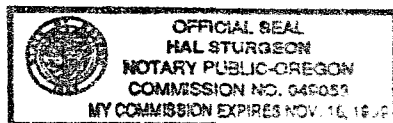


MODIFICATION OF MORTGAGE

(Continued)

INDIVIDUAL ACKNOWLEDGMENT

STATE OF Oregon)
COUNTY OF Klamath) ss



On this day before me, I, the undersigned Notary Public, personally appeared Owen H. Matthews and Debra G. Matthews, to me known to be the individuals described in and who executed the Modification of Mortgage, and acknowledged that they signed the Modification as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 27 day of September, 1994

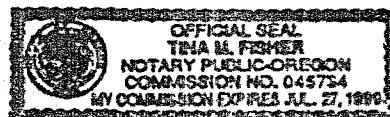
Given under my hand and official seal this _____ day of _____, 1959.

By Hal Sturgeon Residing at Klamath

Notary Public in and for the State of Oregon My commission expires Nov. 16 1959

LENDER ACKNOWLEDGMENT

STATE OF Oregon)
COUNTY OF Klamath) ss



On this 27th day of September, 1946, before me, the undersigned Notary Public, personally appeared Hal Stinger and known to me to be the Loan Officer that executed the within and foregoing instrument and acknowledged said instrument to be the free and voluntary act and deed of the said Lender, duly authorized by the Lender through its board of directors or otherwise, for the uses and purposes therein mentioned, and on oath stated that he or she is authorized to execute this said instrument and that the seal affixed is the corporate seal of said Lender.

By Tim M. Fisher Residing at Klamath Falls
Notary Public in and for the State of Oregon My commission expires 7-27-99

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STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of South Valley State Bank the 2nd day
of October A.D., 1996 at 11:19 o'clock A.M., and duly recorded in Vol. M96
of Mortgages on Page 31261.

FEE \$15.00

Bernetha G. Letsch County Clerk
By Kathleen Ross

DECLARATION OF INTEREST

[illegible]

2012 APR 11 10:04 AM
 2012 APR 11 10:04 AM
 2012 APR 11 10:04 AM
 2012 APR 11 10:04 AM

RECOMMENDATION REQUESTED BY

50034

2537
12-748-100OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S First Name William		Middle Maxwell		Last KUHLWEIN		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) August 6, 1996
4. SOCIAL SECURITY NUMBER 328-18-3712		5a. AGE-Last Birthday (Years) 73	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Chicago IL	7. DATE OF BIRTH (Month, Day, Year) February 17, 1923	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER		10. CITY, TOWN, OR LOCATION OF DEATH Medford		11. COUNTY OF DEATH Jackson	
12. FACILITY NAME (if not institution, give street and number) Providence Medford Medical Ctr		13. CITY, TOWN, OR LOCATION OF DEATH Medford		14. COUNTY OF DEATH Jackson		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	
16. DECEASED USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner/Operator		17. KIND OF BUSINESS/INDUSTRY Grocery Store		18. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		19. SPOUSE (If Married, Widowed, Divorced (Specify)) Jackson	
19a. RESIDENCE - STATE Oregon		19b. COUNTY Jackson		19c. CITY, TOWN OR LOCATION Phoenix		19d. STREET AND NUMBER 300 Luman Road	
20a. INF. OF CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20b. ZIP CODE 97535		21. RACE American Indian, Black, White, etc. (Specify) White		22. DECEASED'S EDUCATION (Specify only highest grade completed) 12 Years	
23. FATHER - First Name Middle Last William M. Kuhlwein		24. MOTHER - First Name Middle Last Edith Gow		25. DECEASED'S NAME and relationship to decedent Lucille Kuhlwein Wife		26. LOCATION - City or Town, State Medford, Oregon	
27. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eagle Point National Cemetery		29. LICENSE NUMBER (if cremated) 3360		30. NAME, ADDRESS AND ZIP OF FACILITY Simonsen Funeral Home 1811 Ashland St. Ashland, OR 97520	
31. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) AUG 13 1996		33. REGISTRAR'S SIGNATURE <i>[Signature]</i>		34. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
35. TIME OF DEATH 22:50 P.M.		36. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. TIME OF DEATH 22:50 P.M.		38. DATE OF DEATH August 6, 1996	
39. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Daniel Brandenburg 555 Black Oak Drive Medford, OR 97504		40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		41. 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.) Cerebrovascular accident		42. INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
43. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		44. DATE OF INJURY (Month, Day, Year)		45. TIME OF INJURY		46. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	
47. DATE OF DEATH August 6, 1996		48. TIME OF DEATH 22:50 P.M.		49. PLACE OF DEATH Medford, Oregon		50. COUNTY OF DEATH Jackson	
51. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		52. DATE OF INJURY (Month, Day, Year)		53. TIME OF INJURY		54. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	
55. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		56. DATE OF INJURY (Month, Day, Year)		57. TIME OF INJURY		58. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 12/94

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REGISTERED AT THE OFFICE OF THE JACKSON COUNTY REGISTRAR

AUG 13 1996

DATE ISSUED:

HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Return: Huycke & O'Connor

Filed for record at request of Law Office of Huycke & O'Connor the 2nd day
of October A.D., 1996 at 11:19 o'clock A.M., and duly recorded in Vol. 996
of Deeds on Page 31263.

Bernetha G. Letsch County Clerk

By Kathleen Kras

FEE \$10.00