

MOC-40018-KL
SUBORDINATION AGREEMENT

THE UNDERSIGNED, Billie L. Young, owner of the beneficial interest in that certain Trust Deed dated November 13, 1996, recorded November 21, 1996, in volume M96, page 36755 of the Mortgage records of the Clerk of Klamath County, Oregon, and made by Jeffrey D. Davies and Jacalyn T. Davies, as Grantor, for the benefit of Jacqueline M. Flory and Gene T. Flory, Trustees of the Jacqueline M. and Gene T. Flory Living Trust Dated July 21, 1994, as Beneficiary, in consideration of the payment of \$31,000.00 by Ticor Title Insurance, does hereby subordinate the lien of said Trust Deed and Beneficiary's rights thereunder to the lien of that certain Trust Deed made by Jeffrey D. Davies and Jacalyn T. Davies, as Grantor, in favor of Provident Bank, Inc., as Beneficiary, dated April 11, 19967, and recorded April 15, 1997, in book M97 at page 11288, of the Mortgage records of the Clerk of Klamath County, Oregon, which beneficial interest was subsequently assigned to Bankers Trust Company of California, NA, as custodian or trustee.

The undersigned hereby acknowledges receipt of Trustee's Notice of Sale by the holder of the deed of trust being subordinated to, dated January 13, 1998, with a sale date of May 22, 1998.

Dated: February 9, 1998.

Billie L. Young
Billie L. Young

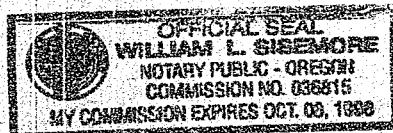
STATE OF OREGON, County of Klamath) ss

This instrument was acknowledged before me on February 9, 1998, by Billie L. Young.

Walter J. Sisemore
Notary Public for Oregon
My Commission Expires: Oct 8, 1998

After recording, return to:

John Mitchell-TICOR
1629 SW Salmon St.
Portland Oregon 97205-
1787



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of	Amerititle	the	10th	day
of February A.D. 1998	3:42 o'clock	P.M.	and duly recorded in Vol. M98	
of Mortgages		on Page	4396	
Fee \$10.00		By	Bernetha G. Letsch, County Clerk	

Last Five Numbers of Social Security		DATE OF DEATH	
67-15-17		FEBRUARY 25, 1998	
NAME, ADDRESS AND PHONE NUMBER OF DEATH CERTIFICATE ISSUER		NAME OF DEATH CERTIFICATE RECORDER	
STATE OF OREGON TAXI CAB 1000 SW 11TH AVENUE PORTLAND, OREGON 97201 (503) 222-1212		STATE OF OREGON TAXI CAB 1000 SW 11TH AVENUE PORTLAND, OREGON 97201 (503) 222-1212	
NAME OF DECEASED PERSON IN DEATH CERTIFICATE		NAME OF DECEASED PERSON IN DEATH CERTIFICATE	
Donald Peterson 67-15-17		Donald Peterson 67-15-17	
RELATIONSHIP TO DECEASED IN DEATH CERTIFICATE		RELATIONSHIP TO DECEASED IN DEATH CERTIFICATE	
SPOUSE - HUSBAND		SPOUSE - HUSBAND	
BIRTH DATE LAWYER		BIRTH DATE LAWYER	
1942-10-10		1942-10-10	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	
576176		576176	
MATERIAL TESTIMONY OR INFORMATION RECORDED ON THIS DEATH CERTIFICATE		MATERIAL TESTIMONY OR INFORMATION RECORDED ON THIS DEATH CERTIFICATE	
None		None	
EDUCATION		EDUCATION	
Elementary School (K-12)		Elementary School (K-12)	
EMPLOYMENT		EMPLOYMENT	
None		None	
CITY OF RESIDENCE		CITY OF RESIDENCE	
Portland, Oregon		Portland, Oregon	
CITY OF BIRTH		CITY OF BIRTH	
Portland, Oregon		Portland, Oregon	
CITY OF DEATH		CITY OF DEATH	
Portland, Oregon		Portland, Oregon	
COUNTY OF DEATH		COUNTY OF DEATH	
Multnomah County		Multnomah County	
TIME OF DEATH		TIME OF DEATH	
10:00 AM		10:00 AM	
CAUSE OF DEATH		CAUSE OF DEATH	
Natural Death		Natural Death	
NAME OF ATTENDING PHYSICIAN		NAME OF ATTENDING PHYSICIAN	
Dr. J. Johnson		Dr. J. Johnson	
NAME OF ATTENDING PHYSICIAN'S PRACTICE OR HOSPITAL		NAME OF ATTENDING PHYSICIAN'S PRACTICE OR HOSPITAL	
None		None	
DATE OF DEATH DUE TO DISEASE OR CONSEQUENCE OF INJURY		DATE OF DEATH DUE TO DISEASE OR CONSEQUENCE OF INJURY	
None		None	
OTHER SIGNIFICANT CONDITIONS		OTHER SIGNIFICANT CONDITIONS	
None		None	
METHOD OF DEATH		METHOD OF DEATH	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending intervention <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Unconscious Hysteria <input type="checkbox"/> Death from disease <input type="checkbox"/> Death from injury		<input type="checkbox"/> Pending intervention <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Unconscious Hysteria <input type="checkbox"/> Death from disease <input type="checkbox"/> Death from injury	
DATE OF DEATH AND TIME OF DAY, MONTH, YEAR		DATE OF DEATH AND TIME OF DAY, MONTH, YEAR	
10:00 AM FEBRUARY 25, 1998		10:00 AM FEBRUARY 25, 1998	
TIME OF DEATH IN 24-HOUR FORMAT		TIME OF DEATH IN 24-HOUR FORMAT	
10:00 AM		10:00 AM	
NAME OF DEATH CERTIFICATE RECORDER		NAME OF DEATH CERTIFICATE RECORDER	
Dr. J. Johnson		Dr. J. Johnson	
ADDRESS OF DEATH CERTIFICATE RECORDER		ADDRESS OF DEATH CERTIFICATE RECORDER	
None		None	
PHONE NUMBER OF DEATH CERTIFICATE RECORDER		PHONE NUMBER OF DEATH CERTIFICATE RECORDER	
(503) 222-1212		(503) 222-1212	
REGISTRATION NUMBER		REGISTRATION NUMBER	
None		None	
I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.			
ORIGINAL VITAL RECORD NUMBER 1000 SW 11TH AVENUE PORTLAND, OREGON 97201 FEBRUARY 25, 1998			
DATE ISSUED		SIGNATURE	
JAN 26 1998		JOHN D. JOHNSON REGISTRAR	
STATE OF OREGON County of Klamath			

After recording return to:
 Mary Most
 5505 Torpedo Ct.
 Waldorf, MD 20603

Filed for record at request of:

Amerititle
 on this 10th day of February A.D. 1998
 at 3:42 o'clock P.M. and duly recorded
 in Vol. M98 of Deeds Page 4397
 Bernetha G. Letsch, County Clerk

Fee \$10.00

Deputy