

OREGON
COUNTY OF KLAMATH
LOAN NO.: 1268465
POOL NO.: 238859

Vol. 92 Page 4806

ASSIGNMENT OF TRUST DEED BY BENEFICIARY OR HIS SUCCESSOR IN INTEREST

FOR VALUE RECEIVED, A MORTGAGE COMPANY, A MARYLAND CORPORATION

Located at 5280 CORPORATE DRIVE, FREDERICK, MD 21701
who is the beneficiary or his successor in interest under that certain trust deed dated: FEBRUARY 22, 1991
executed and delivered by: PATRICK C. MC MACKIN AND ANNETTE MC MACKIN, HUSBAND AND WIFE
grantor, to MOUNTAIN TITLE COMPANY OF KLAMATH COUNTY, AN OREGON CORPORATION
trustee, in which BASIN LAND AND HOME MORTGAGE, INC., AN OREGON CORPORATION
is the beneficiary, recorded on _____ in book M91 on page 3297
or as Instrument No. 26200 Reel/File number _____ Microfilm number _____
of the Mortgage Records of KLAMATH County, Oregon, and conveying real property
in said county described as follows:
SEE ATTACHMENT A.

hereby grants, assigns, transfers and sets over to JHM MORTGAGE SECURITIES, L.P., A DELAWARE LIMITED PARTNERSHIP, LOCATED AT 8300 GREENSBORO DRIVE, SUITE 900, MCLEAN, VIRGINIA 22102

his executors, administrators and assigns, hereinafter called assignee, all his 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 his successor in interest under said trust deed and is the owner and holder of the beneficial interest therein; that he has good right to sell, transfer and assign the same, as aforesaid, and that there is now unpaid on the obligations secured by said trust deed the sum of not less than \$ _____ with interest thereon from _____.

In construing this instrument and whenever the context hereof so requires, the masculine gender includes the feminine and the neuter and the singular number includes the plural.
IN WITNESS WHEREOF, undersigned has hereunto set his hand; if the undersigned is a corporation, it has caused its corporate name to be signed by its officers duly authorized thereunto by order of its Board of Directors.

DATED: **AUGUST 1, 1991**

FORMERLY KNOWN AS AMERICA'S MORTGAGE COMPANY
A MORTGAGE COMPANY
MORTGAGE COMPANY

Ila Mae Parker
ILA MAE PARKER
ASSISTANT SECRETARY

Mae Hebb
MAE HEBB
VICE PRESIDENT



STATE OF MARYLAND } ss
COUNTY OF FREDERICK }

On **AUGUST 1, 1991**, before me, the undersigned, a Notary Public in and for said County and State, personally appeared MAE HEBB known to me to be the person who executed the within instrument as the VICE PRESIDENT, and ILA MAE PARKER known to me to be the person who executed the within instrument as the ASSISTANT SECRETARY of the Corporation that executed the within instrument and acknowledged to me that the Corporation executed the within instrument pursuant to its by-laws or a resolution of its board of directors.
WITNESS and official seal.

Beverly A. Meharg
BEVERLY A. MEHARG (COMMISSION EXP. 07/11/95)
NOTARY PUBLIC



ASSIGNMENT OF TRUST DEED
BY BENEFICIARY

A MORTGAGE COMPANY

TO

JHM MORTGAGE SECURITIES, L.P.

AFTER RECORDING RETURN TO

ONTRAK ASSIGNMENT SERVICE
P.O. BOX 3829
FREDERICK, MD. 21701-0907

STATE OF OREGON)

) ss.

County of)

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. Record of Mortgages of said County. Witness my hand and seal of County affixed.

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

(OAS.OR)

P=S.007.218
C=S.397.0001

I=304G.S.02057



ONTRAK ASSIGNMENT SERVICES

LOAN: 1268465

POOL: 298859

4807

STATE: OR
COUNTY: KLAMATH

LEGAL DESCRIPTION

ALL OF THAT PORTION OF LOT 40, FAIR ACRES SUBDIVISION NO. 1 IN SE 1/4 OF SECTION 35, TOWNSHIP 38 SOUTH, RANGE 9 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON, DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE EAST LINE OF SAID LOT 40, SAID POINT BEING THE SOUTHEAST CORNER OF A TRACT CONVEYED TO HENRY J. O'BRIEN AND WIFE, BY DEED RECORDED JULY 9, 1957 IN BOOK 293 AT PAGE 8, DEED RECORDS OF KLAMATH COUNTY, OREGON, SAID POINT BEING 208.8 FEET SOUTH OF THE NORTHEAST CORNER OF SAID TRACT 40; THENCE SOUTH ALONG THE EAST LINE OF SAID TRACT 40 A DISTANCE OF 70 FEET; THENCE WEST 173 FEET TO A POINT THAT IS EAST 140 FEET FROM THE WEST LINE OF SAID TRACT 40; THENCE SOUTH 20 FEET; THENCE WEST 140 FEET TO THE WEST LINE OF SAID TRACT 40; THENCE NORTH 90 FEET; THENCE EAST 313 FEET TO THE POINT OF BEGINNING, SAVING AND EXCEPTING 5 FEET TAKEN FOR KANE STREET. 1527 KANE STREET, KLAMATH FALLS, OR 97603 TAX ACCOUNT NUMBER: 3809 035DC 02500 KEY: 450112

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ontrak the 9th day
of March A.D., 19 92 at 1:21 o'clock P M., and duly recorded in Vol. M92
of Mortgages on Page 4806.

FEE \$15.00

Evelyn Biehn - County Clerk

By Douglas M. Mendenhall

075874
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
136-
CERTIFICATE OF DEATH

State File Number

10-10-91 3

1. DECEASED'S NAME Edward Lavonne GARRETT		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 3, 1991
4. SOCIAL SECURITY NUMBER 544-42-9993	5a. AGE - Last Birthday (Years) 74	5b. Under 1 Year 5c. Under 1 Day	6. BIRTHPLACE (City and State or Foreign) Lakeview, OR
7. DATE OF BIRTH (Month, Day, Year) February 1, 1917			
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER (Specify)			
9. COUNTY OF DEATH Jackson			
10. FACILITY NAME (If not institution, give street and number) Rogue Valley Medical Center Medford			
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married Mildred			
12. SPOUSE (If Married, Widowed) Mildred			
13. STREET AND NUMBER HC 60 Box 4310			
14. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Rancher			
15. TYPE OF BUSINESS/INDUSTRY Cattle			
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12			
17. FATHER - NAME first middle last Arthur - Garrett			
18. MOTHER - NAME first middle maiden Laura - Wright			
19. DECEASED'S NAME and relationship to deceased Mildred Garrett - Wife			
20. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Other (Specify) Westside Cemetery			
21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Lakeview, Oregon			
22. NAME, ADDRESS AND ZIP OF FACILITY Huffstutter's Funeral Chapel 410 Center Lakeview, OR 97630			
23. DATE FILED (Month, Day, Year) OCT 10 1991			
24. REGISTRAR'S SIGNATURE Selma Colton			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input 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 4:30 p.m.			
28. 1815 MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) John C. Ordal			
30. DATE SIGNED (Month, Day, Year) 10-9-91			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John C. Ordal MD, 520 Medical Center Drive #200, Medford, Oregon 97504			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) JUNG SYMENS, M.D.			
33. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c). Do not enter mode of death, e.g. Cardiac or Respiratory Arrest. (a) SEPTIC SHOCK (b) UNKNOWN (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			
34. INTERVAL BETWEEN CAUSE AND DEATH 2 DAYS			
35. INTERVAL BETWEEN CAUSE AND DEATH Interval between cause and death			
36. INTERVAL BETWEEN CAUSE AND DEATH Interval between cause and death			
37. Did someone use cotinine in the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
39. If YES were findings consistent in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide			
41a. DATE OF BURY (Month, Day, Year)			
41b. TIME OF BURY			
41c. BURY AT VICTIM'S <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
41d. DESCRIBE HOW BURY OCCURRED			
41e. PLACE OF BURY - At home, farm, school, factory, office building, etc. (Specify)			
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

ORIGINAL - VITAL STATISTICS COPY

45-2 REV 3-80

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JACKSON COUNTY REGISTRAR.

DATE ISSUED OCT 10 1991

Henry Collins Jr.
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: 85.

Filed for record at request of Mildred Garrett the 9th day of March A.D. 19 92 at 2:28 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 4808

Evelyn Biehn - County Clerk
By Selma Colton

FEE \$10.00

Return: Mildred Garrett
HC 60, Box 4310, Lakeview, Or. 97630