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09-02-14P02-11 RCVD

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## ASSIGNMENT OF DEED OF TRUST

Vol. m94 Page 27632

FOR VALUE RECEIVED, TMS MORTGAGE INC., DBA The Money Store  
 having an office at 9570 Southwest Barber Blvd. Suite 211  
 Portland, Oregon 97219  
 does hereby sell, assign, transfer and set over unto

The Bank of New York, as Trustee under the Pooling and  
 Servicing Agreement dated as of May 31, 1994, Series 1954 B

its successors and assigns, the following deed of trust(s) owned by

**TMS MORTGAGE INC., DBA The Money Store**

on real estate located in **KLAMATH** County, State of Oregon

and more particularly described as follows:

**40361 BUNN WAY  
 BONANZA, OR 97623**

A certain mortgage made by

**ERNEST J. TEAGUE AND ALBERTA J. TEAGUE, HIS WIFE**

dated **April 29, 1994**

in the amount of **\$40,000.00**

recorded among the Land Records of **KLAMATH** County, Vol M94 Page 14094

together with the Promissory Note secured thereby (without recourse) and  
 referred to therein and all sum of money due to and become due thereon.

IN WITNESS WHEREOF, the undersigned has hereunto set its hand  
 this **29th** day of **April**, 19**94**

Signed in the presence of:

**TMS MORTGAGE INC., DBA THE MONEY STORE**

Michelle L. Youngclaus BY: Antonio Mendezona  
 Assistant Vice President

BY: Denise Erickson  
 Assistant Secretary

STATE OF Oregon

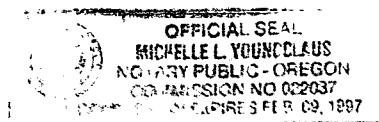
COUNTY OF Multnomah

This instrument was acknowledged before me on 29th day of April, 1994  
 by Antonio Mendezona, Assistant Vice President and Denise Erickson,  
 Assistant Secretary of TMS MORTGAGE INC., DBA THE MONEY STORE

AFTER RECORDING RETURN TO:  
 THE MONEY STORE/MORTGAGE INC.  
 6200 CANOGA AVENUE, SUITE 303  
 WOODLAND HILLS, CA 91367

Michelle L. Youngclaus  
 Notary Public

TAX STATEMENT TO:  
**ERNEST J. TEAGUE and ALBERTA J. TEAGUE**  
**40361 BUNN WAY**  
**BONANZA, OREGON 97623**



512711

ASSIGNMENT OF DEED OF TRUST

11878

27633

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of TMS Mtge. Inc./The Money Store the 2nd day  
of Sept. A D., 19 94 at 2:11 o'clock P.M. and duly recorded in Vol. M94  
of Mortgages on Page 27632  
Evelyn Biehn County Clerk  
By Carlene Muskerdole

FEE \$15.00

**CLACKAMAS COUNTY**  
**CERTIFICATE OF DEATH**  
 Local File Number: **01096** State File Number: **136**

**1. DECEASED'S NAME**  
 First: **Loretta** Middle: **Lee** Last: **OSBURN**

**2. SEX** **female**

**3. DATE OF DEATH (Month, Day, Year)** **July 7, 1994**

**4. SOCIAL SECURITY NUMBER** **540-42-8088** **5. AGE** **57** **6. BIRTH DATE (Month, Day, Year)** **June 19, 1937**

**7. PLACE OF BIRTH (City, State or Foreign)** **Tillamook, Oregon**

**8. PLACE OF DEATH (Check only one)**  
☐ DCA ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify):

**9. CITY, TOWN OR LOCATION OF DEATH** **Oregon City** **10. COUNTY OF DEATH** **Clackamas**

**11. DECEASED'S USUAL OCCUPATION** **Homemaker** **12. MARITAL STATUS** **Widowed** **13. SPOUSE (If Married, Widowed, Divorced) (Specify)** **Issac A.**

**14. RESIDENCE - STATE** **Oregon** **15. CITY, TOWN OR LOCATION** **Oregon City** **16. STREET AND NUMBER** **166 McCarver Avenue**

**17. INSIDE CITY UNITS?** ☒ Yes ☐ No **18. ZIP CODE** **97045** **19. WAS DECEASED OF SPANIC ORIGIN?** ☐ No ☐ Yes **20. RACE** **White** **21. DECEASED'S EDUCATION (Specify only highest grade completed)** **Elementary/Secondary (8-12) College (14 or 5+)** **12**

**22. FATHER - NAME first, middle, last** **Chester W. Newton** **23. MOTHER - NAME first, middle, maiden** **Lelia J. Hammersley** **24. INFORMANT - NAME and relationship to deceased** **Lelia J. Hasman - MOTHER**

**25. METHOD OF DISPOSITION** ☐ Burial ☐ Cremation ☐ Removal from site ☐ Other (Specify): **26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)** **Klamath Memorial** **27. LOCATION - City or Town, State** **Klamath, Oregon**

**28. SIGNATURE OF FUNERAL HOME PERSON ACTING AS SUCH** **29. LICENSE NUMBER (Of licensee)** **47-3046** **30. NAME, ADDRESS AND ZIP OF FACILITY** **O'HAIR FUNERAL CHAPEL 515 Pine Street Klamath, OR 97601**

**31. DATE FILED (Month, Day, Year)** **JUL 8 1994** **32. REGISTRAR'S SIGNATURE** **33. WITNESS MADE?** ☐ Yes ☐ No ☒ N/A

**34. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMY?** ☐ Yes ☐ No ☒ N/A **35. GIFT CONSENT?** ☐ Yes ☐ No ☒ N/A

**36. TIME OF DEATH** **6:00 A.** **37. WAS MEDICAL EXAMINER NOTIFIED?** ☒ Yes ☐ No

**38. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND MANNER STATED.** **39. DATE SIGNED (Month, Day, Year)** **7-7-94** **40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print)** **Charles Hickman MD 1420 John Adams Street Oregon City, Oregon 97045**

**41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)**

**42. IMMEDIATE CAUSE (ENTER ONE) PART I** **43. USE PER LINE FOR (1, 2, 3) AND (4) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest**

**44. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **45. TIME OF INJURY (Month, Day, Year)** **46. INJURY AT WORK?** ☐ Yes ☒ No **47. DESCRIBE HOW INJURY OCCURRED**

**48. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **49. TIME OF INJURY (Month, Day, Year)** **50. INJURY AT WORK?** ☐ Yes ☒ No **51. DESCRIBE HOW INJURY OCCURRED**

**52. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **53. TIME OF INJURY (Month, Day, Year)** **54. INJURY AT WORK?** ☐ Yes ☒ No **55. DESCRIBE HOW INJURY OCCURRED**

**56. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **57. TIME OF INJURY (Month, Day, Year)** **58. INJURY AT WORK?** ☐ Yes ☒ No **59. DESCRIBE HOW INJURY OCCURRED**

**60. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **61. TIME OF INJURY (Month, Day, Year)** **62. INJURY AT WORK?** ☐ Yes ☒ No **63. DESCRIBE HOW INJURY OCCURRED**

**64. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **65. TIME OF INJURY (Month, Day, Year)** **66. INJURY AT WORK?** ☐ Yes ☒ No **67. DESCRIBE HOW INJURY OCCURRED**

**68. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **69. TIME OF INJURY (Month, Day, Year)** **70. INJURY AT WORK?** ☐ Yes ☒ No **71. DESCRIBE HOW INJURY OCCURRED**

**72. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **73. TIME OF INJURY (Month, Day, Year)** **74. INJURY AT WORK?** ☐ Yes ☒ No **75. DESCRIBE HOW INJURY OCCURRED**

**76. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **77. TIME OF INJURY (Month, Day, Year)** **78. INJURY AT WORK?** ☐ Yes ☒ No **79. DESCRIBE HOW INJURY OCCURRED**

**80. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **81. TIME OF INJURY (Month, Day, Year)** **82. INJURY AT WORK?** ☐ Yes ☒ No **83. DESCRIBE HOW INJURY OCCURRED**

**84. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **85. TIME OF INJURY (Month, Day, Year)** **86. INJURY AT WORK?** ☐ Yes ☒ No **87. DESCRIBE HOW INJURY OCCURRED**

**88. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **89. TIME OF INJURY (Month, Day, Year)** **90. INJURY AT WORK?** ☐ Yes ☒ No **91. DESCRIBE HOW INJURY OCCURRED**

**92. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **93. TIME OF INJURY (Month, Day, Year)** **94. INJURY AT WORK?** ☐ Yes ☒ No **95. DESCRIBE HOW INJURY OCCURRED**

**96. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **97. TIME OF INJURY (Month, Day, Year)** **98. INJURY AT WORK?** ☐ Yes ☒ No **99. DESCRIBE HOW INJURY OCCURRED**

**100. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **101. TIME OF INJURY (Month, Day, Year)** **102. INJURY AT WORK?** ☐ Yes ☒ No **103. DESCRIBE HOW INJURY OCCURRED**

**104. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **105. TIME OF INJURY (Month, Day, Year)** **106. INJURY AT WORK?** ☐ Yes ☒ No **107. DESCRIBE HOW INJURY OCCURRED**

**108. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **109. TIME OF INJURY (Month, Day, Year)** **110. INJURY AT WORK?** ☐ Yes ☒ No **111. DESCRIBE HOW INJURY OCCURRED**

**112. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **113. TIME OF INJURY (Month, Day, Year)** **114. INJURY AT WORK?** ☐ Yes ☒ No **115. DESCRIBE HOW INJURY OCCURRED**

**116. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **117. TIME OF INJURY (Month, Day, Year)** **118. INJURY AT WORK?** ☐ Yes ☒ No **119. DESCRIBE HOW INJURY OCCURRED**

**120. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **121. TIME OF INJURY (Month, Day, Year)** **122. INJURY AT WORK?** ☐ Yes ☒ No **123. DESCRIBE HOW INJURY OCCURRED**

**124. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **125. TIME OF INJURY (Month, Day, Year)** **126. INJURY AT WORK?** ☐ Yes ☒ No **127. DESCRIBE HOW INJURY OCCURRED**

**128. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **129. TIME OF INJURY (Month, Day, Year)** **130. INJURY AT WORK?** ☐ Yes ☒ No **131. DESCRIBE HOW INJURY OCCURRED**

**132. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **133. TIME OF INJURY (Month, Day, Year)** **134. INJURY AT WORK?** ☐ Yes ☒ No **135. DESCRIBE HOW INJURY OCCURRED**

**136. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **137. TIME OF INJURY (Month, Day, Year)** **138. INJURY AT WORK?** ☐ Yes ☒ No **139. DESCRIBE HOW INJURY OCCURRED**

**140. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **141. TIME OF INJURY (Month, Day, Year)** **142. INJURY AT WORK?** ☐ Yes ☒ No **143. DESCRIBE HOW INJURY OCCURRED**

**144. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **145. TIME OF INJURY (Month, Day, Year)** **146. INJURY AT WORK?** ☐ Yes ☒ No **147. DESCRIBE HOW INJURY OCCURRED**

**148. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **149. TIME OF INJURY (Month, Day, Year)** **150. INJURY AT WORK?** ☐ Yes ☒ No **151. DESCRIBE HOW INJURY OCCURRED**

**152. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **153. TIME OF INJURY (Month, Day, Year)** **154. INJURY AT WORK?** ☐ Yes ☒ No **155. DESCRIBE HOW INJURY OCCURRED**

**156. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **157. TIME OF INJURY (Month, Day, Year)** **158. INJURY AT WORK?** ☐ Yes ☒ No **159. DESCRIBE HOW INJURY OCCURRED**

**160. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **161. TIME OF INJURY (Month, Day, Year)** **162. INJURY AT WORK?** ☐ Yes ☒ No **163. DESCRIBE HOW INJURY OCCURRED**

**164. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **165. TIME OF INJURY (Month, Day, Year)** **166. INJURY AT WORK?** ☐ Yes ☒ No **167. DESCRIBE HOW INJURY OCCURRED**

**168. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **169. TIME OF INJURY (Month, Day, Year)** **170. INJURY AT WORK?** ☐ Yes ☒ No **171. DESCRIBE HOW INJURY OCCURRED**

**172. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **173. TIME OF INJURY (Month, Day, Year)** **174. INJURY AT WORK?** ☐ Yes ☒ No **175. DESCRIBE HOW INJURY OCCURRED**

**176. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **177. TIME OF INJURY (Month, Day, Year)** **178. INJURY AT WORK?** ☐ Yes ☒ No **179. DESCRIBE HOW INJURY OCCURRED**

**180. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **181. TIME OF INJURY (Month, Day, Year)** **182. INJURY AT WORK?** ☐ Yes ☒ No **183. DESCRIBE HOW INJURY OCCURRED**

**184. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **185. TIME OF INJURY (Month, Day, Year)** **186. INJURY AT WORK?** ☐ Yes ☒ No **187. DESCRIBE HOW INJURY OCCURRED**

**188. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **189. TIME OF INJURY (Month, Day, Year)** **190. INJURY AT WORK?** ☐ Yes ☒ No **191. DESCRIBE HOW INJURY OCCURRED**

**192. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **193. TIME OF INJURY (Month, Day, Year)** **194. INJURY AT WORK?** ☐ Yes ☒ No **195. DESCRIBE HOW INJURY OCCURRED**

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**200. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **201. TIME OF INJURY (Month, Day, Year)** **202. INJURY AT WORK?** ☐ Yes ☒ No **203. DESCRIBE HOW INJURY OCCURRED**

**204. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **205. TIME OF INJURY (Month, Day, Year)** **206. INJURY AT WORK?** ☐ Yes ☒ No **207. DESCRIBE HOW INJURY OCCURRED**

**208. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **209. TIME OF INJURY (Month, Day, Year)** **210. INJURY AT WORK?** ☐ Yes ☒ No **211. DESCRIBE HOW INJURY OCCURRED**

**212. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **213. TIME OF INJURY (Month, Day, Year)** **214. INJURY AT WORK?** ☐ Yes ☒ No **215. DESCRIBE HOW INJURY OCCURRED**

**216. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **217. TIME OF INJURY (Month, Day, Year)** **218. INJURY AT WORK?** ☐ Yes ☒ No **219. DESCRIBE HOW INJURY OCCURRED**

**220. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **221. TIME OF INJURY (Month, Day, Year)** **222. INJURY AT WORK?** ☐ Yes ☒ No **223. DESCRIBE HOW INJURY OCCURRED**

**224. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **225. TIME OF INJURY (Month, Day, Year)** **226. INJURY AT WORK?** ☐ Yes ☒ No **227. DESCRIBE HOW INJURY OCCURRED**

**228. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **229. TIME OF INJURY (Month, Day, Year)** **230. INJURY AT WORK?** ☐ Yes ☒ No **231. DESCRIBE HOW INJURY OCCURRED**

**232. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **233. TIME OF INJURY (Month, Day, Year)** **234. INJURY AT WORK?** ☐ Yes ☒ No **235. DESCRIBE HOW INJURY OCCURRED**

**236. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **237. TIME OF INJURY (Month, Day, Year)** **238. INJURY AT WORK?** ☐ Yes ☒ No **239. DESCRIBE HOW INJURY OCCURRED**

**240. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **241. TIME OF INJURY (Month, Day, Year)** **242. INJURY AT WORK?** ☐ Yes ☒ No **243. DESCRIBE HOW INJURY OCCURRED**

**244. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **245. TIME OF INJURY (Month, Day, Year)** **246. INJURY AT WORK?** ☐ Yes ☒ No **247. DESCRIBE HOW INJURY OCCURRED**

**248. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **249. TIME OF INJURY (Month, Day, Year)** **250. INJURY AT WORK?** ☐ Yes ☒ No **251. DESCRIBE HOW INJURY OCCURRED**

**252. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **253. TIME OF INJURY (Month, Day, Year)** **254. INJURY AT WORK?** ☐ Yes ☒ No **255. DESCRIBE HOW INJURY OCCURRED**

**256. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **257. TIME OF INJURY (Month, Day, Year)** **258. INJURY AT WORK?** ☐ Yes ☒ No **259. DESCRIBE HOW INJURY OCCURRED**

**260. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **261. TIME OF INJURY (Month, Day, Year)** **262. INJURY AT WORK?** ☐ Yes ☒ No **263. DESCRIBE HOW INJURY OCCURRED**

**264. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **265. TIME OF INJURY (Month, Day, Year)** **266. INJURY AT WORK?** ☐ Yes ☒ No **267. DESCRIBE HOW INJURY OCCURRED**

**268. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **269. TIME OF INJURY (Month, Day, Year)** **270. INJURY AT WORK?** ☐ Yes ☒ No **271. DESCRIBE HOW INJURY OCCURRED**

**272. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **273. TIME OF INJURY (Month, Day, Year)** **274. INJURY AT WORK?** ☐ Yes ☒ No **275. DESCRIBE HOW INJURY OCCURRED**

**276. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **277. TIME OF INJURY (Month, Day, Year)** **278. INJURY AT WORK?** ☐ Yes ☒ No **279. DESCRIBE HOW INJURY OCCURRED**

**280. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **281. TIME OF INJURY (Month, Day, Year)** **282. INJURY AT WORK?** ☐ Yes ☒ No **283. DESCRIBE HOW INJURY OCCURRED**

**284. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **285. TIME OF INJURY (Month, Day, Year)** **286. INJURY AT WORK?** ☐ Yes ☒ No **287. DESCRIBE HOW INJURY OCCURRED**

**288. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **289. TIME OF INJURY (Month, Day, Year)** **290. INJURY AT WORK?** ☐ Yes ☒ No **291. DESCRIBE HOW INJURY OCCURRED**

**292. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **293. TIME OF INJURY (Month, Day, Year)** **294. INJURY AT WORK?** ☐ Yes ☒ No **295. DESCRIBE HOW INJURY OCCURRED**

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**300. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **301. TIME OF INJURY (Month, Day, Year)** **302. INJURY AT WORK?** ☐ Yes ☒ No **303. DESCRIBE HOW INJURY OCCURRED**

**304. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **305. TIME OF INJURY (Month, Day, Year)** **306. INJURY AT WORK?** ☐ Yes ☒ No **307. DESCRIBE HOW INJURY OCCURRED**

**308. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **309. TIME OF INJURY (Month, Day, Year)** **310. INJURY AT WORK?** ☐ Yes ☒ No **311. DESCRIBE HOW INJURY OCCURRED**

**312. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **313. TIME OF INJURY (Month, Day, Year)** **314. INJURY AT WORK?** ☐ Yes ☒ No **315. DESCRIBE HOW INJURY OCCURRED**

**316. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **317. TIME OF INJURY (Month, Day, Year)** **318. INJURY AT WORK?** ☐ Yes ☒ No **319. DESCRIBE HOW INJURY OCCURRED**

**320. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **321. TIME OF INJURY (Month, Day, Year)** **322. INJURY AT WORK?** ☐ Yes ☒ No **323. DESCRIBE HOW INJURY OCCURRED**

**324. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **325. TIME OF INJURY (Month, Day, Year)** **326. INJURY AT WORK?** ☐ Yes ☒ No **327. DESCRIBE HOW INJURY OCCURRED**

**328. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **329. TIME OF INJURY (Month, Day, Year)** **330. INJURY AT WORK?** ☐ Yes ☒ No **331. DESCRIBE HOW INJURY OCCURRED**

**332. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **333. TIME OF INJURY (Month, Day, Year)** **334. INJURY AT WORK?** ☐ Yes ☒ No **335. DESCRIBE HOW INJURY OCCURRED**

**336. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **337. TIME OF INJURY (Month, Day, Year)** **338. INJURY AT WORK?** ☐ Yes ☒ No **339. DESCRIBE HOW INJURY OCCURRED**

**340. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **341. TIME OF INJURY (Month, Day, Year)** **342. INJURY AT WORK?** ☐ Yes ☒ No **343. DESCRIBE HOW INJURY OCCURRED**

**344. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **345. TIME OF INJURY (Month, Day, Year)** **346. INJURY AT WORK?** ☐ Yes ☒ No **347. DESCRIBE HOW INJURY OCCURRED**

**348. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **349. TIME OF INJURY (Month, Day, Year)** **350. INJURY AT WORK?** ☐ Yes ☒ No **351. DESCRIBE HOW INJURY OCCURRED**

**352. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **353. TIME OF INJURY (Month, Day, Year)** **354. INJURY AT WORK?** ☐ Yes ☒ No **355. DESCRIBE HOW INJURY OCCURRED**

**356. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **357. TIME OF INJURY (Month, Day, Year)** **358. INJURY AT WORK?** ☐ Yes ☒ No **359. DESCRIBE HOW INJURY OCCURRED**

**360. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **361. TIME OF INJURY (Month, Day, Year)** **362. INJURY AT WORK?** ☐ Yes ☒ No **363. DESCRIBE HOW INJURY OCCURRED**

**364. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **365. TIME OF INJURY (Month, Day, Year)** **366. INJURY AT WORK?** ☐ Yes ☒ No **367. DESCRIBE HOW INJURY OCCURRED**

**368. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **369. TIME OF INJURY (Month, Day, Year)** **370. INJURY AT WORK?** ☐ Yes ☒ No **371. DESCRIBE HOW INJURY OCCURRED**

**372. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **373. TIME OF INJURY (Month, Day, Year)** **374. INJURY AT WORK?** ☐ Yes ☒ No **375. DESCRIBE HOW INJURY OCCURRED**

**376. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **377. TIME OF INJURY (Month, Day, Year)** **378. INJURY AT WORK?** ☐ Yes ☒ No **379. DESCRIBE HOW INJURY OCCURRED**

**380. MANNER OF DEATH** ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide **381. TIME OF INJURY (Month, Day, Year)** **382. INJURY AT WORK?** ☐ Yes