

ASSIGNMENT OF INSTALLMENT NOTE AND TRUST DEED

98 661 -1 P1.04
Candee Morris and Joshua Andrew Morris, Assignors, successors in interest of the beneficial interest under the Trust Deed made by Gary L. Cantrell and Teresa A. Cantrell, Grantor, to Aspen Title & Escrow, Inc., Trustee, in favor of Gregory D. Morris, beneficiary, dated May 22, 1996, and recorded in Volume M 96 at Page 16150 of the Mortgage Records of Klamath County, Oregon, hereby grant, assign, and transfer to Candee Morris, Assignee, all of the beneficial interest in and under said Trust Deed, together with the Notes, moneys, and obligations therein described or referred to, with interest thereon, and all rights and benefits whatsoever accrued or to accrue under said Trust Deed.

Dated this 17th day of September, 1998.

Candee Morris

Candee Morris

Joshua Morris

Joshua Andrew Morris

STATE OF OREGON, County of Klamath) ss.

Personally appeared the above named Candee Morris and acknowledged the foregoing instrument to be her voluntary act and deed.



Before me:

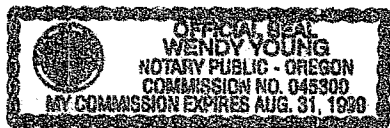
Wendy Young

Notary Public for Oregon

My Commission Expires: 8-31-99

STATE OF OREGON, County of Klamath) ss.

Personally appeared the above named Joshua Andrew Morris and acknowledged the foregoing instrument to be his voluntary act and deed.



Before me:

Wendy Young

Notary Public for Oregon

My Commission Expires: 8-31-99

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William M. Ganong the 1st day of October A.D., 19 98 at 1:04 o'clock PM., and duly recorded in Vol. M98 of Mortgages on Page 36219.

Bernetha G. Letsch, County Clerk

FEE

\$10.00

By Kathleen Rose

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST, MIDDLE, LAST SAMUEL		3. LAST (FAMILY) MCNALLY, JR.	
4. DATE OF BIRTH: M/M/D/CCYY 03/13/1922		7. DATE OF DEATH: M/M/D/CCYY E. HOUR 05/22/1998 1336	
5. SEX 75		8. SEX MALE	
9. STATE OF BIRTH IL		10. SOCIAL SECURITY NO. 339-18-9517	
11. MILITARY SERVICE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		12. MARITAL STATUS MARRIED	
13. EDUCATION—YEARS COMPLETED 16		14. RACE WHITE	
15. HISPANIC—NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		16. USUAL EMPLOYER SAVANNA HIGH SCHOOL	
17. OCCUPATION HIGH SCHOOL TEACHER		18. YEARS IN OCCUPATION 18	
19. RESIDENCE—STREET AND NUMBER OR LOCATION 40342 VIA SIENA		20. CITY MURRIETA	
21. COUNTY RIVERSIDE		22. ZIP CODE 92562	
23. YES IN COUNTY 3		24. STATE OR FOREIGN COUNTRY CA	
25. NAME, RELATIONSHIP NANCY L. McNALLY, WIFE		26. MAILING ADDRESS (ENTER APT. NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 40342 VIA SIENA, MURRIETA, CA 92562	
27. NAME OF SURVIVING SPOUSE—FIRST, MIDDLE, LAST NANCY LOU SMITH		28. NAME OF FATHER—FIRST, MIDDLE, LAST SAMUEL MCNALLY SR.	
29. NAME OF MOTHER—FIRST, MIDDLE, LAST MARTHA MCCOBBRY		30. BIRTH STATE IRELAND	
31. DATE M/D/CCYY 05/30/1998		32. PLACE OF FINAL RESIDENCE ANAHEIM CENTER, 1100 E. SYCAMORE, ANAHEIM, CA 92805	
33. TYPE OF DISPOSITION BU		34. LICENSE NO. A859	
35. NAME OF FUNERAL DIRECTOR HILGENFELD MORTUARY		36. DATE M/D/CCYY 05/28/1998	
37. PLACE OF DEATH CORONA REGIONAL MEDICAL CENTER		38. COUNTY RIVERSIDE	
39. STREET ADDRESS—STREET AND NUMBER OR LOCATION 800 S. MAIN STREET		40. CITY CORONA	
41. DEATH WAS CAUSED BY—ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D (A) RESPIRATORY FAILURE (B) CONGESTIVE HEART FAILURE (C) (D)		42. TIME INTERVAL BETWEEN DEATH AND DEATH REPORT HOURS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
43. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 41 CHRONIC OBSTRUCTIVE PULMONARY DISEASE		44. DEATH REPORTED TO CORONER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
45. WAS OPERATION PERFORMED FOR ANY CONDITION IN 41? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, LIST TYPE OF OPERATION AND DATE TOOTH YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		46. LICENSE NO. A55313	
47. DATE M/D/CCYY 05/22/1998		48. DATE M/D/CCYY 05/27/1998	
49. TYPE OF ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP TUSHAN PATEL, M.D., 85 MAGNOLIA AVE., CORONA, CA 91719		50. HOURS 12. HOUR 13. PLACE OF INJURY	
51. MANNER OF DEATH NATURAL <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNK <input type="checkbox"/>		52. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
53. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		54. SIGNATURE OF CORONER OR DEPUTY CORONER	
55. DATE M/D/CCYY		56. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
57. STATE		58. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

DATE ISSUED

06/01/1998

Gary F. Johnson M.D.
Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

This copy is valid unless prepared on engraved official lettering and signed by Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: 55

Filed for record at request of Nancy McNally the 1st day
of October A.D., 19 98 at 1:04 o'clock P. M., and duly recorded in Vol. M98
of Deeds on Page 36220

Return: Nancy McNally

Bernetha G. Letsch, County Clerk

FEE

\$10.00

40342 Via Siena

By

Murrieta, Ca. 92562