

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Aspen Title & Escrow

on this 13th day of December A.D., 19 96
at 3:48 o'clock P.M. and duly recorded
in Vol. M96 of Mortgages Page 38840

Bernetha G. Letsch County Clerk

By

Kathleen Koser

Deputy.

Fee, \$15.00

Return to BLIND c/o
REGIONAL TRUSTEE SERVICES
ATTN: RECONVEYANCE DEPT.
1201 THIRD AVE., #2730
SEATTLE, WA 98101
Loan #665100-11-186471

Trustee#96-R-2781

ATC: 961651

APPOINTMENT OF SUCCESSOR TRUSTEE & DEED OF FULL RECONVEYANCE

KNOW ALL MEN BY THESE PRESENTS that WILLIAM WARD BLIND AND CORAL L. BLIND, is the grantor, and ASPEN TITLE CO, is the trustee, and HOUSEHOLD FINANCE CORPORATION II, is the beneficiary under that certain deed of trust dated JULY 23, 1994, and recorded on JULY 27, 1994, in the Records of KLAMATH County, Oregon, in book/reel/volume M94, at page 22950, instrument# 84898, and RE-recorded under .

WHEREAS, the undersigned has received from the present beneficiary a Specific and Limited Power of Attorney to appoint a new trustee in the place and stead of the trustee named, and has recorded that document in the above mentioned county.

NOW, THEREFORE, in view of the premises, the undersigned hereby appoints REGIONAL TRUSTEE SERVICES CORPORATION whose address is 1201 Third Avenue, #2730, Seattle, Washington 98101, as successor trustee under said trust deed, it to have all the powers of said original trustee, effective forthwith.

THE TRUSTEE, having received from the beneficiary a written request to reconvey, reciting that the obligations secured by the Deed of Trust have been fully satisfied, does hereby Reconvey Without Warranty, to the person(s) legally entitled thereto, all the estate now held by it under said Deed of Trust.

IN WITNESS WHEREOF, the undersigned have hereunto caused their names to be signed and affixed hereunto by their duly authorized officer(s).

HOUSEHOLD FINANCE CORPORATION II

By [Signature]
Joseph H. Sipavich, attorney in fact

State of Washington)
) ss.
County of King)

On 12-6, 1996, before me personally appeared Joseph H. Sipavich, attorney in fact for Household Finance Corp. II, acknowledged that he/she signed the same as his/her free and voluntary act and deed for said principal for the uses therein mentioned, and on oath stated that said Power of Attorney has not been revoked.

[Signature]
Nicholas E. Lavandier
NOTARY PUBLIC in and for Washington
residing Seattle, expires 03-05-00

REGIONAL TRUSTEE SERVICES CORP.

By [Signature]
Marilee Hakkinen Treasurer

State of Washington)
) ss.
County of King)

On 12-6, 1996, before me personally appeared Marilee Hakkinen, being duly sworn did say that she is Treasurer of Regional Trustee Services Corp., and that said instrument was signed on behalf of said corporation by authority of its Board of Directors and she acknowledged said instrument to be its voluntary act and deed.

[Signature]
Nicholas E. Lavandier
NOTARY PUBLIC for State of Washington
Residing Seattle, expires 03-05-00

NICHOLAS E. LAVANDIER
STATE OF WASHINGTON
NOTARY --- PUBLIC
MY COMMISSION EXPIRES 3-05-00

NICHOLAS E. LAVANDIER
STATE OF WASHINGTON
NOTARY --- PUBLIC
MY COMMISSION EXPIRES 3-05-00

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

3 1996 34

1. NAME OF DECEDENT Edward		2. SEX Male		3. LAST FAMILY NAME Sellner	
4. DATE OF BIRTH 07/11/1912		5. AGE 84		6. 12. DATE OF DEATH 11/25/1996	
7. TIME OF DEATH OR		8. 10. SOCIAL SECURITY NUMBER 465-09-6571		9. 13. EDUCATION — YEARS COMPLETED 18	
14. RACE White		15. MARRIAGE STATUS Married		16. USUAL EMPLOYER Portland Cement Association	
17. OCCUPATION Sanitary Engineer		18. TYPE OF BUSINESS Cement		19. YEARS IN OCCUPATION 35	
20. RESIDENCE 7422 Sun Point Lane		21. CITY Sacramento		22. ZIP CODE 95828	
23. COUNTY Sacramento		24. YEAR IN COUNTY 11		25. STATE OR FOREIGN COUNTRY CA	
26. NAME OF SPOUSE Opelia Sellner		27. BIRTH DATE OF SPOUSE 07/11/1912		28. BIRTH PLACE OF SPOUSE 7422 Sun Point Lane, Sacramento, CA 95828	
29. NAME OF FATHER Joseph		30. NAME OF MOTHER Theresa		31. LAST MARRIAGE NAME O'Neill	
32. NAME OF NEXT OF KIN Barath		33. LAST MARRIAGE NAME Sellner		34. BIRTH STATE Hungary	
35. DATE 11/26/1996		36. PLACE Off the Coast of Bodega Bay, CA (Sonoma County)		37. BIRTH STATE Ohio	
38. TYPE OF DEATH CR/SEA		39. SIGNATURE OF REGISTRAR Barth A. Anderson, M.D.		40. LICENSE NO. FD720	
41. NAME OF FUNERAL HOME North Sacramento Funeral Home		42. ADDRESS OF FUNERAL HOME 7422 Sun Point Lane		43. DATE MM/DD/CCYY 11/26/1996 R.M.	
44. PLACE OF DEATH Own Residence		45. STREET ADDRESS 7422 Sun Point Lane		46. CITY Sacramento	
47. DEATH WAS CAUSED BY Probable Myocardial Infarction		48. DEATH REPORTED TO CORONER Immed		49. DEATH REPORTED TO CORONER 95-4822	
50. DUE TO Coronary Artery Disease		51. DUE TO Years		52. DUE TO Years	
53. OTHER SIGNIFICANT CAUSE Hypertension; Cerebral Vascular Disease		54. OTHER SIGNIFICANT CAUSE Hypertension; Cerebral Vascular Disease		55. OTHER SIGNIFICANT CAUSE Hypertension; Cerebral Vascular Disease	
56. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		57. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		58. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	
59. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		60. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		61. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	
62. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		63. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		64. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	
65. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		66. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		67. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	
68. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		69. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		70. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	
71. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		72. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		73. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	
74. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		75. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		76. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	
77. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		78. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		79. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	
80. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		81. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		82. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	
83. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		84. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		85. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	
86. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		87. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		88. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	
89. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		90. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		91. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	
92. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		93. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		94. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	
95. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		96. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		97. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	
98. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		99. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE		100. I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE	

96 DEC 13 P3:48

75079

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **November 7, 1996**

This copy not valid unless prepared on engraved form displaying date and signature of Registrar.

Barth A. Anderson, M.D.
LOCAL REGISTRAR



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Aspen Title Escrow** the **13th** day of **December** A.D. 1996 at **3:48** o'clock **P. M.**, and duly recorded in Vol. **M96** of **Deeds** on Page **38841**

FEE \$10.00

County Clerk
by Bernetha Letsch
Kathleen Ross