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35174

TRUSTEE'S DEED

Vol. m91 Page 19544

THIS INDENTURE, Made this 20th day of September, 1991, between Transamerica Title Insurance Company, hereinafter called trustee, and United States of America acting through the Farmers Home Administration, hereinafter called the second party;

WITNESSETH:

RECITALS: William E. Taylor and Mary A. Taylor, husband and wife, as grantor, executed and delivered to Farmers Home Administration, U.S.D.A., as trustee, for the benefit of United States of America, as beneficiary, a certain trust deed dated April 21, 1977, duly recorded on April 25, 1977, in the mortgage records of Klamath County, Oregon, in book/reel/volume No. M-77 at page 7005, or as fee/file/instrument/microfilm/reception No. _____ (indicate which). In said trust deed the real property therein and hereinafter described was conveyed by said grantor to said trustee to secure, among other things, the performance of certain obligations of the grantor to the said beneficiary. The said grantor thereafter defaulted in grantor's performance of the obligations secured by said trust deed as stated in the notice of default hereinafter mentioned and such default still existed at the time of the sale hereinafter described.

By reason of said default, the owner and holder of the obligations secured by said trust deed, being the beneficiary therein named, or beneficiary's successor in interest, declared all sums so secured immediately due and owing; a notice of default, containing an election to sell the said real property and to foreclose said trust deed by advertisement and sale to satisfy grantor's said obligations was recorded in the mortgage records of said county on April 29, 1991, in book/reel/volume No. M-91 at page 7923 thereof or as fee/file/instrument/microfilm/reception No. _____ (indicate which), to which reference now is made.

After the recording of said notice of default, as aforesaid, the undersigned trustee gave notice of the time for and place of sale of said real property as fixed by the trustee and as required by law; copies of the Trustee's Notice of Sale were served pursuant to ORCP 7D.(2) and 7D.(3) or mailed by both first class and certified mail with return receipt requested, to the last-known address of the persons or their legal representatives, if any, named in ORS 86.740(1) and (2)(a), at least 120 days before the date the property was sold, and the Trustee's Notice of Sale was mailed by first class and certified mail with return receipt requested, to the last-known address of the guardian, conservator or administrator or executor of any person named in ORS 86.740(1), promptly after the trustee received knowledge of the disability, insanity or death of any such person; the Notice of Sale was served upon occupants of the property described in the trust deed in the manner in which a summons is served pursuant to ORCP 7D.(2) and 7D.(3) at least 120 days before the date the property was sold, pursuant to ORS 86.750(1). If the foreclosure proceedings were stayed and released from the stay, copies of an Amended Notice of Sale in the form required by ORS 86.755(6) were mailed by registered or certified mail to the last-known address of those persons listed in ORS 86.740 and 86.750(1) and to the address provided by each person who was present at the time and place set for the sale which was stayed within 30 days after the release from the stay. Further, the trustee published a copy of said notice of sale in a newspaper of general circulation in each county in which the said real property is situated, once a week for four successive weeks; the last publication of said notice occurred more than twenty days prior to the date of such sale. The mailing, service and publication of said notice of sale are shown by one or more affidavits or proofs of service duly recorded prior to the date of sale in the official records of said county, said affidavits and proofs, together with the said notice of default and election to sell and the trustee's notice of sale, being now referred to and incorporated in and made a part of this trustee's deed as fully as if set out herein verbatim. The undersigned trustee has no actual notice of any person, other than the persons named in said affidavits and proofs as having or claiming a lien on or interest in said described real property, entitled to notice pursuant to ORS 86.740(1)(b) or (1)(c).

(Continued on reverse side)

Transamerica Title Ins. Co.

GRANTOR'S NAME AND ADDRESS

Farmers Home Administration

GRANTEE'S NAME AND ADDRESS

After recording return to:

Transamerica Title Ins. Co.

12360 E. Burnside

Portland, Oregon 97233

NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.

Farmers Home Administration

2455 Patterson, Suite 1

Klamath Falls, Oregon 97603

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of _____

SS.

I certify that the within instrument was received for record on the _____ day of _____, 19_____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ or as fee/file/instrument/microfilm/reception No. _____, Record of Deeds of said county.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____ Deputy

19545

Pursuant to said notice of sale, the undersigned trustee on September 5, 1991, at the hour of 10:00 o'clock, A.M., of said day, in accord with the standard of time established by ORS 187.110, (which was the day and hour to which said sale was postponed as permitted by ORS 86.755(2)) (which was the day and hour set in the amended Notice of Sale)* and at the place so fixed for sale, as aforesaid, in full accordance with the laws of the State of Oregon and pursuant to the powers conferred upon said trustee by said trust deed, sold said real property in one parcel at public auction to the said second party for the sum of \$22,851.89, said second party being the highest and best bidder at such sale and said sum being the highest and best sum bid for said property. The true and actual consideration paid for this transfer is the sum of \$22,851.89.

NOW THEREFORE, in consideration of the said sum so paid by the second party in cash, the receipt whereof is acknowledged, and by the authority vested in said trustee by the laws of the State of Oregon and by said trust deed, the trustee does hereby convey unto the second party all interest which the grantor had or had the power to convey at the time of grantor's execution of said trust deed, together with any interest the said grantor or grantor's successors in interest acquired after the execution of said trust deed in and to the following described real property, to-wit:

All of Lot 1 and the North 1/2 of Lot 2, in Block 32, ORIGINAL TOWN OF MERRILL, in the County of Klamath and State of Oregon

TO HAVE AND TO HOLD the same unto the second party, second party's heirs, successors-in-interest and assigns forever.

In construing this instrument and whenever the context so requires the singular includes the plural; the word "grantor" includes any successor in interest to the grantor as well as each and all other persons owing an obligation, the performance of which is secured by said trust deed; the word "trustee" includes any successor trustee, the word "beneficiary" includes any successor in interest of the beneficiary first named above, and the word "person" includes corporation and any other legal or commercial entity.

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

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

TRANSAMERICA TITLE INSURANCE COMPANY

* Delete words in parentheses if inapplicable.

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Aspen Title Co.
on this 26th day of Sept. A.D. 19 91
at 10:44 o'clock A.M. and duly recorded
in Vol. M91 of Deeds Page 19544
Evelyn Biehn County Clerk
By Raoulene Mueland Deputy.

Fec. \$ 13.00

STATE OF OREGON, } ss.
County of Multnomah

This instrument was acknowledged before me on September 20, 1991, by James D. Thompson

as Assistant Secretary
of Transamerica Title Ins. Co.

[Signature]
Notary Public for Oregon

My commission expires: 2/24/93

(SEAL)

105728
I.D. TAG NO.

330

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1. DECEDENT'S NAME First: Erna Middle: Bertha Last: VANDERHOFF | | 2. SEX F | 3. DATE OF DEATH (Month, Day, Year) September 11, 1991 |
| 4. SOCIAL SECURITY NUMBER 542-14-5145 | | 5a. AGE Last Birthday (Yrs.) 85 | 5b. Under 1 Year Mo. Days Hours Mins. |
| 6. BIRTH-PLACE (City and State or Foreign Country) Sheboygan, WI | | 7. DATE OF BIRTH (Month, Day, Year) January 16, 1906 | |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | | |
| 9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center | | 9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls | |
| 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) | | 12. SPOUSE (If Married, Widowed) Hubert | |
| 13a. RESIDENCE - STATE Oregon | | 13b. STREET AND NUMBER 3843 Clinton Avenue | |
| 13c. CITY, TOWN OR LOCATION Klamath Falls | | 14. WAS DECEDENT OF HIS/HER RACE? Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 15. RACE American Indian, Black, White, etc. (Specify) White | | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 8 | |
| 17. FATHER - NAME first middle last William - Herzog | | 18. MOTHER - NAME first middle maiden Mary - Block | |
| 19. INFORMANT - NAME and relationship to decedent Roger Vanderhoff, son | | 20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens | |
| 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) SEP 12 1991 | |
| 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. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 21:45 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 causes and manner stated. (Signature) <i>[Signature]</i> 30. DATE SIGNED (Month, Day, Year) September 12, 1991 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Blake D. Berven, MD, 2616 Glover, Klamath Falls, Oregon 97601 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | |
| 33. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M 31b. DATE PRONOUNCED DEAD (Month, Day, Year) M 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated. (Signature) 33. DATE SIGNED (Month, Day, Year) COUNTY | | | |
| 34. 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) Acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (b) ASHD DUE TO, OR AS A CONSEQUENCE OF: (c) Advanced Alzheimer's PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. 35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown 36. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A 37. If YES, were findings contributory in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A 38. 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"/> Legal Intervention <input type="checkbox"/> Homicide 39. DATE OF INJURY (Month, Day, Year) 40. TIME OF INJURY 41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 43. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | |

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRARDATE ISSUED **SEP 12 1991**Donna A. Verling
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Gloria Nelson the 26th day
of Sept. A.D., 19 91 at 10:49 o'clock AM., and duly recorded in Vol. M91
of Deeds on Page 19546Evelyn Biehn County Clerk
By [Signature]

FEE \$8.00

Return: Gloria Nelson
4330 Lombard, Klamath Falls, Or. 97603