

-71297

WHEN RECORDED, MAIL TO:
Nationwide Title Clearing
420 N. Brand Blvd. 4th Fl
Glendale, CA 91203
L#:9120805

'98 DEC 11 AM 11:55

Vol. M98 Page 45313

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Nationwide Title
on this 11th day of December A.D., 1998
at 11:55 o'clock A. M. and duly recorded
in Vol. M98 of Mortgages Page 45313
Bernetha G. Letsch, County Clerk
By Kathleen Rose
Fee, \$15.00 Deputy.

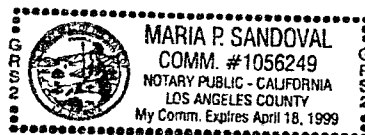
SUBSTITUTION OF TRUSTEE and FULL RECONVEYANCE

WHEREAS, RONDAL C MOON AND LINDA L MOON
was the original Trustor,
MOUNTAIN TITLE COMPANY OF KLAMATH COUNTY
was the original Trustee, and
JACKSON COUNTY FEDERAL SAVINGS AND LOAN ASSOCIATION
was the original Beneficiary under that certain Deed of Trust dated
05/17/90 in KLAMATH County, Oregon, under Doc No:15096
or Book M90 Page 9608
WHEREAS, the undersigned as present Beneficiary, having received full
payment on said Deed of Trust and debt and desiring to substitute a
new Trustee under said Deed of Trust in place and stead of said original
Trustee thereunder. NOW, THEREFORE, the undersigned hereby substitutes:
HENRY L. BAUER, as Trustee under said Deed of Trust and directs the
said HENRY L. BAUER to reconvey, without warranty, to the parties entitled
thereto the estate now held by him under said Deed of Trust.
Dated: 10/16/98
U.S. BANK NATIONAL ASSOCIATION f/k/a UNITED STATES NATIONAL
BANK OF OREGON, successor by merger to U.S. BANK OF
WASHINGTON, N.A., successor by merger to U.S. SAVINGS BANK
OF WASHINGTON

BY: Jorge Tucux Vice President

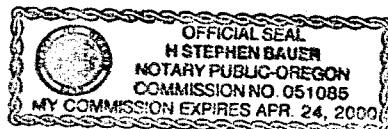
STATE OF CALIFORNIA COUNTY OF LOS ANGELES
This instrument was acknowledged before me on 10/16/98
by Jorge Tucux as Vice President
of U.S. BANK NATIONAL ASSOCIATION f/k/a UNITED STATES NATIONAL
BANK OF OREGON, successor by merger to U.S. BANK OF
WASHINGTON, N.A., successor by merger to U.S. SAVINGS BANK
OF WASHINGTON

Maria P. Sandoval
Notary Public/Commission expires 04/18/1999



HENRY L. BAUER, hereby accepts the foregoing appointment as Trustee under
said Deed of Trust and as successor Trustee, pursuant to a written request
of the present Beneficiary and in accordance with the provisions of said
Deed of Trust, DOES HEREBY CONVEY to the person or persons legally entitled
thereto, without warranty, the estate, title and interest now held by the
undersigned in and to the premises more fully described in said Deed
of Trust.
Dated: NOV 20 1998

BY: Henry L. Bauer as Trustee



STATE OF OREGON COUNTY OF MULTNOMAH
This instrument was acknowledged before me on NOV 20 1998 by
HENRY L. BAUER.

Notary Public

USB2 VC 8VC



105766
10 TAG NO.

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH

State File Number

1. DECEASED'S First Middle Last NAME Leslie William HARROUN		2. SEX M	3. DATE OF DEATH (Month, Day, Year) January 27, 1992
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE Last Birthday (Years) 72	5b. Under 1 Year Mins Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Fairbury, NE
7. DATE OF BIRTH (Month, Day, Year) May 5, 1919		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER () Nursing Home () Decedent's Home () Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. DECEASED'S USUAL OCCUPATION (If no kind of work done during most of working life, Do not use retired) Police Officer		12. SPOUSE (If Married, Widowed, Divorced (Specify) Married Ruth H.	
13. RESIDENT STATE Oregon		14. KIND OF BUSINESS/INDUSTRY Law Enforcement	
15. RESIDENT CITY Klamath		16. STREET AND NUMBER 1320 California Avenue	
17. RESIDENT ZIP CODE 97601		18. DECEASED'S RACE (Specify) White	
19. DECEASED'S EDUCATION (Specify only highest grade completed) 10		20. DECEASED'S MARITAL STATUS (Specify) Married	
21. FATHER'S NAME first middle last Benjamin William Harroun		22. MOTHER'S NAME first middle maiden Ada Mae Lacey	
23. METHOD OF DISPOSITION () Mausoleum () Burial () Cremation () Removal from State () Donation () Other (Specify) Eternal Hills Memorial Gardens		24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, Oregon 97603	
25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William F. Davenport		26. LICENSE NUMBER (If Licensee) 47-3104	
27. DATE FILED (Month, Day, Year) JAN 28 1992		28. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
29. HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? () YES () NO <input checked="" type="checkbox"/> N/A		30. WAS GIFT MADE? () YES () NO <input checked="" type="checkbox"/> N/A	
31. TIME OF DEATH 15:13 P M () Yes () No			
32. DATE SIGNED (Month, Day, Year) January 28, 1992			
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert F. Bohnen, MD, 2610 Uhrmann Road, Klamath Falls, Oregon 97601			
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.			
PART I (a) <u>Acute Myocardial Ischemia</u>			
PART II (b) <u>Due to OR AS A CONSEQUENCE OF</u>			
PART III (c) <u>Other Significant Conditions</u>			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide			
37. DATE OF INJURY (Month, Day, Year)			
38. TIME OF INJURY M Yes <input checked="" type="checkbox"/> No			
39. PLACE OF INJURY At home, farm, street, factory, office, building etc. (Specify)			
40. DESCRIBE HOW INJURY OCCURRED			
41. LOCATION (Street and Number or Rural Route Number, City, or Town, State)			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: JAN 28 1992

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ruth Harroun the 11th day
of December A.D. 19 98 at 11:55 o'clock A. M., and duly recorded in Vol. M98
of Deeds on Page 45314

Return: Ruth Harroun

Bernetha G. Letsch, County Clerk

FEE \$10.00

P.O. Box 5053

By Kathleen Ross

KFO 97601