

84153

ASSIGNMENT OF TRUST DEED BY BENEFICIARY OR HIS SUCCESSOR IN INTEREST

Vol. M88 Page 1767

FOR VALUE RECEIVED, the undersigned who is the beneficiary or his successor in interest under that certain trust deed dated October 30, 198, executed and delivered by Gene C. Olson and Karen Pepper,

to Mountain Title Company, trustee, in which Goff E. Moore and Dorothy B. Moore and Wm. H. Hamilton and Wilma M. Hamilton are the beneficiary, recorded on November 7, 1978, in Book 78, in Volume No. M78 on page 25099 or as by instrument/mortgage, exception No. 58009 (indicate which) of the Mortgage Records of Klamath County, Oregon, and conveying real property in said county described as follows:

The W $\frac{1}{2}$ S $\frac{1}{2}$ S $\frac{1}{2}$ SE $\frac{1}{4}$ of Section 5 Township 33 South Range 7, East of the Willamette Meridian, Klamath County, Oregon.

This instrument is being recorded to correct that certain instrument recorded in Volume M88 at page 534, January 12, 1988 which erroneously was a warranty deed.

* not as tenants in common
hereby grants, assigns, transfers and sets over to Dorothy B. Moore and Lenore J. Lewis* but with assigns, all his beneficial interest in and under said trust deed, together with the notes, moneys and obligations therein described or referred to, with the interest thereon, and all rights and benefits whatsoever accrued or to accrue under said trust deed.

The undersigned hereby covenants to and with said assignee that the undersigned is the beneficiary or his successor in interest under said trust deed and is the owner and holder of the beneficial interest therein; that he has good right to sell, transfer and assign the same, and the note or other obligation secured thereby, and that there is now unpaid on the obligations secured by said trust deed the sum of not less than \$ with interest thereon from 19.

In construing this instrument and whenever the context hereof so requires, the masculine gender includes the feminine and the neuter and the singular includes the plural.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal; if the undersigned is a corporation, it has caused its corporate name to be signed and its corporate seal to be affixed hereunto by its officers duly authorized thereunto by order of its Board of Directors.

DATED: January 19 88

**Goff E. Moore died November 17, 1987 in Temple City, California. **
(If executed by a corporation or other entity, use the form of acknowledgment opposite.)
* Wilma M. Hamilton died 10-23-83 in Los Angeles, Calif. **

X Dorothy B. Moore
Dorothy B. Moore
X William H. Hamilton
William H. Hamilton
X Wilma M. Hamilton
Wilma M. Hamilton

State of California }
County of Los Angeles } ss.

On this the 25th day of January 19, before me,
Angela Maria Barrios
the undersigned Notary Public, personally appeared
Dorothy B. Moore / Dorothy B. Moore.



STATE OF OREGON }
County of King } ss.

☐ personally known to me
☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) 15 subscribed to the within instrument, and acknowledged that she executed it.
WITNESS my hand and official seal.
Angela Maria Barrios
Notary's Signature

BE IT REMEMBERED, That on this 28 day of JANUARY, 19 88, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named WILLIAM H. HAMILTON

known to me to be the identical individual described in and who executed the within instrument and acknowledged to me that he executed the same freely and voluntarily.

Return: Mountain Title Co
Allen & Mary
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Notary Public for Oregon WASHINGTON
My Commission expires 11-1-88

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

1768

STATE ID. NUMBER		1A. NAME OF DECEASED—FIRST		1B. MIDDLE	1C. LAST	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		WILMA		MARGARET	HAMILTON	2A. DATE OF DEATH (MONTH, DAY, YEAR)	
3. SEX		4. RACE/ETHNICITY		5. SEX/ETHNICITY	6. DATE OF BIRTH	7. AGE	
Female		White/American		8	June 28, 1908	75	
8. BIRTHPLACE OF DECEASED (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. DATE OF DEATH (MONTH, DAY, YEAR)	
Michigan		William Stewart		Michigan		Blanche Webber Michigan	
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
United States		701-07-0670		Married		William Hamilton	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYED (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
P.B.X. Operator		40		Fidelity Federal Savings & Loan		Financial Institution	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT (RELATIONSHIP)	
1420 West Clark Avenue				Burbank		William Hamilton, husband 1420 West Clark Avenue Burbank, California 91506	
21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OR TOWN		22. NAME AND ADDRESS OF INFORMANT (RELATIONSHIP)	
St. Joseph Medical Center		Los Angeles		Burbank			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		21E. STATE			
501 South Buena Vista				California			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER CAUSES, CONTINGENTS, BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER?		25. WAS POST-MORTEM PERFORMED?	
(A) <u>Interstitial Fibrosis</u>				6mo.		No	
(B) <u>Rheumatoid Arthritis</u>				6yrs		No	
(C)						No	
26. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE FILED AN (INQUEST- INVESTIGATION)		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 ON 21?		28. DATE SIGNED		29. PHYSICIAN'S LICENSE NUMBER	
June 9, 1983 Oct 23, 1983		Thoracotomy		10/15/83		614208	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH DAY YEAR	
						32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE FILED AN (INQUEST- INVESTIGATION)		35B.		35C.			
36. DISPOSITION		37. NAME AND ADDRESS OF CEMETERY OR CREMATORY		38. EMBALMER'S LICENSE NUMBER AND SIGNATURE		39. DATE OF EMBALMING	
Burial		Mt. View Cemetery, Tacoma, Washington		7154		OCT 25 1983	
36A. STATE OF EMBALMING (FOR REMOVAL AT TIME OF BURIAL)		40. LICENSE NO.		41. LICENSE NO.		42. DATE OF EMBALMING	
Forest Lawn Hollywood Hills		1 904					
STATE REGISTRAR		A.		B.		C.	
V5-11 (6-82)		D.		E.		F.	

THIS IS A TRUE CERTIFIED COPY OF THE RECORD
FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT
OF HEALTH SERVICES IF IT BEARS THIS SEAL IN
PURPLE INK.

 OCT 23 1983 FEE PAID
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Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 8th day
of February A.D., 19 88 at 11:11 o'clock A M., and duly recorded in Vol. M88
of Mortgages on Page 1767
FEE \$10.00
By Evelyn Biehn County Clerk
Pam Smith