08-23-94A11:28 RCVD TRUST DEED	J-MKVnl m94 Page 0140

THIS TRUST DEED, made this18 _day of ROGER L. WISEMAN, SR. and BARBARA WISEMAN, husban	O ON DO ITALITATION OF THE PROPERTY OF THE PRO
MOUNTAIN TITLE COMPANY OF KLAMATH COUN	as Grantor,
EDWARD J. WHITE	"as Beneficiary,
WITNESSETH	:
Grantor irrevocably grants, bargains, sells and conveys to to KLAMATH County, Oregon, described as:	Castes in trast, with power of the power of
	Y a
The S1/2 of the N1/2 of Tract 1 in GIENGER the official plat thereof on file in the	office of the County Clerk of
Klamath County, Oregon.	
ogether with all and singular the tenements, hereditaments and appurtenance	s and all other rights thereunto belonging or in anywise now
the property. FOR THE PURPOSE OF SECURING PERFORMANCE of each age	reement of grantor herein contained and payment of the sum
grand the state of	at a state of a meanistanty
note of even date herewith, payable to LET CEINS OF TIOLE	
not sooner paid, to be due and payable	late, stated above, on which the final installment of the prop-
The date of maturity of the dead restriction of the date of maturity of the grantor either agree to attempt to, or becomes due and payable. Should the grantor either agree to attempt to, or becomes due and payable. Should the grantor either agree to, attempt to, or becomes due and payable.	actually sell, convey, or assign all (or any party, then, at the written consent or approval of the beneficiary, then, at the
becomes due and payable. Should the grained state that it without first obtaining the erty or all (or any part) of grantor's interest in it without first obtaining the beneficiary's option*, all obligations secured by this instrument, irrespective come immediately due and payable. The execution by grantor of an earnest	not the maturity dates expressed therein, or herein, shall be money agreement** does not constitute a sale, conveyance or
come immediately due and payable. The chief	Name and the Residence of the Control of the Contro
assignment. To protect the security of this trust deed, grantor agrees: To protect, preserve and maintain the property in good condition 1. To protect, preserve and maintain the property of the property.	and repair; not to remove or demolish any building or in-
provement thereon; not to commut of permit and in good and habitable conditi	on any building or improvement which may be constitution,
damaged or destroyed thereon, and pay when due un constraints, conditional destroyed thereon, and pay when due un constraints, conditional destroyed thereon, and pay when due un constraints, conditional destroyed thereon, and pay when due un constraints, conditional destroyed thereon, and pay when due un constraints, conditional destroyed thereon, and pay when due un constraints, conditional destroyed thereon, and pay when due un constraints, conditional destroyed thereon, and pay when due un constraints, conditional destroyed thereon, and pay when due un constraints, conditional destroyed thereon, and pay when due un constraints, conditional destroyed there are a conditional destroyed there are a conditional destroyed there are a conditional destroyed the condi	ons and restrictions affecting the property; If the beneficiary
so requests, to join in executing such thanking offices, as well as the	cost of all lien searches made by ming officers of scaleman
agencies as may be deemed desirable by the building	s now or hereafter erected on the property against loss of
damage by lire and such other nazards as the beneficiary, with loss payable to the	latter; all policies of insurance shall be delivered to the beneficiary
ficiary as soon as insured; it the expiration of any policy of insurance now of	or hereafter placed on the buildings, the beneficiary upon
at least titteen days prior to the expense. The amount collected under any tire or cure the same at grantor's expense. The amount collected under any tire or any indebtedness secured hereby and in such order as beneficiary may determ or any part thereof, may be released to grantor. Such application or release or any part thereof, may be released to grantor to such notice.	
or any part thereof, may be released to get to such notice.	that may be levied or
5. To keep the property tree from construction near at such taxes assess	
assessed upon or against the property before any part of such takes, assessed upon or against the property before the property before the despite the despite the property before the prop	ments and other charges become past due or delinquent and make payment of any taxes, assessments, insurance premiums,
assessed upon or against the property better to beneficiary; should the grantor tail to promptly deliver receipts therefor to beneficiary; should the grantor tail to promptly deliver receipts the transfer either by direct payment or by property at the property of the pr	make payment of any taxes, assessments, insurance patch pay- roviding beneficiary with funds with which to make such pay-
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and that the grantor will warrant and torever 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 if 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, personal representatives, successors and assigns. The term beneficiary shall mean the holder and owner, including pledgee, of the contract for executed hereby, whether or not named as a beneficiary herein.

In construing this trust deed, it is understood that the grantor, trustee and/or beneficiary may each be more than one person; that it 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.

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

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*IMPORTANT NOTICE: Delete, by lining out, whichever warranty (a) or (b) is	
*IMPORTANT NOTICE: Delete, by lining out, whichever warranty (a) or (b) is not applicable; if warranty (a) is applicable and the beneficiary is a creditor as such word is defined in the Truth-in-Lending Act and Regulation Z, the beneficiary MUST comply with the Act and Regulation Z, the	***************************************
disclosures; for this purpose use Stevens-Ness Form No. 1319, or equivalent.	
STATE OF OREGON, County of SS. ROGERISTUM CASE WISEMAN County of by	•••••
MOGERISTRUMETORD AND CASE WISE MAN () SSS. 19	94.
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This instrument was acknowledged before me on	
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OFFICIAL SEAL	
NOTARY PUBLIC OREGON	
MY COMMISSION NO. 014776 MY COMMISSION EXPIRES APR. 20, 1996 My COMMISSION EXPIRES APR. 20, 1996 My COMMISSION EXPIRES APR. 20, 1996 My COMMISSION WITH A PROPERTY OF THE	egon
Sommer and the second s	******
STATE OF OREGON: COUNTY OF KLAMATH: ss.	
Filed for record at request of Mountain Title co the 23rd	
of Aug A.D., 19 94 at 11:28 o'clock A.M., and duly recorded in Vol. M94	_ day
Miles and the second of the se	3
County Clerk	
地域は大王の表示が多くというとは、地域が対します。現場には、日本の人間のは、By National Manager / Yi 、 、 と、 A 、	
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	Local File Number	CERTIFICATE OF DE	20 Cale 20	3 DATE OF DEATH (Month)
的运车 [中	DECEDENTS FIRST NAME LOUIS	Roderick McALL	LISTER Male A BIRTHPLACE FOR your State or Foreign	July 26, 1993
	SOCIAL SECURITY NUMBER Sa. AGE-Last Birth 42-18-2935 71	Mos Days Hours Mins	Disston, Oregon	August 1, 1921
H-1007171	WAS DECEDENT EVER IN	CIANA OTHER	OF DEATH (Check only one) Nursing Home Decement's Home Do	Ther (Specify)
9	b. FACILITY NAME (If not institution, give street	and number) 9c GIT	r town on location of Death Lamath Falls	Klamath
1 M	lerle West Medical Cente De DECEDENT'S USUAL OCCUPATION (Gibe kind of work doine during most of working Do not use reliced.)		11. SAASITAL STATUS - Marris Never Married, Widowed, Diverced (Specify)	rd, 12. SPOUSE (II Married, Widowed)
		Logg (ng	Married	Celia
	ogger - Cat Driver Ja. RESIDENCE - STATE 136. COUNTY	13c CITY, TOWN OR LOCATION Bonanza	13d. STREET AND NUMBER Rt. 2 Box 21	0
	Dregon Klamath 3e. INSIDE CITY 131, ZIP CODE 14, 15,000 LIMITS?	WAS DECEDENT OF HISPANIC ORIGIN? solly No or Yes - II yes, specify Coben. sican, Puerto Riceri, etc.) Wino (1) Yes	15. RACE American Indian, Black, White, etc. (Specify)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) entary/Secondary (0-12) College (1-4 or 5+1
	□res Xi No 97623 Spe	City	White	T - NAME and retalionship to deceased
POARINTE	7. FATHER - NAME (Irst : middle :	Vivainia	- Celia	McAllister - Spouse
	OSCAT - MCALLISTER MCALLIST	20b. PLACE OF DISPOSITION (Name of pitter place)	\$26 36 56 F	N - City or Town, State
DISPOSITION	□ Burlai □ Cremation □ Removal from State □ Donation □ Other (Specify)	Frethat utits crem		oth Falls, OR.
7	218. SIGNATURE OF FUNERAL SERVICE LICEN PERSON ACTING ASSUCH	ISEE OR 21b. LICENSE NUMBER (Of Licensee)	I Framal Hills Fill	nerai Home
•	Jim Lancast	U 3224	24 REGISTRAR'S SIGNATURE	amath Falls, OR 97603
TO GUELLE	23. DATE FILED (Month, Den. Year) JUL 2 7 1993	The second secon	Charles &	sacus
7	25. DID HOSPITAL REPRESENTATIVE MAKE RE		TITES TONO DINA	
()	TO BE COMPLETED BY CI	COTIENTING PHYSICIAN	The second street	MI Y DY MEDICAL EXAMINER
10=	TO BE COMPLETED BY CE 27. TIME OF DEATH 28. WAS MEDICAL	L EXAMINER NOTIFIED?	314 TIME OF DEATH 316 DATE PE	IGNOUNCED DEAD (Month, Day, 1881, 11031)
"	21:52 P M Tves RN 23 To the byst of my knowledge, death occurredue to file cause(s) and manner stated. (Signature)	o pulse the time, date, place and	32 On the basis of examination and/on at the time, date, place and due to	the cause(s) and manner stated
CONTRACT		Som MD	(Signature)	COUNTY
	30. DATE SIGNED (Marith, Day, Year)	JV. —	32 DATE SIGNED (Month, Day, Year)	COOKIT
13	NAME, TITLE, ADDRESS AND EIP OF CER	TIFIERMEDICAL EXAMINER (Type or Print)		07601
14	James N. Beggs, MD -	2300 Claimont - Kla HER THAN CERTIFIER (Type or Phil)	math Falls, Oregon	97601
CONDITIONS (AUSE FER LINE FOR (e), (b), AND (c)) Do not e		ratory Arrest Interval between prises and death /
IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE	PART W KOMMalita	Failure		Magnal Detween Grant
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS/A CONSEQUENCE OF	app		ingifival between corset and death
	DUE TO, OR AS A CONSEQUENCE OF			
CAUSE OF	PART OTHER SIGNIFICANT CONDITIONS	resulting in the underlying cause given in PART I.	37. Did lotracco usa contribute to the death? Styles Probably	33. AUTOPSY 30. II YES were feelings consistent in delarationing cause of steams
. 15	Cor Pulmonale, Ra	mal failus acule	□ No □ Unknown	TIRSED
16	40. MANNER OF DEATH 418.0	MATE OF INJURY 41b. TIME OF 41c. INJURY AT WE AT WE	DRK7	
17	Accident Distoratermined	PLACE OF INJURY - Athome, tarm, street, factor		ber or Rural Route Number, City or fown, Sixt
C	Homicide intervention	building etc. (Specify)	Was a second	
	RESERVED FOR REGISTRAR'S USE		415	
				750 TO! - 45-2 Rev 7
		ORIGINAL — VITAL STATIS	TICS COPY COLOR	mclallister
union.		REPRODUCTION OF THE DOCUME	NT OFFICIALLY 929 5	47th
20 m	REGISTERED AT THE OFFICE	OF THE KLAMATH COUNTY REGI	ISTRAR Y U.Y	Held, Or
			Charles	Barcus Por mor
	DATE ISSUED: JUL 2	,7 1993	COUNTY	E BARCUS REGISTPAR
			KLAMATH CO	INTY, OREGON
سسيدي المح		AMAGE AND A STREET OF THE PROPERTY OF THE PROP		ACCURATE AND ACCUR
TE OF ORE	GON: COUNTY OF KLAM	иатн: ss.	ong penggana ang palah bandara sa kalaban sa Kalaban sa kalaban sa Kalaban sa kalaban sa	
		Mountain Title co		the
	at request of	at 11:29 o'clock	A_M., and duly rec	
	of	Deeds	_ on Page26150	anty Clerk
\$10.0		For	by <u>Oruline</u>	Muliendere_
, φ10.0	□			

ER FOR HEALTH STATISTICS