

77385

03-10-94P02:42 RCVD

EXAM Loan # 6198230/BUCHANAN/JHR/KLAMATH/OR

MTC  
 31776-KR  
 Vol. m94 Page 7511

# APPOINTMENT OF SUCCESSOR TRUSTEE

WHEREAS, NEAL G. BUCHANAN AND YOLANDA BUCHANAN, AS HUSBAND AND WIFE AND MARK E. SCRIMSHER AND SUSAN L. SCRIMSHER, AS HUSBAND AND WIFE was the original Trustor, ASPEN TITLE was the original Trustee, and EXPRESS AMERICA MORTGAGE CORPORATION FKA WESAV MORTGAGE CORPORATION SUCCESSOR IN INTEREST OF WESAV INVESTMENT CORPORATION, FKA GREENWICH CAPITAL FINANCIAL, INC. is the present Beneficiary under that certain Trust Deed, dated March 29, 1984, and recorded as Entry No.35203 in Book M84 at Page 5511 of Official Records of KLAMATH County, Oregon;

AND, said Trust Deed covers the following described real property situated in KLAMATH County, State of Oregon:

LOT 4, BLOCK 17, EWAUNA HEIGHTS ADDITION TO THE CITY OF KLAMATH FALLS, IN THE COUNTY OF KLAMATH, STATE OF OREGON.

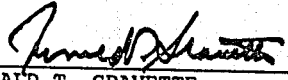
AND WHEREAS, the undersigned desires to appoint a successor Trustee under said Deed of Trust in the place of and instead of ASPEN TITLE.

NOW THEREFORE, the undersigned being the present Beneficiary under said Deed of Trust hereby appoints MOUNTAIN TITLE COMPANY OF KLAMATH COUNTY as Trustee under said Deed of Trust.


Dated: February 22, 1994.

EXPRESS AMERICA MORTGAGE CORPORATION FKA WESAV MORTGAGE CORPORATION SUCCESSOR IN INTEREST OF WESAV INVESTMENT CORPORATION, FKA GREENWICH CAPITAL FINANCIAL, INC.

BY:

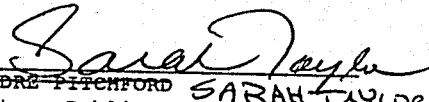
  
 RONALD T. GRAVETTE  
 VICE PRESIDENT

BY:

  
 MARTHA MORSE  
 VICE PRESIDENT

STATE OF CALIFORNIA  
 COUNTY OF SAN DIEGO

On February 22, 1994, before me, SARAH TAYLOR ~~ANDRE FITCHFORD~~, personally appeared RONALD T. GRAVETTE, VICE PRESIDENT and MARTHA MORSE, VICE PRESIDENT, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names appear within this instrument and acknowledged to me that they executed the same in their authorized capacities, and by their signatures on the instrument the persons, or the entity upon WITNESS my hand and official seal.

  
~~ANDRE FITCHFORD~~ SARAH TAYLOR  
 Notary Public



AFTER RECORDING RETURN TO:

MOUNTAIN TITLE COMPANY  
 222 SOUTH SIXTH  
 KLAMATH FALLS, OR 97601

STATE OF OREGON, ss.  
 County of Klamath

Filed for record at request of:

Mountain Title co  
 on this 10th day of March A.D. 19 94  
 at 2:42 o'clock P.M. and duly recorded  
 in Vol. M94 of Mortgages Page 7511.

Evelyn Biehn, County Clerk

By Aimee Mullendore Deputy.

Fee, \$10.00

# OREGON STATE HEALTH DIVISION VITAL STATISTICS SECTION

55284  
I.D. TAG NO.

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

89-015739

367  
Local File Number

136-

State File Number

1. DECEDENT'S NAME First: Gary Middle: Lynn Last: HUNTER				2. SEX M	3. DATE OF DEATH (Month, Day, Year) Aug. 21, 1989
4. SOCIAL SECURITY NUMBER 542-38-9432		5a. AGE - Last Birthday (Years) 51	5b. Under 1 Year Mos: Days: Hours: Mins:	6. BIRTHPLACE (City and State or Foreign) Sandpoint, Idaho	7. DATE OF BIRTH (Month, Day, Year) Dec. 10, 1937
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input 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) Merle West Medical Center			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.) Cat Skinner			11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		
12. SPOUSE (If Married, Widowed) Judith			13a. RESIDENCE - STATE Oregon		
13b. COUNTY Klamath			13c. CITY, TOWN, OR LOCATION Bly		
13d. STREET AND NUMBER PO Box 504			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) 12		
17. FATHER - NAME first middle last Harold - Hunter			18. MOTHER - NAME first middle maiden Lura - Jenkins		
19. INFORMANT - NAME and relationship to decedent Judith Hunter / Wife			20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input 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 Memorial Park			20c. LOCATION - City or Town, State Klamath Falls, Oregon		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James H. Sargent</i>			21b. LICENSE NUMBER (Of Licensee) 3409		
22. ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601			23. DATE FILED (Month, Day, Year) AUG 22 1989		
24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>			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			27. TIME OF DEATH 1100		
28. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. <i>Richard R. Sargent, MD</i>			29. DATE SIGNED (Month, Day, Year) August 22, 1989		
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Richard P. Sargent, MD / PO Box 466 / Chiloquin, Oregon / 97624			31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
32. 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) Hypoxia		Interval between onset and death		2 days	
(b) Pneumonia		Interval between onset and death		2 days	
(c) Lung Cancer (Adeno carcinoma)		Interval between onset and death		2 years	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		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 type="checkbox"/> No <input checked="" 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
41c. PLACE OF INJURY - As home, farm, street, factory, office building, etc. (Specify)		41d. DESCRIBE HOW INJURY OCCURRED			
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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 **MAR 20 1990**

*Edward J. Johnson II*  
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title co the 10th day of March A.D., 19 94 at 3:27 o'clock P M., and duly recorded in Vol. M94 of Deeds on Page 7512.

FEE \$10.00

Return: Aspen Title Co

Evelyn Biehn County Clerk  
By *Pauline Mendenhall*