

45750

MTC #27333

ASSIGNMENT OF DEED OF TRUST Vol. m92 Page 12188Single-Family Mortgage Program
Oregon Housing and Community Services Department
State of Oregon

FOR VALUE RECEIVED, U.S. BANCORP MORTGAGE COMPANY, Assignor, assigns to the OREGON HOUSING AND COMMUNITY SERVICES DEPARTMENT, STATE OF OREGON, all its beneficial interest in the property described in that Deed of Trust dated April 24, 1992, executed by Beverley Miles & Matthew Miles Grantor to U.S. Bank of Washington, Trustee, recorded 4-30, 1992 in book/reel Vol. M 92, page 9370, or as fee no. _____ of the Mortgage Records of Klamath County, Oregon, including the promissory note described in the Deed of Trust.

Date: April 24, 1992

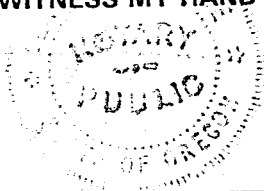
U.S. BANCORP MORTGAGE COMPANY
Approved Lender Name

By: Barbara Lindenberg
Authorized SignatureName: Barbara LindenbergTitle: Assistant Vice President

STATE OF OREGON)
County of Multnomah) ss

On April 24, 1992, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Barbara Lindenberg, who being sworn stated that he/she is the Assistant Vice President of assignor corporation and that he/she certifies that this assignment was voluntarily signed on behalf of the assignor corporation by authority of its board of Directors.

WITNESS MY HAND AND OFFICIAL SEAL.



Laura Eldredge
Notary Public in and for said County and State
My Commission expires: 4-2-94

After recording return to:

U.S. Bancorp Mortgage Co.
501 SE Hawthorne Blvd
Portland, OR 97214

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Mountain Title co.
on this 5th day of June A.D., 19 92
at 10:23 o'clock A M. and duly recorded
in Vol. M92 of Mortgages Page 12188
By Evelyn Biehn County Clerk
By Pauline Mulendore Deputy.

SFMP.9B(Rev.1/92)

Fee, \$10.00

087819
I.D. TAG NO.

321

Local File Number

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

Aspen #0638407

136

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

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11

CERTIFIER

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CAUSE OF DEATH

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1. DECEDENT'S NAME First: Inez Middle: Ruth Last: CURE		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) September 5, 1991
4. SOCIAL SECURITY NUMBER 572-07-3634	5a. AGE - Last Birthday (Years) 77	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) McLean, Texas
7. DATE OF BIRTH (Month, Day, Year) March 22, 1914		8. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9c. COUNTY OF DEATH Klamath		10. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife	
10b. KIND OF BUSINESS/INDUSTRY At Home		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Howard		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 3214 Bristol		14. WAS DECEDENT OF HISPANIC ORIGIN? (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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (14 or 5+)	
17. FATHER - NAME first middle last Eddie N. Allen		18. MOTHER - NAME first middle maiden Mary E. Vermillion	
19. INFORMANT - NAME and relationship to deceased Howard Cure - Husband		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Tim Lancaster		22. LICENSE NUMBER (Of Licensee) 3224	
23. DATE FILED (Month, Day, Year) SEP 10 1991		24. REGISTRAR'S SIGNATURE Dorey Kennedy	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" 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	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 4:40 A. 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) Kenneth K. Magee			
30. DATE SIGNED (Month, Day, Year) 9-6-91			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Kenneth K. Magee, MD - 1900 Main St. - Klamath Falls, Oregon 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) DUE TO, OR AS A CONSEQUENCE OF: Uremia		Interval between onset and death None	
(b) DUE TO, OR AS A CONSEQUENCE OF: Atherosclerosis		Interval between onset and death None	
(c) DUE TO, OR AS A CONSEQUENCE OF: Diabetes mellitus		Interval between onset and death None	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			
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 checked="" 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"/> Legal Intervention <input type="checkbox"/> Homicide		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

ORIGINAL - VITAL STATISTICS COPY

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

Return to: Earlene Ogde
105 Ridgeview, Tulelake, CA.
96134

DATE ISSUED SEP 10 1991

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

452 REV. 1-89

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Aspen Title Co. the 5th day of June A.D., 19 92 at 10:34 o'clock A.M., and duly recorded in Vol. M92 of Deeds on Page 12189.
Evelyn Biehn County Clerk
By Pauline Mueller

FEE \$10.00