

Washington Mutual Savings Bank
ATTN: Loan Servicing - SAS 0307
P.O. Box 91006
Seattle WA 98111

LOAN NUMBER: 03-798-400933-8 sf

APPOINTMENT OF SUCCESSOR TRUSTEE

KNOW ALL MEN BY THESE PRESENTS:

John R. Charlton and Alexis R. Charlton, husband and wife
D.L. Hoots is the grantor,
Security Savings and Loan Association is the trustee, and
under that certain trust deed dated Nov. 15, 1977 and recorded on Nov. 18, 1977, under
Auditor's File No. VM77P22576 records of Klamath County, Oregon

The trustee has ceased to act as trustee by reason of the Request of Beneficiary. The undersigned, who is the present beneficiary under said trust deed, desires to appoint a new trustee in the place and stead of the trustee named above;

NOW, THEREFORE, in view of the premises, the undersigned hereby appoints
Klamath County Title Company as successor trustee under
said trust deed, he to have all the powers of said original trustee effective forthwith.

IN WITNESS WHEREOF, the undersigned beneficiary has hereunto set his hand; if the undersigned is a corporation, it has caused its corporate name to be signed and affixed hereunto by its duly authorized officers.

Washington Mutual, a Federal Savings Bank,
Successor in interest to Pacific First Bank,
a Federal Savings Bank.

DATED: Sept. 19, 1994

By: Lori Bjorklund

Lori Bjorklund, Vice President

STATE OF WASHINGTON) ss.
COUNTY OF KING)

On this 19 day of Sept. 1994, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Lori Bjorklund to me known to be the Vice President of Washington Mutual, a Federal Savings Bank, the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that said individual is authorized to execute the said instrument.

Witness my hand and official seal hereto affixed the day and year first above written.

Mary Ann Sheldon

Notary Public in and for the State of WA, residing at Richie
My appointment expires on 1-12-98



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 19th day
of Oct A.D., 19 94 at 10:46 o'clock A M., and duly recorded in Vol. M94
of Mortgages on Page 32420

FEE \$10.00

Evelyn Biehn County Clerk

By Dianne Mullins

098171
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

Local File Number

1. DECEDENT'S NAME First: Samuel Middle: Alfred Last: METCALF		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) June 24, 1993
4. SOCIAL SECURITY NUMBER 543-10-3526		5a. AGE Last Birthday (Year) 80	5b. Under 1 Year: Mos. Days Hours Mins.
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) December 9, 1912	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input checked="" type="checkbox"/> OTHER		9. BIRTHPLACE (City and State or Foreign) Baker City, OR	
10. FACILITY NAME (If not institution, give street and number) Highway 140, Mile Post #50		11. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) HWY 140	
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Truck Driver		13. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
14. KIND OF BUSINESS/INDUSTRY Commercial Freight		15. COUNTY OF DEATH Klamath	
16. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		17. SPOUSE (If Married, Widowed) Evelyn M. Metcalf	
18. RESIDENCE - STATE Oregon		19. STREET AND NUMBER 2211 Eberlein Avenue	
20. RESIDENCE - CITY Klamath		21. ZIP CODE 97601	
22. 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		23. RACE American Indian, Black, White, etc. (Specify) White	
24. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 5+) 12		25. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
26. FATHER - NAME first middle last John - Metcalf		27. MOTHER - NAME first middle maiden Kathryn Elizabeth Robinson	
28. INFORMANT - NAME and relationship to deceased Florence McConnell Friend		29. LOCATION - City or Town, State Klamath Falls, Oregon	
30. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Bury</i>		33. LICENSE NUMBER (Of Licensee) 52-0297	
34. DATE FILED (Month, Day, Year) JUN 25 1993		35. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601	
36. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		37. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
38. TIME OF DEATH M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) June 24, 1993 2:08P	
40. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Charles D. Bury</i>		41. 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) <i>Charles D. Bury</i>	
42. DATE SIGNED (Month, Day, Year) June 25, 1993		43. CITY Klamath	
44. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles D. Bury M.D. 2300 Clairmont Street Klamath Falls, Oregon 97601			
45. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
46. 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) Myocardial Infarction Old & Recent		Interval between onset and death Immediate	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. If YES, was findings conclusive in determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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		41. DATE OF INJURY (Month, Day, Year) 6-24-93	
42. TIME OF INJURY 2:00 P.M.		43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) Highway 140		45. DESCRIBE HOW INJURY OCCURRED Driver of Vehicle drove into rear end of stopped semi-tractor trailer	
46. LOCATION (Street and Number or Rural Route Number, City or Town, State) Highway 140, Klamath Falls, OR		47. RESERVED FOR REGISTRAR'S USE	

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

DATE ISSUED:

JUN 28 1993

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 19th day
of Oct A.D., 19 94 at 10:47 o'clock A.M., and duly recorded in Vol. M94
of Deeds on Page 32421

FEE \$10.00

Return: Klamath County Title Co

Evelyn Biehn County Clerk

By *Pauline M. Biehn*