls, Or. IER 97601 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 210 DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] REGISTRAR -is APR 1 5 1980 222 22b [Signature] VF 23 IMMEDIATE CAUSE IENTER ONLY ONE CAUSE PER LINE FOR [a]. [b], AND [c].] ΞE Interval between onset and death Cpr Acu. HIA. (a) Failure NG Forming) DUE TO, OR AS A CONSEQUENCE OF Mila interval between onset and deat Areinon ÌЬ GMIN DUE TO, OR AS A CONSEQUENCE OF: HLORN OF op Chroingand onset and death (c) 41 · /un PART OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to cause oven in PART I (a) Kronn THON'S AUTOPSY [Specity Yes WAS CASE REFERRED TO MEDICAL or No] EXAMINER No ACCIDENT [Specily Yes or No] DATE OF INJURY [Mo, Day, Yr] 24 25 [Specify Yes or No] Nn HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED No 264 265 26c м 264 INJURY AT WORK PLACE OF INJURY-At home, farm, street, factory, Specily Yes or No LOCATION STREET OR R.F.D. NO. CITY OR TOWN ollice building, etc.[Specify] STATE 260 26f 260 RESERVED FOR REGISTRAR'S USE VS-2 Rev-8-78 P-65412 11.93 4 DATE ISSUED 14 57 STATE OF OREGON, COUNTY OF MULTNOMAH) ss OCTOBER 10 1980 -I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT 1 .... AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY DEFICIAL CARE AND 1. 2 MIC -test := 1 1140 Hoseph D. Carney, State-Registrar NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION STATE OF OREGON; COUNTY OF KLAMATH; ss. Thereby certify that the within instrument was received and filed for record on the 17th day of October A.D., 1980 at 8:39 o'clock A M., and duly recorded in Vol M-80 of Deeds \_\_\_\_on Page\_20233 WM\_D. MILNE, County Clerk FEE \$3.50 Weleseputy