

14907

ASSIGNMENT OF TRUST DEED BY BENEFICIARY OR BENEFICIARY'S SUCCESSOR IN INTEREST

Vol. m90 Page 9296

FOR VALUE RECEIVED, the undersigned who is the beneficiary or beneficiary's successor in interest under that certain trust deed dated September 17, 1984, executed and delivered by Vincent James Bode and Lois A. Bode, husband and wife, to Mountain Title Co. Inc., grantor, Stuart Fellbaum & Sheila Fellbaum, husband & wife\*\* is the beneficiary, recorded on October 5, 1984, in book/reel/volume No. M84 on page 17183 or as fee/tile/instrument/microfilm/reception No. 41906 (indicate which) of the Mortgage Records of Klamath County, Oregon, and conveying real property in said county described as follows:

Lot 67 in Block 49, FOURTH ADDITION TO NIMROD RIVER PARK, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

This trust Deed is an All-Inclusive Trust Deed and is being recorded second and junior to a First Trust Deed in favor of XHD Corporation.

\*\*Sheila Fellbaum assigned her interest over to Stuart James Fellbaum II on April 21, 1987 volume M87, page 6687.

hereby grants, assigns, transfers and sets over to Karin Englert, hereinafter called assignee, and assignee's heirs, personal representatives, successors and assigns, all of the 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 beneficiary's successor in interest under said trust deed and is the owner and holder of the beneficial interest therein and has the 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 \$5990.67 with interest thereon from May 4, 1990.

In construing this instrument and whenever the context hereof so requires the singular includes the plural.

IN WITNESS WHEREOF, the undersigned has hereunto executed this document; if the undersigned is a corporation, it has caused its corporate name to be signed and its corporate seal to be affixed hereunto by an officer duly authorized thereunto by order of its Board of Directors.

DATED: May 4, 1990

*Stuart James Fellbaum II*  
Stuart James Fellbaum II



OFFICIAL SEAL  
PEGGY TELLO  
NOTARY PUBLIC - CALIFORNIA  
ORANGE COUNTY  
My comm. expires JAN 10, 1992

(If executed by a corporation,  
affix corporate seal)

(If the signer of the above is a corporation,  
use the form of acknowledgment opposite.)

STATE OF ~~OREGON~~ California

County of .. Orange

This instrument was acknowledged before me on  
May 9, 1990 by

*Peggy Tello*  
Peggy Tello

(SEAL)

Notary Public for ~~Oregon~~  
California

My commission expires: Jan 10, 1992

STATE OF OREGON,

County of ..

This instrument was acknowledged before me on  
19 .., by ..  
as ..  
of ..

Notary Public for Oregon

My commission expires:

(SEAL)

### ASSIGNMENT OF TRUST DEED BY BENEFICIARY

Assignor

to

Assignee

AFTER RECORDING RETURN TO

*Maintain title record*  
*# 13926*

(DON'T USE THIS  
SPACE: RESERVED  
FOR RECORDING  
LABEL IN COUNTIES  
WHERE USED.)

STATE OF OREGON,

County of .. Klamath

I certify that the within instrument was received for record on the 15th day of May, 1990, at 2:05 o'clock P.M., and recorded in book/reel/volume No. M90 on page 9296 or as fee/tile/instrument/microfilm/reception No. 14907, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

By *Pauline Mullen* Deputy

E-3161  
I.D. TAG NO.  
190  
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH 136-

State File Number

1. DECEDENT'S NAME First: Dorothea Middle: Dale Last: CUSTER		2. SEX F	3. DATE OF DEATH (Month, Day, Year) May 10, 1990
4. SOCIAL SECURITY NUMBER 522-32-6584	5a. AGE - Last Birthday (Years) 85	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign) Waverloo, Iowa
7. DATE OF BIRTH (Month, Day, Year) August 24, 1904		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Foster Home	
9a. FACILITY NAME (If not institution, give street and number) 31433 Anderson Avenue		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9c. COUNTY OF DEATH Klamath		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife	
10b. KIND OF BUSINESS/INDUSTRY Homemaking		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
12. SPOUSE (If Married, Widowed) Brooks Orland		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 3428 Shasta Way		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (1-4 or 5+) 4	
17. FATHER - NAME first middle last John D. Eiftman		18. MOTHER - NAME first middle maiden Myrtle - Thornburg	
19. INFORMANT - NAME and relationship to decedent Barbara C. Lund, daughter		20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) Eternal Hills Crematory		20c. LOCATION - City or Town, State Klamath Falls, OR 97603	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 53-0124	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		23. DATE FILED (Month, Day, Year) MAY 11 1990	
24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH 1510 P M	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>	
30. DATE SIGNED (Month, Day, Year) May 11, 1990		31. TIME OF DEATH M	
32. DATE SIGNED (Month, Day, Year) May 11, 1990		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon 97601		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
36. 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)		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input 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)	
RESERVED FOR REGISTRAR'S USE			

THIS IS A TRUE AND EXACT REPRODUCTION OF ORIGINAL VITAL STATISTICS COPY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV. 1-89

DATE ISSUED MAY 11 1990

Donna A. Verling  
DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_  
of \_\_\_\_\_ May \_\_\_\_\_ A.D., 19 90 at 2:09 o'clock \_\_\_\_\_ PM., and duly recorded in Vol. \_\_\_\_\_ M90  
of \_\_\_\_\_ Deeds \_\_\_\_\_ on Page 9297

FEE \$8.00

Return: Barbara Lund

10588 Buesing Rd., Klamath Falls, Or. 97603

Evelyn Biehn  
By \_\_\_\_\_ County Clerk