

NE 93 APR 2 PM 3 44
59410

UTC 29447-MK

Vol. m93 Page 6794

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

FOR VALUE RECEIVED, the undersigned who is the beneficiary or beneficiary's successor in interest under that certain trust deed dated March 10, 1993, executed and delivered by GENE AOKI and MASUMI AOKI, Husband and Wife, grantor, to MOUNTAIN TITLE COMPANY OF KLAMATH COUNTY, trustee, in which ROBERT J. MULLEN is the beneficiary, recorded on April 2, 1993, in book/reel/volume No. M93 on page 6791 or as fee/file/instrument/microfilm/reception No. 59409 (indicate which) of the Mortgage Records of Klamath County, Oregon, and conveying real property in said county described as follows:

Lot 6 in Block 6 of BELLA VISTA TRACT 1235, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

****43.00%, which represents \$8,200.00

-Being re-recorded to enter original Trust Deed recording information-

hereby grants, assigns, transfers and sets over to KERRY S. PENN/ DBA ELI PROPERTY COMPANY, 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 \$_____ with interest thereon from closing, 19____.

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: March 15, 1993.

ROBERT J. MULLEN

STATE OF OREGON, County of Klamath) ss.

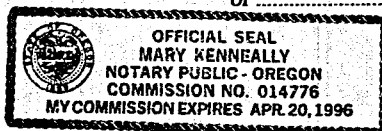
This instrument was acknowledged before me on March 15, 1993, by Robert J. Mullen

This instrument was acknowledged before me on _____, 19____,

by _____

as _____

of _____



Mary Kenneally
Notary Public for Oregon
My commission expires 4/20/96

ASSIGNMENT OF TRUST DEED BY BENEFICIARY

ROBERT J. MULLEN

STATE OF OREGON,) ss.
County of Klamath

Filed for record at request of:

Mountain Title co

on this 14th day of April A.D., 19 93

at 3:44 o'clock P.M. and duly recorded

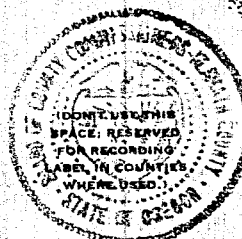
in Vol. M93 of Mortgages Page 7718

Evelyn Biehn County Clerk

By Pauline Mueland

Deputy.

Fee, \$5.00



INDEXED

7/1/✓

Fee \$10.00

STATE OF OREGON,) ss.
County of Klamath

I certify that the within instrument was received for record on the 2nd day of April, 1993, at 3:44 o'clock P.M., and recorded in book/reel/volume No. M93 on page 6794 or as fee/file/instrument/microfilm/reception No. 59410, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

By Pauline Mueland Deputy

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

TYPE OR
PRINT IN
PERMANENT
BLACK INK

125996
I.D. TAG NO.

158

Local File Number

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

138

State File Number

1. DECEDENT'S NAME Charlene Lillian Elizabeth HARRISON		2. SEX F	3. DATE OF DEATH (Month, Day, Year) March 28, 1993
4. SOCIAL SECURITY NUMBER 544 12 2804		5a. AGE (Years) 71	5b. Under 1 Year Mos. Days
5c. Under 1 Day Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Northome, MN.	
7. DATE OF BIRTH (Month, Day, Year) September 8, 1921			
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 type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> OTHER <input checked="" 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) 2617 Front Street		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) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Billy	
13a. RESIDENCE - STATE/ Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2617 Front Street	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97601	
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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (Secondary 9-12) 12 College (14 or 5+)			
17. FATHER - NAME first middle last Charlie Creed Fraley		18. MOTHER - NAME first middle maiden Sadie Belle Thompson	
19. INFORMANT NAME and relationship to decedent Nikki Robatcek / Daughter			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from state <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James K. ...</i>		21b. LICENSE NUMBER (OF Licensee) 3409	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, Or / 97601		23. REGISTRAR'S SIGNATURE <i>Charlea Robinson</i>	
24. DATE FILED (Month, Day, Year) MAR 31 1993		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. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 0400		28. WAS 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) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) March 29, 1993			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) P. Geoffrey Marx, MD / 2614 Clover / 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 (OR (a), (b), AND (c)). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. PART I (a) Renal Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Diabetes DUE TO, OR AS A CONSEQUENCE OF: (c) ASHD			
34. INTERVAL BETWEEN ONSET AND DEATH (a) 2 hrs (b) 20 yrs			
35. PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I.			
36. 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		37. DATE OF INJURY (Month, Day, Year)	
38. TIME OF INJURY M		39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
42. DESCRIBE HOW INJURY OCCURRED			

RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED

APR 14 1993

EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Billy Harrison** the **14th** day of **April**, A.D., 19 **93** at **11:34** o'clock **A** M., and duly recorded in Vol. **M93** of **Deeds** on Page **7719**

Evelyn Biehn - County Clerk

FEE \$10.00

Return: Billy Harrison
2617 Front, Klamath Falls, Or. 97601

By *Pauline Nickles*