AFTER RECORDING RETURN TO:
OCUL Services, Inc., P.O. Box 1800
Beaverton, OR 97075-1900
8548547

Vol M96 Page 18171

20067

ASSIGNMENT OF DEED OF TRUST

ATC #05044574

STATE OF Oregon)

COUNTY OF Klamath)

'96 JUN 18 P3:54

WHEREAS, on the 13th day of June A.D., 19 96, Leslie G. Asay, a married woman did execute one certain note, described as follows:

Being in the principal sum of $ 36,000.00 payable to the order of Highland Community Federal Credit Union in monthly installments and bearing interest as therein provided; and which said note is described in a certain Deed of Trust executed by Leslie G. Asay, a married woman to Aspen Title & Escrow, Inc. Trustee, and recorded in Volume M-96 Page 18165 Records of Deed of Trust or County Clerk File No. 20066 of Klamath County, Oregon, and secured by the Deed of Trust lien therein expressed on the following described lot, or parcel of land, situated in the County of Klamath State of Oregon, to wit:

The Northerly 80 feet of Lot 456, Block 121, MILLS ADDITION, in the County of Klamath, State of Oregon, being in the North East corner of said Block 121 and extending for 50 feet along Garden Avenue and 80 feet along Mitchell.

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS: That Highland Community Federal Credit Union acting herein by and through a duly authorized officer, for and in consideration of the sum of $10.00 and other good and valuable consideration to it in hand paid, the receipt of which is hereby acknowledged and confessed does hereby transfer, convey, set over and assign unto

OCUL Services, Inc.

the above described note, together with above described mortgage lien, and all other rights, title and interest that it may have in and to the above described property and in and to the personal property located thereon.

TO HAVE AND TO HOLD unto the said grantee said above described note, together with all and singular the lien, rights, equities, title and estate in said real estate securing the payment thereof, unto Grantee, its successors and assigns.

IN WITNESS, WHEREOF, Highland Community Federal Credit Union has caused these presents to be executed and to have proper seal impressed hereon as of this 14 day of June, 19 96.

Highland Community Federal Credit Union

BY: E.W. Yeoman
EW ~~YEOMAN~~, LOAN MANAGER

STATE OF OREGON)

COUNTY OF Klamath)

BEFORE ME, the undersigned authority, on this day personally appeared E. W. YEOMAN, Loan Manager (title) of Highland Community Federal Credit Union, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same as for the said Highland Community Federal Credit Union and as the act and deed of Highland Community Federal Credit Union for the purposes and consideration therein expressed and in the capacity therein stated.

GIVEN under my hand and seal of this office this 14th day of June 19 96.

OFFICIAL SEAL
SANDRA HANDSAKER
NOTARY PUBLIC-OREGON
COMMISSION NO. 026179
MY COMMISSION EXPIRES JUL. 23, 1997

Sandra Handsaker
Notary Public
In and for Klamath County.

My commission expires: 7-23-97

This instrument prepared by:

18172

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title the 18th day of June A.D., 19 96 at 3:54 o'clock P M., and duly recorded in Vol. M96, of Mortgages on Page 18171.

Bernetha G. Letsch, County Clerk

By Lauriene Mullendore

FEE $15.00

BLACK INK

167913
I.D. TAG NO.

09
Local File Number

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

138
State File Number

1. DECEDENT'S NAME — First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Deward	Ray	BELL	Male	January 4, 1996

4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (Years)	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
431-24-7630	73			New Hope, AR	March 20, 1922

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): 3702 Summers Lane

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.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Truck Driver	Logging	Married	Merceill Bell

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Klamath Falls	3702 Summers Lane

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	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)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
☐ Yes ☒ No	97603		White	Elementary-Secondary (0-12): 12	College (1-4 or 5+):

17. FATHER - NAME first middle last	18. MOTHER / MAIDEN - first middle maiden	19. INFORMANT - NAME and relationship to deceased
Otho W. Bell	Irene Alford	Merceill Bell - Spouse

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Mausoleum ☐ Donation ☐ Other (Specify)	Sunset Cemetery	Lakeview, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
James O Rigg	CO-3572	O'Hair's Funeral Chapel 515 Pine St., Klamath Falls, OR 97601

23. DATE FILED (Month, Day, Year): JAN 08 1996

24. REGISTRAR'S SIGNATURE: Evelyn Simonson

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 10:57 A M

28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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) [signature] M.D.

30. DATE SIGNED (Month, Day, Year): 1/8/96

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)

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): Dr. F. Geoffrey Marx M.D. 2615 Clover Street Klamath Falls, OR 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.

		Interval between onset and death
PART I (a)	Natural Causes.	
(b)	DUE TO, OR AS A CONSEQUENCE OF:	
(c)	DUE TO, OR AS A CONSEQUENCE OF:	
PART II	OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Ulcer Disease Arthritis Smoking	

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

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention

41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
	M	☐ Yes ☒ No	

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: JAN 08 1996

Janet Bailey-Gober
JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title the 18th day of June A.D., 19 96 at 3:54 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 18173.

Bernetha G. Letsch, County Clerk

FEE $10.00

By Pauline Mullendore

Return: Aspen Title Co