

This Trust Deed, made this 26th day of JAN. 1994 between
JOHN M. CHAVARRIA AND RUTH A. CHAVARRIA as Grantor(s),
PURE PROJECT as Trustee, and KLAMATH COUNTY as beneficiary.

WITNESSETH:

Grantor irrevocably grants, bargains, sells and conveys to trustee in trust, with power of sale, the property in Klamath County, Oregon, described as:

Lot 27, PERRY'S ADDITION TO LLOYD'S TRACT, according to the official plat thereof on file in the office of the County Clerk of Klamath County.

FOR THE PURPOSE OF SECURING PERFORMANCE of each agreement of grantor herein contained and payment of the sum of (\$ 3,478.00). This loan shall be interest-free (0%) and shall be due and payable in full upon sale or transfer, for any reason, of the subject property. The full amount of this note is due until 7-1-94. After 7-1-94 this note shall be reduced at a rate of 20% of the total each year over the next five (5) years and will be deemed fully satisfied 7-1-99.

To protect the security of this trust deed, grantor agrees:

1. To protect, preserve and maintain said property in good condition and repair; not to remove or demolish any building or improvement thereon; not to commit or permit any waste of said property.
 2. To comply with all laws, ordinances, regulations, covenants, conditions and restrictions affecting said property.
- It is mutually agreed that:
3. In the event that any portion or all of said property shall be taken under the right of eminent domain or condemnation, beneficiary shall have the right, if it so elects, to require that all or any portion of the monies payable as compensation for such taking, 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.
 4. Trustee accepts this trust when this deed, duly executed and acknowledged is made a public record as provided by law. Trustee is not obligated to notify any party hereto of pending sale under any other deed of trust or of any action or proceeding in which grantor, beneficiary or trustee shall be a party unless such action or proceeding is brought by trustee.

The grantor covenants and agrees to and with the beneficiary and those claiming under him, that he is lawfully seized in fee simple of said described real property and has a valid, unencumbered title thereto, and that he will warrant and forever defend the same against all persons whatsoever.

The grantor warrants that the proceeds of the loan represented by the above described note and this trust deed are for improvement of dwelling heating system on described property.

This deed applies to, insures to the benefit of and binds all parties hereto, their heirs, legatees, devisees, administrators, executors, personal representatives, successors and assigns. The terms beneficiary shall mean the holder and owner, including pledges, or the contract secured hereby, whether or not named as a beneficiary herein. In construing this deed and whenever the context so requires, the masculine gender includes the feminine and the neuter, and the singular number includes the plural.

IN WITNESS WHEREOF, said grantor has hereunto set his hand the day and year first above written.

JOHN M. CHAVARRIA

RUTH A. CHAVARRIA

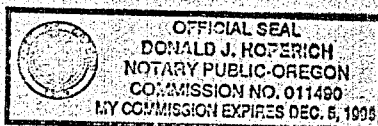
STATE OF OREGON

County of Klamath

JOHN M. CHAVARRIA AND RUTH A. CHAVARRIA

This instrument was acknowledged before me on JANUARY 26, 1994 by

(SEAL)



Notary Public for Oregon

My commission expires: 12-5-95

REQUEST FOR FULL RECONVEYANCE

To be used only when obligations have been paid or met.

To: _____, Trustee

The undersigned is the legal owner and holder of all indebtedness secured by the foregoing trust deed. All sums secured by said trust deed have been fully paid and/or met and satisfied. You hereby are directed, on payment to you of any sum owing to you under the terms of said trust deed or pursuant to statute, to cancel all evidences of indebtedness secured by said trust deed (which are delivered to you herewith together with said trust deed) and to reconvey, without warranty, to the parties designated by the terms of said trust deed the estate now held by you under the same. Mail reconveyance and documents to

DATED: 1994

The Trust Deed and the Promissory Note must not be lost or destroyed; to cancel, both must be delivered to trustee before reconveyance shall be made.

TRUST DEED

STATE OF OREGON

County of Klamath

JOHN M. CHAVARRIA

RUTH A. CHAVARRIA

I certify that the within instrument was received for record was received

for record on the 27th day of Jan 1994 at 2:32

4607 LAVERNE

o'clock P.M. and recorded in book/reel/Volume No. 2294

KLAMATH FALLS, OR 97603

on page 2928 or as fee/file/instrument/microfilm/reception

KLAMATH COUNTY

No. 75151

Beneficiary

Record of Mortgages of said County

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

Name of said party to whom Title of instrument is applied

By Donald J. Roperich Deputy

Fee \$15.00

CERTIFICATE OF DEATH

1. File Number: Rhita Fayette SEELEY 2. SEX: F 3. DATE OF DEATH (Month, Day, Year): August 29, 1993

4. SOCIAL SECURITY NUMBER: 550-24-8474 5a. AGE Last Birthday (Years): 74 5b. Under 1 Year: Mo: Days: Hours: Mins: 6. BIRTHPLACE (City and State or Foreign Country): Fowlerville, MI 7. DATE OF BIRTH (Month, Day, Year): January 22, 1919

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No 9a. PLACE OF DEATH (Check only one): ☐ Hospital ☐ Inpatient ☒ Outpatient ☐ DCA ☐ 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. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife 10b. KIND OF BUSINESS/INDUSTRY: Homemaking 11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married 12. SPOUSE (if Married, Widowed): Wesley G.

13a. RESIDENCE - STATE: Oregon 13b. COUNTY: Klamath 13c. CITY, TOWN OR LOCATION: Keno 13d. STREET AND NUMBER: P.O. Box 477

14a. INSIDE CITY LIMITS? ☐ Yes ☒ No 14b. ZIP CODE: 97627 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify: 15. RACE American Indian, Black, White, etc. (Specify): White 16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) College (13 or 14) 2

17. FATHER - NAME, first, middle, last: Otto F. Steinkacker 18. MOTHER - NAME, first, middle, maiden: Shirley - Smith 19. INFORMANT - NAME and relationship to decedent: Wesley G. Seeley, husband

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify): 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service 20c. LOCATION - City or Town, State: Klamath Falls, OR 97601

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William J. Davenport 21b. LICENSE NUMBER (For Licensee): 47-3104 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): AUG 30 1993 24. REGISTRAR'S SIGNATURE: Charlene Barcus

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A 26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 22:52 P M 28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ 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): [Signature] 30. DATE SIGNED (Month, Day, Year): August 30, 1993

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [Signature] 33. DATE SIGNED (Month, Day, Year): COUNTY:

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Alden B. Glidden, MD, 2680-B Uhrmann Road, Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH, STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

PART I 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. Interval between onset and death: a. Cardiac Arrest Collapse a. a. b. b. c. c. d. d. e. e. f. f. g. g. h. h. i. i. j. j. k. k. l. l. m. m. n. n. o. o. p. p. q. q. r. r. s. s. t. t. u. u. v. v. w. w. x. x. y. y. z. z.

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Interval between onset and death: 1. Hypertension 2. Hyperlipidemia 3. 3. 4. 4. 5. 5. 6. 6. 7. 7. 8. 8. 9. 9. 10. 10. 11. 11. 12. 12. 13. 13. 14. 14. 15. 15. 16. 16. 17. 17. 18. 18. 19. 19. 20. 20. 21. 21. 22. 22. 23. 23. 24. 24. 25. 25. 26. 26. 27. 27. 28. 28. 29. 29. 30. 30. 31. 31. 32. 32. 33. 33. 34. 34. 35. 35. 36. 36. 37. 37. 38. 38. 39. 39. 40. 40. 41. 41. 42. 42. 43. 43. 44. 44. 45. 45. 46. 46. 47. 47. 48. 48. 49. 49. 50. 50. 51. 51. 52. 52. 53. 53. 54. 54. 55. 55. 56. 56. 57. 57. 58. 58. 59. 59. 60. 60. 61. 61. 62. 62. 63. 63. 64. 64. 65. 65. 66. 66. 67. 67. 68. 68. 69. 69. 70. 70. 71. 71. 72. 72. 73. 73. 74. 74. 75. 75. 76. 76. 77. 77. 78. 78. 79. 79. 80. 80. 81. 81. 82. 82. 83. 83. 84. 84. 85. 85. 86. 86. 87. 87. 88. 88. 89. 89. 90. 90. 91. 91. 92. 92. 93. 93. 94. 94. 95. 95. 96. 96. 97. 97. 98. 98. 99. 99. 100. 100.

40. MANNER OF DEATH: ☒ Natural ☐ Pending investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Legal Intervention ☐ Homicide

41a. DATE OF INJURY (Month, Day, Year): 41b. TIME OF INJURY: M 41c. INJURY AT WORK? ☐ Yes ☒ No 41d. DESCRIBE HOW INJURY OCCURRED: 41e. LOCATION (Street and Number or Rural Route Number, City or Town, State):

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

43. RESERVED FOR REGISTRAR'S USE:

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

DATE ISSUED: AUG 30 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wesley Seely the 27th day of Jan A.D., 19 94 at 2:43 o'clock P M., and duly recorded in Vol. M94 of Deeds on Page 2930.

FEE \$10.00
Return: Wesley Seely, Box 477
Keno, Or. 97627

Evelyn Biehn County Clerk
By [Signature]