28507 RECORDING REQUESTED BY

MICAL MORTGAGE, INC. 5151-MURPHY CANYON ROAD, SUITE 220 SAN DIEGO, CA 92123

MUV 18 P3:54

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AND WHEN RECORDED MAIL TO

Name MICAL MORTGAGE, INC. City & 5151 MURPHY CANYON ROAD, SUITE 220 State SAN DIEGO, CA 92123

Title Order No.

39624 MTC

Escrow No. Loan No.

39624

922663N

SPACE ABOVE THIS LINE FOR RECORDER'S USE

executed by

in book

Corporation Assignment of Deed of Trust RECORD CONCURRENTLY HEREWITH

FOR VALUE RECEIVED, the undersigned hereby grants, assigns and transfers to
MICAL MORTGAGE, INC., A CALIFORNIA CORPORATION
all beneficial interest under that certain Deed of Trust dated NOVEMBER 08, 1996
MARK A. NORTHUP, A MARRIED MAN, AS HIS SOLE AND SEPARATE PROPERTY

	, Trustor,	
,	, Trustee,	

to AMERITITLE, AN OREGON CORPORATION and recorded as Instrument No. 2000

on NOV. 18, 1996

, page

30226 of Official Records in the County Recorder's office of

, describing land therein as:

County,

LOT 24 AND 25 IN BLOCK 6 OF ST. FRANCIS PARK, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

ASSESSOR'S IDENTIFICATION NUMBER:

TOGETH	HER with the note or no	tes therein describe	d or referred	l to, the mone	y due and to	o become o	due thereon	with
interest, an	id all rights accrued or to a	crue under said De	ed of Trust.	Dated	11-14-G(n		
STATE OF	CALIFORNIA		V.				NITCORDICE	

COUNTY OF _SACRAMENTO

11/14/96

LISA M. OLIPHANT a Notary Public in and for said County and State, personally appeared

JAMES WOLL 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

LISA M. OLIPHANT

Name (Typed or Printed) Notary Public in and for said State MORTGAGE, A CALIFORNIA CORPORATION

(This area for official notarial scal)

State of CALIFORNIA	
County of SACRAMENTO	RIGHT THUMEPRINT (Optional)
	y
On 11/14/96 before me LISA M. OLIPHANT PUBLIC	OF OF THOMB NER
	Pr.
personally appeared JAMES WOLL	F
("IAME(S) OF SIGNER(S))	
	CAPACITY CLAIMED BY SIGNERIS
	DINDIVIDUAL(S) CORPORATE
personally known to me -OR- proved to me on the	1
DOSIS IN CATICLECTOR.	□PARTNER(S) □LIMITED
evidence to be the person(s) whose name(s)	□GENERAL
	DATTORNEY IN FACT
acknowledged to make	□GUARDIAN/CONSERVATOR
COURT OF A SECOND CONTRACT OF	LIOTHER:
1. 公公等200 USE III UUITIMI UUITIMI UUITIMI III III III III IIII I	
Comm. # 1053887 NOTARY RULE CLUSCHEN Syramoto Court By Comm. Explain Mar. 26, 1951	SIGNER IS REPRESENTING:
thy Comm. Expires Mar. 26, 1953 signature(s) on the	(Name of Person(s) or Entity(ies)
or the entity upon behalf	
O WILLI THE DATEONIAL	
acted, executed the instrument.	
	RIGHT THUMBPRINT (Optional)
Witness my hand and official seal.	w
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(SEAL)	H H
AUDE (M) Wichail	TOP OF THUMB HERE
(SIGNATURE OF NO PARY)	-
	CAPACITY CLAIMED BY SIGNER(S)
ATTENTION NOTARY	□CORPORATE
he information required to	OFFICER(S)
he information requested below and in the column to the right is OPTIONAL. ecording of this document is not required by low and is also optional.	(TITLES)
could, however, prevent fraudulent attachment of this certificate to any	OPARTNER(S) OLIMITED
	DIGENERAL
UST BE ATTACHED OF TRUST	CIATTORNEY IN FACT
THE DOCUMENT Number of Pages ONE Date of Document Date of Document	☐GUARDIAN/CONSERVATOR ☐OTHER:
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	SIGNER IS REPRESENTING
Signer(s) Other Than Named Above n/a	SIGNER IS REPRESENTING
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Signer(s) Other Than Named Above n/a COTTS FORM 03240 Rev. 3-94 (price class 8-2A) PURPOSE ACKNOWLEDGMENT WITH SIGNER CAPACITY/REPRESENT ATTOM/TWO FINGERPHINTS TE OF OREGON: COUNTY OF KLAMATH: SS.	SIGNER IS REPRESENTING
Signer(s) Other Than Named Above n/a COTTS FORM 03240 Rev. 3-84 (price class 8-2A) 91984 WOLCC TTS FORMS, INC. PURPOSE ACKNOWLEDGMENT WITH SIGNER CAPACITY/REPRESENT ATTOM/TWO FINGERPHINTS TE OF OREGON: COUNTY OF KLAMATH: SS.	SIGNER IS REPRESENTING: (Name of Person(s) or Entity(ies)
Signer(s) Other Than Named Above n/a COTTS FORM 03240 Rev. 3-84 (price class 8-2A) 91984 WOLCC TTS FORMS, INC. PURPOSE ACKNOWLEDGMENT WITH SIGNER CAPACITY/REPRESENTATION/TWO FINGERPHINTS TE OF OREGON: COUNTY OF KLAMATH: ss. for record at request of Amerititle November A D 10 96	SIGNER IS REPRESENTING