16407

Aspen TITLE & ESCROW, INC.

Vol. m90 Page 11957

02035221

SUBSTITUTION OF TRUSTEE AND REQUEST FOR
RECONVEYANCE AND DEED OF RECONVEYANCE

The undersigned is the owner and holder of the deed of trust described below and the promissory note or notes secured thereby. Said note or notes, together with all other indebtedness secured by said deed of trust have been fully paid. The undersigned hereby appoints ASPEN TITLE & ESCROW, INC., an Oregon corporation, as successor trustee of said deed of trust and directs it to reconvey to the party or parties entitled thereto all the estate right, title and interest held by said trustee under said deed of trust. Said trustee is further directed to cancel said promissory note or notes which are delivered to said trustee herewith for that purpose.

Dated: June 12, 1990

BY: Lillian E. Terrell
(Beneficiary)

BY: X _____
(Beneficiary)

STATE OF CALIFORNIA)
)
County of Santa Clara)

This instrument was acknowledged before me this 12 day of June, 19 90, by The Undersigned

OFFICIAL SEAL
JANET POWER
Notary Public-California
SANTA CLARA COUNTY
My Comm. Exp. Sep. 14, 1992

Janet Power
Notary Public for CALIFORNIA

My commission expires: September 14, 1992

DEED OF RECONVEYANCE

ASPEN TITLE & ESCROW, INC., an Oregon corporation, as successor trustee of the following described deed of trust:

Dated: MAY 16, 1978

Recorded: MAY 24, 1978

Volume: M-78 Page: 11023, of the mortgage records of Klamath County,

Grantor(s): CARL C. COLLIS AND ELNA S. COLLIS, HUSBAND AND WIFE

Beneficiary(ies): HERBERT T. TERRELL AND LILLIAM E. TERRELL, HUSBAND AND WIFE

Encumbering real property in the same county described as follows:

The NE 1/4 SE 1/4, Section 19, Township 33 South, Range 7 East of the Willamette Meridian, in the County of Klamath, State of Oregon.

CODE 8 MAP 3307-1900 TL 500
CODE 8 MAP 3307-1900 TL 1100

having received from the beneficiary or its successor a written

Continued on next page

request to reconvey, reciting that the obligation secured by said trust deed has been fully paid and satisfied, does hereby reconvey without warranty to the party or parties entitled thereto all of the estate, right, title and interest held by said trustee by virtue of the above described deed of trust.

ASPEN TITLE & ESCROW, INC.

By [signature]

ITS: president

STATE OF OREGON)
)
COUNTY OF KLAMATH)

This instrument was acknowledged before me this 18th day of June, 1990, by Andrew A Patterson a(n) President of Aspen title & Escrow, Inc., an Oregon corporation, on behalf of said corporation.

[signature]
Notary Public for Oregon

My commission expires: 12-17-91

11959

CERTIFICATE OF DEATH 4300- 00066

STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NU

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST: HERBERT | 1B. MIDDLE: TRUMAN | 1C. LAST: TERRELL, JR.

2A. DATE OF DEATH (MONTH, DAY, YEAR): January 3, 1983 | 2B. 17

3. SEX: Male | 4. RACE/ETHNICITY: White/Irish | 5. SPANISH/HISPANIC: NO | 6. DATE OF BIRTH: April 29, 1926

7. AGE: 56 YEARS | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HOURS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): CA

9. NAME AND BIRTHPLACE OF FATHER: Herbert T. Terrell, Sr. - CA

10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Pauline Price - AR

11. CITIZEN OF WHAT COUNTRY: U.S.A.

12. SOCIAL SECURITY NUMBER: 565-26-2016

13. MARITAL STATUS: Married

14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Lillian Elaine Peters

15. PRIMARY OCCUPATION: Co-Owner

16. NUMBER OF YEARS THIS OCCUPATION: 37

17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Carburetor Elect. Service

18. KIND OF INDUSTRY OR BUSINESS: Auto Repairs & Parts

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 14420 Highgrove Ct.

19B. 504100

19C. CITY OR TOWN: San Jose

19D. COUNTY: Santa Clara

19E. STATE: CA

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Mrs. Elaine Terrell - Spouse
14420 Highgrove Ct.
San Jose, CA 95127

21A. PLACE OF DEATH: San Jose Hospital

21B. COUNTY: Santa Clara

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 675 E. Santa Clara St.

21D. CITY OR TOWN: San Jose

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A) Cardiac Arrest — 5 min

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

DUE TO, OR AS A CONSEQUENCE OF (B) Congestive Heart Failure — 2 yrs

DUE TO, OR AS A CONSEQUENCE OF (C) Arteriosclerotic Heart Disease — 7+ yrs

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes 244

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? Yes

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No — DATE

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: C J Leftwich MD

28C. DATE SIGNED: 1-4-83

28D. PHYSICIAN'S LICENSE: C16856

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 12-18-25

I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 1-3-83

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Charles Leftwich M.D., 65 N.14th St., San Jose, CA

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)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE

36. DISPOSITION: Entomb.

37. DATE—MONTH, DAY, YEAR: Jan. 6, 1983

38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Oak Hill Memorial Park, San Jose, CA.

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 7026 David L. Cui

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Oak Hill Funeral Home

40B. LICENSE NO.: 991

41. LOCAL REGISTRAR—SIGNATURE: B Giansiracusa M.D. by [illegible]

42. DATE ACCEPTED BY LOCAL REGISTRAR: JAN 5 1983

STATE REGISTRAR | A. | B. | C. | D. | E. | F.

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE
BY: Bernice Vance
DEPUTY REGISTRAR OF VITAL STATISTICS
SANTA CLARA COUNTY HEALTH DEPARTMENT
SAN JOSE, CALIFORNIA
BERNICE GIANSIRACUSA, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS
January 25, 1983
CERTIFICATION FEE: $4.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title co. the 18th day of June A.D., 19 90 at 4:42 o'clock P.M., and duly recorded in Vol. M90, of Mortgages on Page 11957.

Evelyn Biehn, County Clerk
By Pauline Muldendore

FEE $18.00

Return: A.T.C.