AS'IGNMENT'AND TRANSFER OF MORTGAGE OR DEED OF TRUST

Know All Men By These Presents;

26716

That the undersigned, the present owner of record and the holder of the legal and beneficial interest in and to the mortgage or deed of trust lien described below (the "Lien"), for a legally sufficient consideration, the receipt of which is hereby acknowledged, does hereby grant, assign, transfer, set over and convey, without recourse unto First Trust National Association, whose address is First 47 Trust Center, 180 East Fifth Street, St. Paul, Minnesota 55101 (Attention Structured Finance Dept.), as Trustee pursuant to that certain Pooling and Servicing Agreement dated July 31, 1994 entered into among TMI Acceptance Corp., as Contractholder and Depositor, Empire Funding Corp., as Originator, TMI Financial, Irc., as Servicer, First Trust National Association, as Claims Administrator and Trustee, and Chemical Bank, as Master Servicer, with respect to TMI FHA Title I Home Improvement Loan Pass-Through Certificates, Series 1994-2, all right, title, and interest of the Rundersigned in and to the Lien, together with all right, title, and the interest of the undersigned in and

to the indebtedness secured thereby, the Note and/or Contract evidencing the same and the property therein described.

LIEN DOCUMENTS

<u>Loan No.</u>	1.5	Borrower's Natie
19875	1	RALPH B. MERRICK
		SHERRI E. MERFICK

County KLAMATH

Assignor

BK/VOL/PG# VOL M94/PG 10626 78896

State

OR

EMDIDE EUNIDINIC CODI

Vol. Mal Page 32484

LOT 10 IN BLOCK 16, BUENA VISTA ADDITION TO THE CITY OF KLAMATH FALLS, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON, TOGETHER WITH ONE-HALF THE VACATED ALLEY ADJOINING LOT WHICH **INCURRED THERETO.**

Effective as of the 31st day of July, 1994.

	LIMITRE FUNDING CORP.
Attest (Witness)	Miriahua Ma.
Por Mattin	By: Martina Aling
By:	
	Name: Christina Young
By:MARM Rall	Title: Assistant Vice President
Susan Ball	By: Ma Cathey
AND	Assistant Secretary: Lisa Cathey
INN OING C DATE	
ELCORPORT OF ALCH	inowledgment
State of Texas E SEA	가 물 것이는 가슴이는 가슴물을 수 있는 것을 가지 않는 것이다. 가지 않는 것이다. 가지 않는 것이다. 같은 것은 것은 것은 것을 알 것을 것을 것을 것을 것이다. 이는 것이 가지 않는 것이다. 것이다.
County of Travis	에는 철학에 있는 데 전에 가지 않는 것이다. 것은 것이다. 가지 않는 것이다. 같은 동안은 실패하였다. 같은 것은 것은 것은 것이다.
	에 들어난 사람들에 가격들에게 가 들고 있는다. 같은 다니는 다양은 아들은 가들은 다 있는다.
The forgoing instrument was acknowledged b	efore me this <u>30th</u> day of <u>MAY</u> , 1996 by
Christina Young and Lisa Cattey in the	ir capacities as Assistant Vice President and Assistant
Secretary, respectively on Behalf of	EMPIRE FUNDING CORP.
	11mm Pam
PREPARED BY & RETURN TO:	Mush I spell
EMPIRE FUNDING CORP. 5000 Plaza on the Lake, Suite #100	(Notary Public)
Austin, TX 78746	이는 승규는 가격적 회장 통상 이렇게 많이라는 것이 가지 않는 것 같이 있는 것이다. 이는 것 같은 것에서 한 것은 분위를 했지 않는 것이 같이 있는 것이다. 이는 것이 있는 것이다.
(800) 206-9004	
504TRUST.DOC ALL	SHERRON K. SPELL
에는 것은 사람은 가격을 통한 것이야 한다. 동안에 들었다. 것이다. 이 같은 것은 것은 것은 것이 같은 것이다. 한 것은 것은 것은 것이 같은 것이다.	(•(•(•)•)•) Notary Public, Strite of Texas My Commission Explore
	JULY 29, 1999
- 가장에 가지 않는 것이 있는 것이 가지 않는 것이 있었다. 가지 않는 것이 가지 않는 것이 있다. - 가장에 가지 않는 것이 있는 것이 있다. - 가장의 가장에 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 같은 것이 있는 것이 같이 있다.	
PATE OF OBECON. COUNTY OF MULTIME	それに、1994年後継続時代の代表により、1997年により。 1月19日にある時代の後期の第二日の1997年により、1997年により、1997年により、1997年にあり、1997年により、1997年により、1997年により、1997年により、1997年により、1997年により、199
TATE OF OREGON: COUNTY OF KLAMATH: s	

Filed for record at request of Ergire Funding Corp the dav <u>95</u> at OCtober A.D., 19 1:47 o'clock P. M., and duly recorded in Vol. M96 Mortgages of on Page 32484 Bernetha G. Letsch County Clesk By

FEE \$15.00

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180046 OF EGON DEPART JENT OF HUMAN FESOURCES ACK INK CENTER FOR HEALTH STATISTICS 470 Local File Number DECEDENTS First Hiddle Helen 2 SEX 3. DATE OF DEATH (Month, Day, Female October 7, 1996 SCHOUBOE 3. DATE OF DEATH (Month, Day, Year) ASOCIAL SECURITY NUMBER 54 A GLASE E Indury 50. Under 1 Yes 50. Under 1 Day 6 EBTD RACE (Chy and State or Foreign 331-05-8064 E0 Mos Foreign Hours Mina: CTyde, Kansas 7. DATE OF BIRTH (Month, Day, Year SUS FACEUTY NAME (// not institution, give six if and number) COUNTY OF DEATH Klamath Falls TOB. DECEDENTS USUAL OCCUPATION Rave kind of work done during most of work in gillio Do not use relined. Klamath 11. MARITAL STATUS - Married, 12. SPOUSE (II Married, Widowed) Never Karried, Widowed, Divorced (Specify) Own (lome Widowick Sector) Homemaker 3.80
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 16. DECEDENT'S EDUCATION (Specify only highest grade compl Elementar/Secondary (0-12) College (

 17. FATHER - NAME TINK
 Inst.
 Ist. MOTHER - NAME data
 Inst.
 Ist. MOTORMANT - NAME and relation

 Hanley
 Parkhurst
 Vinifred
 Festion
 Rebecca Clinton

 201. METHOD OF DISPOSITION
 Distriction
 200. PLACE OF CS. OSTION (Mane of centery, centeriory, or 200. LOCATION - City of Town, State

 College (14 or 5+) PEPENIS 19. INFORMANT - NAME and relationship to deceased Rebecca Clinton - daughter Denial Cremation Removed from Stats DISTOSTION Klamath Kemorial Park Klamath Falls, Oregon 214. SIGNATURE OF FUNERAL SERVICE LICED & TE OR PERSON ACTING AS SUCH 216 LICENSE NUMBER 22. NAME, ADDRESS AND ZIP OF FACILITY aso -125 ÷ Ward's Klamath Funeral Home, Inc. 3607 1945 Main, Klamath Falls, OR 97601 23. DATE FILED (Month, Day, Year) RECISTRAR 001° 1.0 <u>1995</u> 24 RECE FAR'S SIGNATURE Children 1 25. DID HOSPITAL REPRESENTATIVE MAKE RECL ST FOR ANATOMICAL GIFT CONSENT? DYES TMADE? O VES O NO LANA 1.94 TO BE COMPLETED BY CELT -YING PHYSICIAN 27. TIME OF DEATH 28. WAS MEDICAL D AMINER NOTIFIED? TO BE OCMPLETED ONLY BY MEDICAL EXAMINER 31a TIME OF DEATH 31b. DATE PRONOUNCED DEAD (Month, Day, Year, 0930 OYes DENO 29. To the best of my know due to the cause(s) and 29. To the best of my knowledge, death occurred at the time, date, place and due to the caused and manner stated.

Signature) M 22. On the basis of examination and/or investigation, in my opinion death occur at the time, data, place and due to the cause(s) and manner stated. CERTIFIER 25 (Signature) 30. DATE SIGNED (Month, Day, Year) 33. DATE SIGNED (Month, Day, Year) 8 10 COUNTY 34 NAME, TITLE, ADDRESS AND 2P OF CENTY & UMEDICAL EXAMINER (1), # OF PHOT Alden B. Glidden, ND 2680 Uhr ann Rd, Klamath Falls, OR 97601 36 NAME OF ATTENDING PHYSICIAN IF OTHER IT AN CERTIFIER (DOR OF & AU 13. ONDITIONS 4 . . . CH GAVE SA IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE) 200 CHIE FOR (2) (2) ATU (2) Do not enter mode of arcs and arcs of Arcs and Ar CAUSE TING THE DEPLYTIC ISE LAST PART (A) nterval batween onse : Still Interval borw and death Howe ie Ormos is DUE TO, OR AS A CONSEQUENCE OF Anterval between or 8 14 THER SIGNUFICANT CONDITIONS: Conditions contributing to death but not result y in the underfying cause (w n in PART L 37. Did toback: Use contribute to the dust 7 DStart | Probacy 1 D Mo | Utstaarn 38. AUTOPSY 39. II YES were findings co 會國社 自主語 AA-BUER OF DEATH
 AT ADATEOF USERV 41b. THE OF
 Aft. INUERY
 AT VADEXT
 TYPE ANO Tes No DNA 414 DESCRIBE HOW INJURY OCCURRED Att. LOCATION (Street and Number or Rural Route Number, City or Tow RESERVED FOR REGISTRAR'S USE THIS IS A THUE AND EXACT RE I TODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR SEMAR. 7 Derline Dam OCT 1 0 1995 DATE ISSUED M WRLENE BLEVINS COUNTY REGISTRAR KLAMATICOUNTY, OREGON 444 Return: Becky Clinton STATE OF OREGON: COUNTY OF KLAMATH: 3918 Redondo Way Klamath Falls, Or. 97603 SS. Filed for record at request of _____ Becky Clinton A.D., 19 96 at the_ <u>14th</u> 1:48 o'clock P. M., and duly recorded in Vol. M96 _ day Deeds of _ on Page _____ 32485 Bernetha G. Letsch FEE \$10.00 County Clerk attur By