

RECORDING REQUESTED BY

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AND WHEN RECORDED MAIL TO:

2001 JAN 31 PM 2:14

State of Oregon, County of Klamath
Recorded 01/31/01, at 2:14 p. m.
In Vol. M01 Page 3951
Linda Smith,
County Clerk Fee \$ 21.00

NAME David A. Duarte
STREET ADDRESS 9411 Horseshoe Bar Rd.
CITY, STATE Loomis, CA 95650
ZIP CODE

Title Order No. _____ Escrow or Loan No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

ASSIGNMENT OF DEED OF TRUST

FOR VALUE RECEIVED, the undersigned grants, assigns and transfers to David A. Duarte

all beneficial interest under that certain deed of trust dated December 10, 1999
executed by Frank R. Duarte & Teresa D. Duarte, Trustor,
to Western Title Company, Trustee
and recorded December 10, 1999 as Instrument No. K54906, in Book M99, Page 48659,
of Official Records in the office of the County Recorder of Klamath County, Oregon,
describing land therein as:

Lot 10 in block 4, of River Pine Estates, according to the official
plat thereof on file in the office of the County Clerk of Klamath
County, Oregon.

TOGETHER with the note or notes therein described or referred to, the money due and to become due thereon with
interest, and all rights accrued or to accrue under said deed of trust.

Dated October 30, 2000

Frank R. Duarte
Teresa D. Duarte

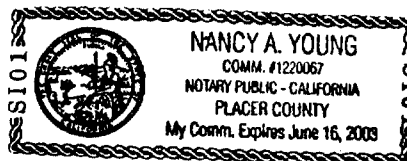
STATE OF CALIFORNIA
COUNTY OF PLACER

On OCT 30, 2000 before me, NANCY A. YOUNG, NOTARY PUBLIC

(NAME, TITLE OF OFFICER - I.E. "JANE DOE, NOTARY PUBLIC")
personally appeared FRANK R. DUARTE AND TERESA D. DUARTE
personally known to me ~~for proved to me on the basis of satisfactory evidence~~ to be the person(s)
whose ~~name(s)~~ are subscribed to the within instrument and acknowledged to me that ~~he/she/they~~
executed the same in ~~his/her/their~~ said 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.

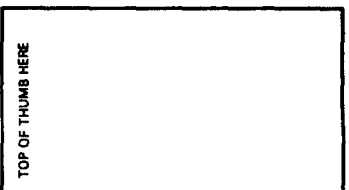
Nancy A. Young
(SIGNATURE)



(SEAL)

MAIL TAX
STATEMENTS TO _____

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

- ☐ INDIVIDUAL(S)
☐ CORPORATE
OFFICERS _____ (TITLES)
☐ PARTNER(S) ☐ LIMITED
☐ GENERAL
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER _____

SIGNER IS REPRESENTING:
(NAME OF PERSON(S) OR ENTITY(IES))

WOLCOTT'S FORM 828 - Rev. 4-94 (price class 3A) ASSIGNMENT OF DEED OF TRUST
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