

ASSIGNMENT OF TRUST DEED

FOR VALUE RECEIVED, the undersigned who is the beneficiary or beneficiary's successor in interest under that certain trust deed dated September 15, 1989, executed and delivered by DENNIS L. ROSE, JR. AND HOPE V. ROSE, grantor, to Klamath County Title Company, trustee, in which CATHERINE P. PARKHURST AND DONNA KREBS is the beneficiary, recorded on September 15, 1989, in volume No. M-89 on page 17465 of the Mortgage Records or Official Records of KLAMATH County, Oregon, and conveying real property in said county described as follows:

The Easterly ninety-nine and 85/100 feet of Lots one (1) and two (2) Block five (5), Third Addition to Altamont Acres, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

State of Oregon, County of Klamath
Recorded 02/04/2002 11:30 a. m.
Vol M02, Pg 6590-91
Linda Smith, County Clerk
Fee \$ 26⁰⁰ # of Pgs 2

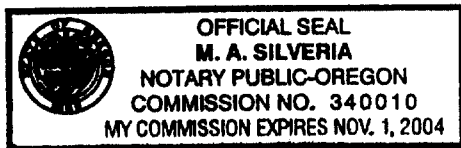
hereby grants, assigns, transfers and sets over to STATE OF OREGON, hereinafter called assignee, and assignee's heirs, successors and assigns, all of the beneficial interest in and under said trust deed, together with the notes, moneys and obligations therein described, with the interest thereon, and all rights and benefits whatsoever accrued or to accrue under said trust deed.

The undersigned hereby covenants that the undersigned is the beneficiary or beneficiary's successor in interest under said trust deed and is the current owner and holder of the beneficial interest therein and has the right to sell, transfer and assign the same, and the note or other obligation secured thereby, and that there is now unpaid on the obligations secured by said trust deed the sum of not less than \$17,231.06 with interest thereon from November 10, 2001.

In construing this instrument and whenever the context hereof so requires the singular includes the plural.

IN WITNESS WHEREOF, the undersigned has executed this document; if the undersigned is a corporation, it has caused its name to be signed by an officer or other person duly authorized to do so under the authority of its board of directors.

DATED: December 20, 2001



Donna J. Krebs
DONNA J. KREBS

STATE OF OREGON, County of KLAMATH) ss.

This instrument was acknowledged before me on December 27, 2001, by DONNA J. KREBBS

Notary Public for Oregon

My commission expires 11-01-04

ASSIGNMENT OF TRUST DEED

DONNA J. KREBS

2215 rd 102 A

TULELAKE, CA. 96134

Assignor

vs

STATE OF OREGON

Assignee

AFTER RECORDING RETURN TO

Aspen Title & Escrow, Inc.

525 Main Street

Klamath Falls, OR 97601

SPACE RESERVED
FOR
RECORDER'S USE

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

317282
I.D. TAG NO.

410

Local File Number

6591

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7
8
9

REGISTRAR

10
11

CERTIFIER

12
13
14

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF DEATH

15
16
17

CAUSE OF DEATH
INSTRUCTIONS
ON REVERSE SIDE
OF GREEN AND
PINK COPY

1. DECEDENT'S NAME Catherine Pearl PARKHURST-WADE				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) August 4, 2001	
4. SOCIAL SECURITY NUMBER 540-36-2829		5a. AGE-Last Birthday (Years) 84		5b. Under 1 Year Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Miles City, MT	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		7. DATE OF BIRTH (Month, Day, Year) March 25, 1917			
9b. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center, RCU				9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Bookkeeper		10b. KIND OF BUSINESS/INDUSTRY Home Furnishings Co.		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Howard Wade	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER Room 108, 1401 Byrant Williams Drive	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97601		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
17. FATHER - NAME first middle last Jesse Leonard Bemis		18. MOTHER - NAME first middle maiden Catherine Sarah Downhower		19. INFORMANT - NAME and relationship to deceased Donna J. Krebs, daughter			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park		20c. LOCATION - City or Town, State Klamath Falls, OR 97601			
21. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (If Licensee) FS-0124		22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194			
23. DATE FILED (Month, Day, Year) AUG 14 2001		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>					
RESERVED FOR REGISTRAR'S USE							
TO BE COMPLETED BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 0025 A M		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>				32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) August 8, 2001				33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Heather Kahn, MD, 2801 Daggett Avenue, Klamath Falls, Oregon 97601							
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter medical dying, e.g. Cardiac or Respiratory Arrest.) PART I (a) Respirator Distress DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____						Interval between onset and death 4 hrs	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.						37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
RESERVED FOR REGISTRAR'S USE							

ORIGINAL-VITAL STATISTICS COPY
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: **AUG 14 2001**

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Evelyn Simonson
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE