

which are in excess of the amount required to pay all reasonable costs, expenses and attorney's fees necessarily paid or incurred by grantor in such proceedings, shall be paid to beneficiary and applied by it first upon any reasonable costs and expenses and attorney's fees, both in the trial and appellate courts, necessarily paid or incurred by beneficiary in such proceedings, and the balance applied upon the indebted-

which are in excess of the amount required to pay all reasonable costs, expenses and attorney's lees necessarily paid or incurred by grantor in such proceedings, shall be paid to beneficiary and applied by it lirist upon any reasonable costs and attorney's lees, both in the trial and appellate courts, necessarily paid or incurred by beneficiary in such proceedings, and the batter applied to the indebtedness secured hereby; and grantor agrees, at its own expense, to take such actions and execute such instruments as shall be necessary in obtaining such compensation, promptly upon beneficiary programs of the such actions and execute such instruments as shall be necessary in obtaining such compensation, promptly upon beneficiary programs of its lees among the program of the program. The grantee in any reconveyance may be decided as the "person or persons legally entitled thereto," and the recitals there there are program to the program of th

or destroy this Trust Deed OR THE NOTE which it secures.

d to the trustee for cancellation before

nust be deliver

reconveyance will be made.

and that the grantor will warrant and forever detend the same against all persons whomsoever.

The grantor warrants that the proceeds of the loan represented by the above described note and this trust deed are:
(a)* primarily for grantor's personal, family or household purposes (see Important Notice below),
(b) for an organization, or (even it grantor is a natural person) are for business or commercial purposes.

This deed applies to, inures to the benefit of and binds all parties hereto, their heirs, legatees, devisees, administrators, executors, ersonal representatives, successors and assigns. The term beneficiary shall mean the holder and owner, including pledgee, of the contract ecured hereby, whether or not named as a beneficiary herein.

In construing this mortgage, it is understood that the mortgagor or mortgagee may be more than one person; that if the context so requires, the singular shall be taken to mean and include the plural, and that generally all grammatical changes shall be made, assumed and implied to make the provisions hereof apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument the day and year first above written.

Beneficiary

		Jance	Kon Usa	low
not applicable; if warranty (a) is a as such word is defined in the T beneficiary MUST comply with th disclosures: for this purpose use S	lining out, whichever warranty (a) or (b) is applicable and the beneficiary is a creditor ruth-in-lending Act and Regulation Z, the e Act and Regulation by making required tevens-Ness Form No. 1319, or equivalent. required, disregard this notice.			
S7	required, disregard this notice. TATE OF OREGON, County of This instrument was acknowle	edged before me on	October	1 , 1992,
by	This instrument was acknowle			
of C		W wrlene My commission expir	Marchan es Marchan	g /on Fublic for Oregon 12 , 19 12
	EQUEST FOR FULL RECONVEYANCE (To be us	sed only when obligations i	have been paid.)	
The undersigned is the deed have been fully paid and trust deed or pursuant to state together with the trust deed)	Trustee	payment to you of any less secured by the trust he parties designated by	sums owing to you us t deed (which are delive the terms of the trus	nder the terms of the vered to you herewith t deed the estate now
held by you under the same. N	fail reconveyance and documents to			······································
DATED:	, 19			***************************************

2. DATE

VETERANS ADMINISTRATION U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT WOOD DESTROYING INSECT INFORMATION **EXISTING CONSTRUCTION**

18. HUD/FHA CASE NUMBER

IA. VA CASE NUMBER

23348

PRIVACY ACT INFORMATION - The information requested on this form will be used in evaluating the property for a VA or HUD insured loan. Although you are not required by law to provide this information, failure to provide it can result in rejection of the property as security for your loan. The information collected will not be disclosed outside VA or HUD except as permitted by law. VA and HUD are authorized to request this information by statute (38 U.S.C., 1810(bH4) and 12 U.S.C., 1701 et seq.).

READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

- 1. The VA case number or HUD/FHA case number shall be inserted in Item 1 by the lender or the pest control company.
- 2. When treatment is indicated in Item 8C, the insects treated will be named, the data on application method and chemicals used shall be entered in Item 10. Proper control measures may include issuance of warranty. Warranty information should also be entered below. Proper control measures are those which follow good acceptable industry practices.
- 3. If visual evidence is found, the insects causing such evidence will be listed in Item 8A and damage resulting from such infestation will be noted in Item 8D.
- 4. Areas that were inaccessible or obstructed filem 7) may include, but are not limited to, wall covering, fixed ceilings, floor coverings, furniture or stored articles. The Pest Control Operator, (PCO) should list, in item 7, those obstructions or areas which inhibit the inspection.
- may be checked when the PCO is not authorized to perform control measures by the owner/seller or control measures cannot be performed due to conditions beyond control, e.g.,

obstruction, weather, etc. 6. Visible, evidence of conditions conducive to infestation	from subterranean termites shall	be reported on reverse of the form to	arth-wood contact, faulty grades, insuffic	cient ventilation, etc.).			
3A. NAME OF INSPECTION COMPANY	5A. NAME OF PROPERTY OWNERS						
38. ADDRESS OF INSPECTION COMPANY (Include ZIF Coc	N.S.necTins	Service					
3R. ADDRESS OF INSPECTION COMPANY (Include ZIP Cod		5B. ADDRESS OF PROPERTY					
P.O. Box 5236	405 Uphan	1					
3C TELEPHONE NUMBER (Include Area Code)	LICENSE NUMBER	5C. STRUCTUREISI INSPECTED					
(507) 783-7745		00/377	dwelling	0266			
(301) 703 1/18 FINDINGS							
6. WERE ANY AREAS OF THE PROPERTY OBSTRUCTED 7. OBSTRUCTIONS OR INACCESSIBLE AREAS (specify) (Read Item 118 before cumpleting.) OR INACCESSIBLE?							
YES NO							
8. BASED ON CAREFUL VISUAL INSPECTION OF THE REA	DILY ACCESSIBLE AREAS OF	THE PROPERTY (See Item 11A befor	e completing).				
A. Visible evidence of wood destroying insects was o			·				
B. No visible evidence of infestation from wood deal C. Visible evidence of infestation was noted; proper D. Visible damage due to				has been observed in the			
following areas:	 						
E. Visible evidence of previously treated infestation,	which is now inactive, was obser-	ved. (Explain in Item 10)	<u></u>				
9. DAMAGE OBSERVED ABOVE, IF ANY. (Check One)		10. ADDITIONAL COMMENTS (IF					
	Sec aTtack	11811					
A. Will be/has been corrected by this company. 8. Will be corrected by another company (see uttl.)	nched contract).	VEE 91190					
. —				<i>y</i> *			
C. Will not be corrected by this company. Recondamage be evaluated by qualified building exp	ert.						
	11. STATEMENT C	F PEST CONTROL OPERATOR					
A. The inspection covered the readily accessible a areas which experience has shown to be partic accessible wood members showing evidence of	infestation was performed.	Wood destroying maccia:	3	given to those accessible and other visible			
8. The inspection did not include areas which were	e obstructed or inaccessible a	t the time of inspection. (See ins	ruction number 4 above.)				
O This is an a second domain report. Neither	is this a warranty as to absen	ce of wood destroying insects.					
Neither I not the company for which I am actin company for which I am acting is associated in	n have had, presently have, o	r contemplate having any interes	t in the property. I do further state	mat-neitner i nor the			
12A. SIGNATURE OF AUTHORIZED COMPANY REPRESI	ENTATIVE	128. TITLE		12C. DATE			
Was S. Sne	Go.	me	_	9-19-92			
STATEMENT OF PURCHABER							
I have received the original or a legible copy of this form.							
14 SIGNATURE OF PURCHASER							

Consolidated Inspection Service

P.O. Box 5236	883-7	7745	Klamath Fa	lls, OR 97601
(1) Fungi (Rot) (2) Dampwood Termites (3) Subterranean Termites (4) Carpenter Ants (5) Wood-Boring Bettles (6) Other Not an inspection for bats or rock 405 Upham	Findings Yes No	CONDITIONS DESTROYIN (1) Cellulos (2) Earth wo (3) Excessi (4) Insufficie (5) Faulty G (6) Dirt Fill	S FAVORING WOO! G ORGANISMS e Debris ood contact ve Moisture ent Ventilation	Yes _i No
EXPLANATION OF FINDINGS:				
Some dry rot on East and in rim sills, mu ubfloors (all on East in contact with grow In interior of house hind sink faucets and	nd sills and joing the stand in the stand ind some wood their is some	st ends as the under d debri re moisture d	well as perin structure pier mains under ho amage in kitch	neter cs are ouse. hen be-
				. •
	•			
RECOMMENDATIONS/CORRE This report does not and sheathing, cove insulation.	CTIVE MEASURES: t warrant any area that ered floors or subfloors	is not readily vi and any area th	sible such as wall int at is obscured by or	eriors, attic voids covered with
See above.	:			
Estimate to repair	dry rot in East	wall and 1	reblock piers,	\$1150.00
		•		
Inspector's Signature:	of Ingles		Date:	4-19-92
STATE OF OREGON: COUNTY O	OF KLAMATH: ss.			•
_	19 <u>92</u> at <u>3:25</u>	o'clock F ages on P Evelyn	age <u>23346</u> . Biehn County C	in Vol. <u>M92</u> lerk
FEE \$25.00		By <u></u> ≟	Dauline Mi	iclinolore_