

AFTER RECORDING RETURN TO:
OCUL Services, Inc., P.O. Box 1800
Benton, OR 97075-1800
6548547

Vol. M96 Page 18171

20067

ASSIGNMENT OF DEED OF TRUST

ATC #05044574

STATE OF Oregon)

COUNTY OF Klamath)

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 1206 Page
Records of Deed of Trust or County Clerk File No. 20067 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

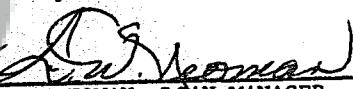
OCUL Services, Inc.

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 grantees 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, 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

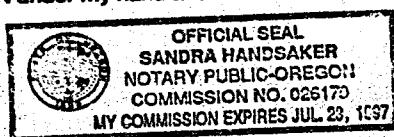
June

19 96

Sandra Handsaker
Notary Public

In and for Klamath

County.



My commission expires: 7/23/97

This instrument prepared by:

STATE RECORDING RETURN TO
P.O. BOX 1000, OREGON CITY, OREGON 97045
18172
2005

18172-1996-1000

ASSIGNMENT OF DEED OF TRUST

AD 10 1996 day of JUNE 1996, at 3:54 P.M., and duly recorded in Vol. M96
on Page 18171

big executive office classified and described as follows:

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title the 18th day
of June, 1996 at 3:54 o'clock P M., and duly recorded in Vol. M96
of Mortgages on Page 18171.

Bernetha G. Letsch, County Clerk

By Douglas Mullinsdale

FEE \$15.00

THIS DOCUMENT IS PRESENTED TO THE CLERK OF THE COUNTY OF KLAMATH, OREGON, FOR RECORDATION. IT IS
MADE A PART OF THE PUBLIC RECORDS AND IS SUBJECT TO PUBLIC INSPECTION.
IT IS THE DUTY OF THE CLERK TO MAINTAIN THE PUBLIC RECORDS IN A MANNER WHICH WILL
PROTECT THE CONFIDENTIALITY OF THE INFORMATION CONTAINED THEREIN.

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BLACK INK

167913
LD. 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. DECEASED'S First NAME Deward		2. GENDER Male	3. DATE OF DEATH (Month, Day, Year) January 4, 1996
4. SOCIAL SECURITY NUMBER 431-24-7630		5a. AGE LAST BIRTHDAY (Year) 73	5b. Under 1 Year 6a. Under 1 Day 7. DATE OF BIRTH (Month, Day, Year) March 20, 1922
5c. Months 6b. Days 7b. Month Country New Hope, AR		6c. Under 1 Month 7c. Country United States	8. PLACE OF DEATH (Check only one) Nursing Home
9. DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. HOSPITAL <input type="checkbox"/> Hospital <input type="checkbox"/> Impatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA	11. OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Deceased's Home <input type="checkbox"/> Other (Specify) Klamath Falls
12. FACILITY NAME (If not institution, give street and number) 3702 Summers Lane		13. KIND OF BUSINESS/INDUSTRY Logging	14. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls
15. RESIDENCE - STATE Oregon		16. COUNTY Klamath	17. STREET AND NUMBER 3702 Summers Lane
18. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. ZIP CODE 97603	20. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
21. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Country) <input type="checkbox"/> Mexican, Puerto Rican, etc. <input type="checkbox"/> No <input type="checkbox"/> Yes		22. RACE American Indian, Black, White, etc. (Specify) White	23. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary-Secondary (0-12) College (1-4 or 5+)
24. FATHER'S NAME - first middle Otho W. Bell		25. MOTHER'S NAME - first middle Irene Alford	26. INFORMANT - NAME and relationship to deceased Merceill Bell - Spouse
27. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Burial		28. PLACE OF DISPOSITION (Name of cemetery, cemetery, or other place) Sunset Cemetery	29. LOCATION - City or Town, State Lakeview, Oregon
30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH James O. Foye		31. LICENSE NUMBER (of license) CO-3572	32. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine St., Klamath Falls, OR 97601
33. DATE FILED (Month, Day, Year) JAN 08 1996		34. REGISTRAR'S SIGNATURE Ellyn Simonson	
35. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		36. HAD GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 10:57 A M			
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. To the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated. (Signature) M.D.			
30. DATE SIGNED (Month, Day, Year) 1/8/96			
31. TIME OF DEATH 32. DATE PROOUNCED DEAD (Month, Day, Year) M			
33. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated. (Signature)			
34. DATE SIGNED (Month, Day, Year) COUNTRY			
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Dr. F. Geoffrey Marx M.D. 2518 Clover Street Klamath Falls, OR 97601			
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) Natural			
1-DUE TO, OR AS A CONSEQUENCE OF: 2-DUE TO, OR AS A CONSEQUENCE OF: 3-DUE TO, OR AS A CONSEQUENCE OF:			
4. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Ulcer Disease, Arthritis, Smoking			
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Manner <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year) 1/8/96	41b. TIME OF INJURY 11:00 AM
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) Building	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Klamath Falls, OR
42. Did alcohol use contribute to the death? <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
43. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
44. DESCRIBE HOW INJURY OCCURRED			

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRARDATE ISSUED: **JAN 08 1996***Janet Bailey-Gober*JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION IS FRAUDULENT AND THIS CERTIFICATE IS VOID

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**.

FEE \$10.00

By *Bernetha G. Letsch, County Clerk*Return: **Aspen Title Co**