

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.

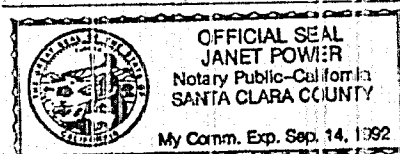
Dated: June 12, 1990

BY: Lillian C. Terrell
 (Beneficiary)

BY: x
 (Beneficiary)

STATE OF CALIFORNIA)
)
 County of Santa Clara)

This instrument was acknowledged before me this 12 day of
June, 1990, by The Undersigned



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

790 JUN 10 PM 4 42

11958

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 Andrew A. Patterson

ITS: president

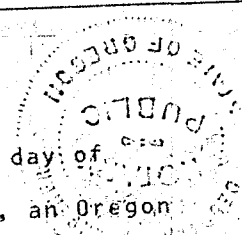
STATE OF OREGON)

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.

Debbie K. Bergen
Notary Public for Oregon

My commission expires: 12-17-91



ASPEN TITLE & ESCROW, INC.
11958

11958

11959

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

4300- 00066

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)
HERBERT	TRUMAN	TERRELL, JR.	January 3, 1983
3. SEX	4. RACE/ETHNICITY	5. SPANISH/PORTUGUESE	6. DATE OF BIRTH
Male	White/Irish	NO	April 29, 1926
7. AGE	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
56	CA	Herbert T. Terrell, Sr. - CA	Pauline Price - AR
11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	565-26-2016	Married	Lillian Elaine Peters
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Co-Owner	37	Carburetor Elect. Service	Auto Repairs & Parts
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
14420 Highgrove Ct.	SD4100	San Jose	Mrs. Elaine Terrell - Spouse
19D. COUNTY	19E. STATE	21A. PLACE OF DEATH	21B. COUNTY
Santa Clara	CA	San Jose Hospital	Santa Clara
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
675 E. Santa Clara St.	San Jose	(A) Cardiac Arrest	
		(B) Congestive Heart Failure	
		(C) Arteriosclerotic Heart Disease	
24. WAS DEATH REPORTED TO CORONER?	25. WAS DEATH REPORTED TO POLICE?	26. WAS AUTOPSY PERFORMED?	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22, 23, 24, 25, 26, 27?
Yes	Yes	No	No
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED (FROM THE CAUSES STATED).	28B. PHYSICIAN—PRIMARY CARE PHYSICIAN OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE
12-18-25	C.D. Leftwich M.D.	1-4-83	C16856
28E. TYPE: PHYSICIAN'S NAME AND ADDRESS	29. INJURY AT WORK	30. PLACE OF INJURY	31. DATE OF INJURY—MONTH, DAY, YEAR
Charles Leftwich M.D., 65 N. 14th St., San Jose, CA			
32. SPECIFY ACCIDENT, DISEASE, ETC.	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	35. DATE
36. 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-REGISTRATION)	37. CORONER—SIGNATURE AND DEGREE OR TITLE	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER—LICENSE NUMBER AND SIGNATURE
		Oak Hill Memorial Park, San Jose, CA	7026 David L. Cui
40A. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGIS
Oak Hill Funeral Home	991	Aspen Title Co.	JAN 5 1983
STATE REGISTRAR	A.	B.	C.

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 Muehlendore

FEE \$18.00

Return: A.T.C.

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