

**ENDORSEMENT OF NOTE AND ASSIGNMENT
OF MORTGAGEE'S INTEREST IN MORTGAGE**

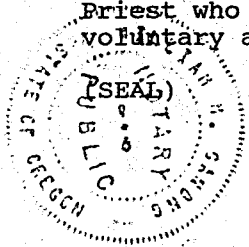
EMILY H. PRIEST does hereby endorse and assign unto EMILY H. PRIEST, PEGGY J. MILLER and GEORGE R. PRIEST, and their successors, as Trustees in Trust of the EMILY H. PRIEST TRUST dated February 8, 1990 that certain promissory note dated July 1, 1978 in the face amount of \$50,000.00 made, executed and delivered by Allen C. Barrett, and does further assign and convey unto said Trustees the Mortgagee's interest in that certain Mortgage which secures said Note and which was recorded July 17, 1978 in Vol. M78, Page 15243 of the Mortgage records of Klamath County, Oregon and which describes the following property; to-wit:

Lot 8 in Block "B" of HOMECREST, Klamath County,
Oregon and the easement which serves said property.

Emily H. Priest
Emily H. Priest

STATE OF OREGON)
) SS
County of Klamath)

On this 30th day of March, 1990, personally appeared Emily H. Priest, who acknowledged the foregoing instrument to be her voluntary act and deed.



Before Me:

William M. Ganong
Notary Public for Oregon
My commission expires: 11-2-90

After recording return to: William M. Ganong, 292 Main Street,
Klamath Falls, OR 97601.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wm. M. Ganong the 11th day
of May A.D., 19 90 at 2:54 o'clock P.M., and duly recorded in Vol. M90
of Mortgages on Page 9058.

FEE \$8.00

Evelyn Biehn County Clerk
By Carolene Mullens

'90 MAY 11 PM 2 54

53967
I.D. TAG NO.
298
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7
8
9

REGISTRAR

10
11

CERTIFIER

12
13
14

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

15
16
17

1. DECEDENT'S NAME First: Homor Middle: J Last: CLARK		2. SEX M	3. DATE OF DEATH (Month, Day, Year) July 7, 1989
4. SOCIAL SECURITY NUMBER 446-03-2833	5a. AGE - Last Birthday (Years) 79	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Verdon, OK		7. DATE OF BIRTH (Month, Day, Year) December 14, 1909	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farmer		10b. KIND OF BUSINESS/INDUSTRY Farming	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Kay	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Malin		13d. STREET AND NUMBER H C 62, Box 22	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 5+) 2			
17. FATHER - NAME first middle last Henry - Clark		18. MOTHER - NAME first middle maiden Minnie - Fiedler	
19. INFORMANT - NAME and relationship to decedent Kay - Clark, wife		20c. LOCATION - City or Town, State Malin, Oregon	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Malin Community Cemetery	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Merid Reid</i>		21b. LICENSE NUMBER (Of Licensee) 3329	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR. 97601		23. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
24. DATE FILED (Month, Day, Year) JUL 12 1989		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
27. TIME OF DEATH 8:00 A.			
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Kenneth L. Tuttle, M.D.</i>			
30. DATE SIGNED (Month, Day, Year) July 7, 1989			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Kenneth L. Tuttle, M.D., 2850 Daggett Street, Klamath Falls, Oregon 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)			
PART I (a) Respiratory failure		Interval between onset and death 1 hr	
(b) Pneumonia		Interval between onset and death 5 days	
(c) Colic, Angulation - right leg		Interval between onset and death 10 days	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		37. Did tobacco contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unk	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings confirmed in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
41f. DESCRIBE HOW INJURY OCCURRED			

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.
RETURN TO: KAY CLARK

35422 STASTNY RD., MALIN, OR
JUL 17 1989 97632

DATE ISSUED

Marian Ackerman
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath Co. Title Co. the 11th day of May A.D., 19 90 at 3:07 o'clock P.M., and duly recorded in Vol. M90 of Deeds on Page 9059

Evelyn Biehn County Clerk
By *Pauline M. Nicks*

FEE \$8.00