

46009

1396-5932
ASSIGNMENT OF TRUST DEED BY BENEFICIARY OR BENEFICIARY'S SUCCESSOR IN INTEREST

Vol 92 Page 12674



FOR VALUE RECEIVED, the undersigned who is the beneficiary or beneficiary's successor in interest under that certain trust deed dated October 9, 1990, executed and delivered by James D. Puckett, Mary Sue Puckett, Margaret Swinger & Michael **, grantor, to Mountain Title Company of Klamath County, trustee, in which Jerry D. Hargrave and Eileen Hargrave, as tenants by ** is the beneficiary, recorded on October 16, 1990, in book/reel/volume No. M92 on page 20850 or as fee/file/instrument/microfilm/reception No. (indicate which) of the Mortgage Records of Klamath County, Oregon, and conveying real property in said county described as follows:

** Swinger not as tenants in common but with right of survivorship

*** the entirety

Lot 6, Block 17, CITY OF MERRILL, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

hereby grants, assigns, transfers and sets over to HENRY J. CALDWELL, JR. AND DEBORAH L. CALDWELL Husband & Wife, hereinafter called assignee, and assignee's heirs, personal representatives, successors and assigns, all of the 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 beneficiary's successor in interest under said trust deed and is the owner and holder of the beneficial interest therein and has the right to sell, transfer and assign the same, and the note or other obligation secured thereby, and that there is now unpaid on the obligations secured by said trust deed the sum of not less than \$5,310.78 with interest thereon from May 20, 1992.

In construing this instrument and whenever the context hereof so requires the singular includes the plural.

IN WITNESS WHEREOF, the undersigned has hereunto executed this document; if the undersigned is a corporation, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors.

DATED: June 9, 1992.

Jerry D. Hargrave
JERRY D. HARGRAVE

Eileen Hargrave
EILEEN HARGRAVE

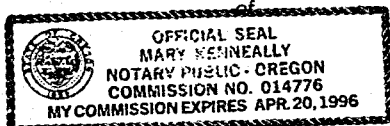
STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on June 9, 1992, by Jerry D. Hargrave and Eileen Hargrave.

This instrument was acknowledged before me on June 9, 1992,

by

as



Notary Public for Oregon

My commission expires

ASSIGNMENT OF TRUST DEED BY BENEFICIARY

Assignor
to
Assignee

AFTER RECORDING RETURN TO

MTC #3089

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

STATE OF OREGON,) ss.
County of Klamath

I certify that the within instrument was received for record on the 11th day of June, 1992, at 8:41 o'clock AM, and recorded in book/reel/volume No. M92 on page 12674 or as fee/file/instrument/microfilm/reception No. 46009, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Pauline M. Menden Deputy

Fee \$10.00

14 JUN 11 AM 8 41

CERTIFICATION OF VITAL RECORD

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

105794
1D TAG NO.
189
Local File Number

136-1396-5930
State File Number

1 DECEASED'S NAME
First Fred Middle Byron Last ECK

2 SEX M

3 DATE OF DEATH (Month, Day, Year) April 26, 1992

4 SOCIAL SECURITY NUMBER 543-10-2376

5a AGE Last Birthday (Years) 75

5b Under 1 Year

5c Under 1 Day

6 BIRTH PLACE (City and State or Foreign) Postle, Idaho

7 DATE OF BIRTH (Month, Day, Year) August 3, 1916

8 WAS DECEASED EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a PLACE OF DEATH (Check only one)
☐ Hospital ☒ Inpatient ☐ Outpatient ☐ DOD ☐ Other ☐ Nursing Home ☐ Decedent's Home ☐ 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

9d COUNTY OF DEATH Klamath

10a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Conductor

10b KIND OF BUSINESS/INDUSTRY Southern Pacific Railroad

11 MARITAL STATUS - Married

12 SPOUSE (If Married, Widowed, Divorced) (Specify)

13a RESIDENCE - STATE Oregon

13b COUNTY Klamath

13c CITY, TOWN OR LOCATION Klamath Falls

13d STREET AND NUMBER 2129 Eberlein

14 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☒ Yes

15 RACE American Indian, Black, White, etc. (Specify) White

16 DEPENDENT'S EDUCATION (Specify only highest grade completed. Elementary/Secondary 5-12) College (11 or 12)

17 FATHER'S NAME First middle last Louis ECK

18 MOTHER'S NAME First middle last Marie Peterson

19 DECEASED'S NAME First middle last Katie M. Eck, wife

20a METHOD OF DISPOSITION ☐ Autopsy ☐ Cremation ☐ Removal from State

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt Calvary Cemetery

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH

21b LICENSE NUMBER (or license) 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) APR 28 1992

24 REGISTRAR'S SIGNATURE Chula Robinson

25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A

26 WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

27 TIME OF DEATH 16:00 P M

28 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

29 On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) James F. Novak MD

30 DATE SIGNED (Month, Day, Year) April 27, 1992

31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) James F. Novak, MD, 1905 Main Street, 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 I, II, AND III. Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)

34 I. ACUTE Myocardial Infarction

35 DUE TO, OR AS A CONSEQUENCE OF

36 II. Atherosclerotic heart disease

37 DUE TO, OR AS A CONSEQUENCE OF

38 III. Hemolytic Anemia

39 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

40 MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Undetermined ☐ Suicide ☐ Homicide

41a DATE OF INJURY (Month, Day, Year)

41b TIME OF INJURY

41c INJURY AT WORK? ☐ Yes ☒ No

42 DESCRIBE HOW INJURY OCCURRED

43a PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)

43b LOCATION (Street and Number or Rural Route Number, City or Town, State)

44 AUTOPSY ☐ Yes ☒ No

45 Did spouse consent to the autopsy? ☐ Yes ☒ No

46 If YES, were findings considered in determining cause of death? ☐ Yes ☒ No

47 DATE OF DEATH (Month, Day, Year)

48 COUNTY

49 DATE SIGNED (Month, Day, Year)

50 COUNTY

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100 COUNTY

ORIGINAL - VITAL STATISTICS COPY

45 2 Rev 791

Upon recording return to:
Katie M. Eck
2129 Eberlein
Klamath Falls, OR 97601

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

DATE ISSUED JUN 09 1992

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 11th day
of June A.D. 19 92 at 8:42 o'clock A.M., and duly recorded in Vol. M92
of Deeds on Page 12675
By Evelyn Biehn County Clerk

FEE \$10.00