

03 JUL 23 AM 11:25

MTG- 61468PS

**APPOINTMENT OF SUCCESSOR TRUSTEE  
& DEED OF RECONVEYANCE**

Vol M03 Page 51865

Pursuant to ORS 86.790 (3), the present beneficiary hereby appoints AMERITITLE as Successor Trustee of the following designated Trust Deed, said Successor Trustee having all the powers of the original Trustee, effective herewith:

State of Oregon, County of Klamath  
Recorded 07/23/2003 11:25 a. m  
Vol M03 Pg 51865-65A  
Linda Smith, County Clerk  
Fee \$ 3.00 # of Pgs 2

Grantor: RICHARD A. MEYR AND ELOISE TOPPER  
Trustee: ASPEN ESCROW AND TITLE CO.  
Beneficiary: FRED DEMARIO & LORRAINE DEMARIO  
Recorded: JULY 7, 1987  
Volume: M87, page 11881 Microfilm Records of  
Klamath County, Oregon

REQUEST FOR RECONVEYANCE

All sums secured by the above referenced Trust Deed have been fully paid and satisfied. AMERITITLE, upon delivery to it of the Trust Deed and related note marked "PAID", is hereby authorized and instructed to cancel all evidence of indebtedness secured by the Trust Deed and to reconvey, without warranty, to the parties designated by the terms of said Trust Deed, the estate now held by AMERITITLE under the Trust Deed. After recording, return this document to the undersigned beneficiary.

Dated: July 1, 2003

BY: Lorraine Demario  
LORRAINE DEMARIO

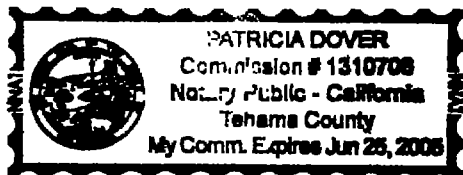
BY: FRED DEMARIO - DECEASED (See Exhibit  
Beneficiary "A")

STATE OF CALIFORNIA  
COUNTY OF TEHAMA

THIS CERTIFIES, that on this 7<sup>th</sup> day of JULY, 20 03, before me, the undersigned, a Notary Public for said state, appeared the within named  
LORRAINE DEMARIO

to me known to be the identical person described in and who executed the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same freely and voluntarily for the purpose therein expressed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal the day and year last above written.



Patricia Dover  
Notary Public for the State of CA  
My Commission expires 6-25-08

DEED OF FULL RECONVEYANCE

AMERITITLE, having received the appointment as successor trustee and the request for full reconveyance as stated above, does hereby grant, bargain and convey, but without any covenant or warranty, express or implied, to the persons legally entitled thereto, all the estate held by AMERITITLE in and to the property described in the above referenced Trust Deed, except as may have heretofore been previously conveyed to such persons.

DATED: 7/22/03

AMERITITLE

By: Jean Phillips, Vice-President

STATE OF OREGON  
COUNTY OF KLAMATH

THIS CERTIFIES, that on this 22nd day of July, 20 03, before me, the undersigned, a Notary Public for said state, appeared the within named Jean Phillips, as Vice-President of AmeriTitle, to me known to be the identical person described in and who executed the within instrument and acknowledged to me that he/~~she~~/they executed the same freely and voluntarily for the purpose therein expressed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Pamela J. Spencer  
Notary Public for the State of OR  
My Commission expires 8/16/2004

After recording return to:  
Richard Meyr & Eloise Topper  
11409 Tampa Ave. #116  
Northridge CA 91326



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51865-A

## EXHIBIT "A"

## CERTIFICATE OF DEATH

3-1997-52-000374

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST GIVEN <b>Fred</b>		2. LAST (FAMILY) <b>DeMario</b>	
3. DATE OF BIRTH MM/DD/YYYY <b>09/31/1928</b>		4. AGE <b>68</b>	
5. DATE OF DEATH MM/DD/YYYY <b>12/12/1997</b>		6. HOUR <b>1322</b>	
7. STATE OF BIRTH <b>CA</b>		8. SOCIAL SECURITY NO. <b>888-32-9851</b>	
9. US ARMY SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. MARITAL STATUS <b>Married</b>	
11. EDUCATION—YEARS COMPLETED <b>12</b>		12. USUAL EMPLOYER <b>Self</b>	
13. OCCUPATION <b>Roof/Cabinet Maker</b>		14. YEARS IN OCCUPATION <b>45</b>	
15. RESIDENCE—STREET AND NUMBER OR LOCATION <b>23784 Blackburn Ave.</b>			
16. CITY <b>Corning</b>		17. ZIP CODE <b>96021</b>	
18. COUNTY <b>Tehama</b>		19. STATE OF BIRTH <b>CA</b>	
20. NAME, RELATIONSHIP <b>Lorraine DeMario (Wife)</b>			
21. ADDRESS (Street, P.O. Box, etc.) <b>P.O. BOX 1322, Corning, CA 96021</b>			
22. NAME OF SURVIVING SPOUSE <b>Lorraine</b>		23. NAME OF SPOUSE <b>Alison</b>	
24. NAME OF FATHER—FIRST <b>Andy</b>		25. NAME OF FATHER—LAST <b>DeMario</b>	
26. NAME OF MOTHER—FIRST <b>Anna</b>		27. NAME OF MOTHER—LAST <b>Bluff</b>	
28. DATE MM/DD/YYYY <b>12/17/1997</b>			
29. PLACE OF BIRTH <b>Residence 23784 Blackburn Ave., Corning, CA 96021</b>			
30. TYPE OF DEATH <b>CR/RES</b>			
31. NAME OF FUNERAL HOME <b>Hall Bros. Corning</b>			
32. DATE MM/DD/YYYY <b>12/17/1997</b>			
33. PLACE OF DEATH <b>St. Elizabeth's Hospital</b>			
34. STREET ADDRESS AND NUMBER OR LOCATION <b>2550 St. Mary Columba Dr.</b>			
35. CITY <b>Red Bluff</b>			
36. DEATH WAS CAUSED BY EITHER ONE OR MORE OF THE FOLLOWING: (a) <b>HEMORRHAGIC STROKE</b> (b) <b>HYPERTENSIVE CRISIS</b> (c) <b>OTHER</b>			
37. IMMEDIATE CAUSE <b>HEMORRHAGIC STROKE</b>			
38. DUE TO <b>HYPERTENSIVE CRISIS</b>			
39. DUE TO (c) <b>OTHER</b>			
40. DUE TO (d) <b>OTHER</b>			
41. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO CAUSE GIVEN IN 36			
42. NONE			
43. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 36? (If YES, LIST TYPE OF OPERATION AND DATE.) <b>NO</b>			
44. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE DEATH WAS CAUSED BY THE CAUSE, DATE AND PLACE GIVEN ON THIS CERTIFICATE.		45. SIGNATURE OF DEPUTY COUNTY CLERK-RECORDER <b>LARRY W. FISH, D.O.</b>	
46. DATE MM/DD/YYYY <b>12/12/1997</b>		47. DATE MM/DD/YYYY <b>12/16/1997</b>	
48. I CERTIFY THAT ON MY OFFICIAL DEATH CERTIFICATE, I HAVE STATED THE CAUSE, DATE AND PLACE OF DEATH.		49. SIGNATURE OF DEPUTY COUNTY CLERK-RECORDER <b>MARY COLUMBA DR.</b>	
50. DATE MM/DD/YYYY <b>12/12/1997</b>		51. DATE MM/DD/YYYY <b>12/16/1997</b>	
52. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNNATURAL		53. SIGNATURE OF DEPUTY COUNTY CLERK-RECORDER <b>MARY COLUMBA DR.</b>	
54. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		55. SIGNATURE OF DEPUTY COUNTY CLERK-RECORDER <b>MARY COLUMBA DR.</b>	
56. SIGNATURE OF DEPUTY COUNTY CLERK-RECORDER <b>MARY COLUMBA DR.</b>		57. DATE MM/DD/YYYY <b>12/16/1997</b>	
58. TYPED NAME, TITLE OF DEPUTY COUNTY CLERK-RECORDER <b>MARY COLUMBA DR.</b>		59. TYPED NAME, TITLE OF DEPUTY COUNTY CLERK-RECORDER <b>MARY COLUMBA DR.</b>	
60. STATE REGISTRY		61. COUNTY TRACT	

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## CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF TEHAMA

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This is a true and exact reproduction of the document officially registered and placed on file in the office of the TEHAMA COUNTY CLERK-RECORDER.

ATTEST:

DATE ISSUED

JAN - 6 1998

This copy not valid unless prepared on engraved border displaying seal and signature of Deputy County Clerk-Recorder.

Mary Ann Dwyer

TEHAMA COUNTY CLERK-RECORDER

