92336 12-12-94P02:27 RCVD Vol. M94 Page 37579

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

Directors Mortgage Loan Corporation
P.O. Box 12012
Riverside, CA 92502-2212

Order No. 33924-KR
Escrow No. 33924-KR
Loan No. 8478653

SPACE ABOVE THIS LINE FOR RECORDER'S USE

CORPORATION ASSIGNMENT OF DEED OF TRUST/MORTGAGE

FOR VALUE RECEIVED, the undersigned hereby grants, assigns and transfers to
COUNTRYWIDE FUNDING CORPORATION*
all beneficial interest under that certain Deed of Trust/Mortgage dated OCTOBER 17, 1994, executed by
A. EVAN OWENS AND SYLVIA OWENS, HUSBAND AND WIFE

*155 NORTH LAKE AVENUE
PASADENA CA 91101

, Trustor/Grantor/Mortgagor,

to FIRST AMERICAN TITLE INSURANCE COMPANY OF OREGON, AN OREGON CORP. , Trustee/Lender,

and recorded OCTOBER 25, 1994, as Document No. 90073
in Book M94, page 33051
of Official Records in the Office of the County Recorder of KLAMATH

County, OREGON;

TOGETHER with the note or notes there in described or referred to, the money due and to become due thereon with interest, and all rights accrued or to accrue under said Deed of Trust.

Dated: NOVEMBER 8, 1994

STATE OF CALIFORNIA }
COUNTY OF } ss.
RIVERSIDE }

On NOVEMBER 8, 1994 before me,
K. LINDHOLM
a Notary Public in and for said County and State, personally appeared
KATHY GUISE

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Seal) K. Lindholm
Notary Public in and for said County and State.
K. LINDHOLM

DIRECTORS MORTGAGE LOAN CORPORATION

By Kathy Guise
KATHY GUISE
ASSISTANT VICE PRESIDENT

By

GRS1 K. LINDHOLM Comm. No. 988356 NOTARY PUBLIC - CALIFORNIA RIVERSIDE COUNTY My Comm. Exp. March 18, 1997 GRS1

MFPDCORPASS - 08/92

8478653

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Directors Mtge. Loan the 12th day of Dec A.D., 19 94 at 2:27 o'clock P M., and duly recorded in Vol. M94 of Mortgages on Page 37579.

Evelyn Biehn - County Clerk
By Pauline Mullendore

FEE $10.00

094455
I.D. TAG NO.
537
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-
State File Number

1. DECEDENT'S NAME — First: Jack; Middle: Keith; Last: HAACK
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 2, 1994
4. SOCIAL SECURITY NUMBER: 374-28-8924
5a. AGE-Last Birthday (Years): 63
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Grand Haven, MI
7. DATE OF BIRTH (Month, Day, Year): July 10, 1931
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; 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): Master Sargent
10b. KIND OF BUSINESS/INDUSTRY: United State Air Force
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Pearl A. Haack
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5812 Southgate Drive
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97603
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): 12; College (1-4 or 5+): 2
17. FATHER - NAME first middle last: Kenneth Christian Haack
18. MOTHER - NAME first middle maiden: Mary Wilene Haney
19. INFORMANT - NAME and relationship to deceased: Pearl A. Haack Spouse
20a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mt. Calvary Cemetery
20c. LOCATION City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James D. Riggs
21b. LICENSE NUMBER (Or Licensee): CO-3572
21c. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls,OR 97601
22. DATE FILED (Month, Day, Year): DEC 07 1994
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [X] NO [ ] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 9:09 A M
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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): Dale McDowell M.D.
30. DATE SIGNED (Month, Day, Year): 12/6/94

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)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Dale S. McDowell M.D. 2600 Campus Drive 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 STATING THE UNDERLYING CAUSE LAST

36. 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) ACUTE MYOCARDIAL INFARCTION — Interval between onset and death: 14 Hours
DUE TO, OR AS A CONSEQUENCE OF:
(b) CORONARY ARTERY DISEASE — Interval between onset and death: YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(c) CORONARY ATHEROSCLEROSIS — Interval between onset and death: YEARS

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: HYPERTENSION; PERIPHERAL VASCULAR DISEASE

37. Did tobacco use contribute to the death? [ ] Yes [X] Probably [ ] No [ ] Unknown
38. AUTOPSY [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A

40. MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Undetermined Manner [ ] 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. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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: DEC 07 1994

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON 1859

COUNTY DEPARTMENT OF HEALTH KLAMATH OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Pearl Haack the 12th day of Dec A.D., 19 94 at 2:27 o'clock P M., and duly recorded in Vol. M94 of Deeds on Page 37580.

Evelyn Biehn - County Clerk

FEE $10.00 By Doreen Mullendore

Return: Pearl Haack,5812 Southgate,Klamath Falls 97603