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Vol M04 Page 08999



ASSIGNMENT OF TRUST DEED
BY BENEFICIARY

Byron F. Farrington C/O Jerry Jacobson
PO BOX 4687
Medford, OR 97501

To
Byron F. Farrington
Barry Farrington

Assignor

Assignee

After recording, return to (Name, Address, Zip):

First American Title
422 Main Street
Klamath Falls, OR 97601 CE5211

SPACE RESERVED
FOR
RECORDER'S USE

State of Oregon, County of Klamath
Recorded 02/17/2004 11:26 a.m.
Vol M04 Pg 8999-001
Linda Smith, County Clerk
Fee \$ 3/00 # of Pgs 3
puty.

FOR VALUE RECEIVED, the undersigned who is the beneficiary or the beneficiary's successor in interest under that certain trust deed dated April 14, 1994, executed and delivered by REULAND ELECTRIC COMPANY DBA WILLOW VALLEY LAND AND CATTLE COMPANY, grantor, to FIRST AMERICAN TITLE COMPANY, trustee, in which BYRON F. FARRINGTON AND MILDRED B. FARRINGTON, TRUSTEE, OR SUCCESSOR* is the beneficiary, recorded on APRIL 15, 1994, in book/reel/volume No. M94 on page 11280, and/or as fee/file/instrument/microfilm/reception No. _____ (indicate which) of the Records of KLAMATH County, Oregon and conveying real property in that county described as follows:

SEE EXHIBIT "A" ATTACHED

***TRUSTEE, OF THE "FARRINGTON 1991 FAMILY TRUST" UTA 9/12/91.

hereby grants, assigns, transfers, and sets over to BYRON F. FARRINGTON AND BARRY FARRINGTON NOT AS TENANTS IN COMMON BUT WITH RIGHTS OF ***, hereinafter called assignee, and assignee's heirs, personal representatives, successors and assigns, all of the beneficial interest in and under the trust deed, together with the notes, moneys and obligations therein described or referred to, with the interest thereon, and all rights and benefits whatsoever accrued or to accrue under the trust deed.

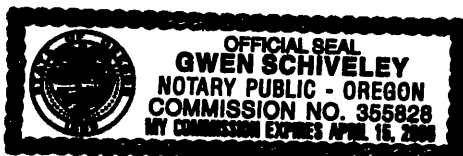
The undersigned hereby covenants to and with the assignee that the undersigned is the beneficiary or beneficiary's successor in interest under the trust deed and is the owner and holder of the beneficial interest therein and has the right to sell, transfer and assign the same, and the note or other obligation secured thereby. There is now unpaid on the obligations secured by the trust deed the sum of not less than \$ 223,483.23 with interest thereon at the rate of 8 percent per annum from (date) 2/4/04.

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

IN WITNESS WHEREOF, the undersigned has hereunto executed this document. If the undersigned is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

****SURVIVORSHIP.

DATED FEBRUARY 11, 2004



Byron F. Farrington
Byron F. Farrington, Sole Successor Trustee
Of The Farrington 1991 Family Trust UTAD 9-12-91

STATE OF OREGON, County of Jackson) ss.

This instrument was acknowledged before me on _____,

by _____

This instrument was acknowledged before me on February 11, 2004

by Byron F. Farrington

as Sole Successor Trustee

of The Farrington Family Trust UTAD 9-12-91

Gwen Schiveley
Notary Public for Oregon

My commission expires 4-15-06

31F

DESCRIPTION OF PROPERTY

Township 40 South, Range 14 East of the Willamette Meridian

Section 6: All that portion of the E½NW½SE½ lying North of the canal known as the Wilkerson Lateral of the Langell Valley Irrigation District.

N½, SAVING AND EXCEPTING that portion of Lot 2 described in deed dated March 14, 1924, and recorded April 3, 1924, in Book 63, Page 614, Deed Records of Klamath County, Oregon; ALSO that portion of Lot 3 described in deed dated March 14, 1924, recorded April 3, 1924, in Book 63, Page 615, Deed Records of Klamath County, Oregon; ALSO that portion of S½NE½ described in deed dated November 23, 1925, and recorded February 16, 1926, in Book 69 page 289, Deed Records of Klamath County, Oregon; ALSO that portion of SW½NE½ described in deed dated November 23, 1925, and recorded February 16, 1926, in Book 69 page 290 of Deed Records of Klamath County, Oregon; ALSO that portion of S½NW½ described in deed dated March 19, 1926, and recorded May 29, 1926, in Book 69 page 607, Deed Records of Klamath County, Oregon.

Township 39 South, Range 13 East of the Willamette Meridian

Section 31: All that portion of the E½SW½ and SW½SE½, SAVING AND EXCEPTING that portion of the SW½SE½ and E½SW½ described in deed dated March 14, 1924, and recorded April 3, 1924, in Book 63 page 614, Deed Records of Klamath County, Oregon.

CERTIFICATE OF VITAL RECORD

RA4626

LD TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

09001

Local File Number

136

State File Number

1. DECEASED'S NAME Mildred B. FARRINGTON		2 SEX Female	3. DATE OF DEATH (Month, Day, Year) July 8, 2003
4. SOCIAL SECURITY NUMBER 565-44-9095	5a. AGE Last Birthday (Years) 85	5b. Under 1 Year Mn. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Moline, Illinois
8. WERE DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOME <input type="checkbox"/> Institution <input type="checkbox"/> Hospice <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify)	
10. FACILITY NAME (If not institution, give street and number) 5321 Cobleigh Road		11. CITY, TOWN OR LOCATION OF DEATH Butte Falls	
12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use abbrev.) Homemaker		13. KIND OF BUSINESS/INDUSTRY Own Home	
14. RESIDENCE - STATE Oregon		15. CITY, TOWN OR LOCATION Butte Falls	
16. RESIDENCE - COUNTY Jackson		17. STREET AND NUMBER 5321 Cobleigh Road	
18. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. ZIP CODE 97522	
20. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		21. RACE (American Indian, Black, White, etc. (Specify)) White	
22. DECEASED'S EDUCATION (Specify only highest grade completed) 12		23. DECEASED'S EDUCATION (Specify only highest grade completed) College (11-4 or 5+)	
24. FATHER - NAME last middle first Albert - Harney		25. MOTHER - NAME last middle maiden Julia - Messer	
26. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		27. PLACE OF DISPOSITION (Place of cemetery, crematory, or other place) Funeral Alternatives Crematory	
28. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Donna Bailey</i>		29. OREGON LICENSE NO. (If Licensee) 0368	
30. DATE FILED (Month, Day, Year) JUL 10 2003		31. NAME, ADDRESS AND ZIP OF FACILITY Abbey Funeral, 2680 North Pacific Highway, Medford, OR 97501	
32. INFORMANT - NAME and relationship to deceased Bryon Farrington - Husband		33. LOCATION - City or Town, State Medford, Oregon	
34. SIGNATURE OF REGISTRAR <i>Selia Cohen</i>		35. DATE OF DEATH (Month, Day, Year) July 8, 2003	

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 8:45 A.M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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>D. McMahon</i>		30. 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) _____	
31. DATE SIGNED (Month, Day, Year) 7/9/03		32. DATE SIGNED (Month, Day, Year) _____	
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Douglas B. McMahon, D.O. 2841 Avenue "G" White City, Oregon 97503		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) Stroke DUE TO, OR AS A CONSEQUENCE OF: (b) Hypertension DUE TO, OR AS A CONSEQUENCE OF: (c) _____		36. INTERVAL BETWEEN ONSET AND DEATH 7 days	
37. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		40. DATE OF INJURY (Month, Day, Year) _____	
41. TIME OF INJURY _____		42. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) _____		44. LOCATION (Street and Number or Rural Route Number, City or Town, State) _____	

ORIGINAL-VITAL STATISTICS COPY

46-2-Rev (2002)

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

JUL 10 2003

DATE ISSUED: _____

CE5211
Henry W. Collins, Jr.
HENRY W. COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

THIS COPY MAY BE USED IN ANY MANNER BY ANY STATE, LOCAL AND FEDERAL AGENCY