

04 APR 23 AM 10:55

NTT-64546PS

APPOINTMENT OF SUCCESSOR TRUSTEE
& DEED OF RECONVEYANCE

MT64546-PS

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:

Grantor: Rudolph O. Kretschek & Barbara E. Kretschek
Trustee: Transamerica Title Insurance Co.
Beneficiary: Daniel M. Chuckovich & Sue M. Chuckovich
Recorded: July 22, 1982 & Ronald M. Chuckovich
Volume: M82, page 9421, Microfilm Records of
Klamath County, Oregon

Vol M04 Page 24391

State of Oregon, County of Klamath
Recorded 04/23/2004 10:55 a.m.
Vol M04 Pg 24391-
Linda Smith, County Clerk
Fee \$ 36.00 # of Pgs 3

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: 3/29/04

BY: Sue M. Chuckovich
SUE M. CHUCKOVICH

BY: Ronald M. Chuckovich
Beneficiary RONALD M. CHUCKOVICH

STATE OF CALIFORNIA
COUNTY OF Ventura

DANIEL M. CHUCKOVICH - DECEASED

THIS CERTIFIES, that on this 16th day of April, 2004, before me, the undersigned, a Notary Public for said state, appeared the within named
RONALD M. CHUCKOVICH

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.



Linda Bee Hillier
Notary Public for the State of California
My Commission expires Jan 20, 2008

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: 4/22/04

AMERITITLE
By: Jean Phillips, Vice-President

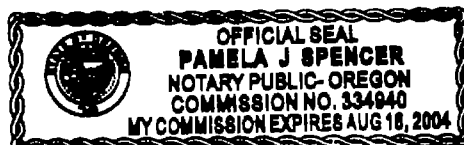
STATE OF OREGON
COUNTY OF KLAMATH

THIS CERTIFIES, that on this 22nd day of April, 2004, 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.

Burneday Spencer
Notary Public for the State of OR
My Commission expires 8/16/2004

After recording return to:
RUDOLPH & BARBARA KRETSCHEK
1932 OBERLIN AVE.
THOUSAND OAKS, CA 91360



31
+5 AM



STATE OF CALIFORNIA
COUNTY OF

Riverside

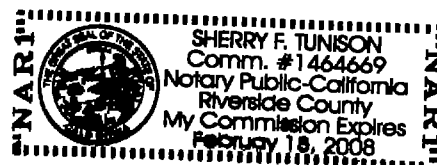
ss.

On 3/29/04, before me Sherry F. Tunison,
personally appeared Lee M. Chukobich

_____, personally known to me
(or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same
in his/her/their authorized 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.

Signature Sherry F. Tunison



(This area for official notarial seal)

Title of Document _____
Date of Document _____ No. of Pages _____
Other signatures not acknowledged _____

1. DECEASED - FIRST NAME DANIEL		2. DECEASED - MIDDLE NAME MILTON		3. DECEASED - LAST NAME CHUCKOVICH		4. SEX MALE		5. DATE OF BIRTH (MONTH, DAY, YEAR) JANUARY 18, 1994	
6. RACE CAUCASIAN		7. COUNTRY OF BIRTH U.S.A.		8. STATE OF BIRTH MAINE		9. DATE OF BIRTH (MONTH, DAY, YEAR) AUGUST 21, 1915		10. PLACE OF BIRTH MAINE	
11. CITY, TOWN OR LOCATION OF BIRTH MAINE		12. CITY, TOWN OR LOCATION OF BIRTH KINEI		13. STREET ADDRESS 175 KEONEKAI ROAD		14. CITY, TOWN OR LOCATION OF BIRTH MAINE		15. PLACE OF BIRTH MAINE	
16. DATE OF BIRTH (MONTH, DAY, YEAR) CALIFORNIA		17. DATE OF BIRTH (MONTH, DAY, YEAR) U.S.A.		18. DATE OF BIRTH (MONTH, DAY, YEAR) 55		19. DATE OF BIRTH (MONTH, DAY, YEAR) MAINE		20. DATE OF BIRTH (MONTH, DAY, YEAR) MAINE	
21. HOUSE, BUSINESS TELEPHONE 552-05-6770		22. TYPE OF DEATH OWNER		23. TYPE OF DEATH 243		24. TYPE OF DEATH GAS STATION		25. TYPE OF DEATH 621	
26. HUSBAND - FIRST NAME HAWAII		27. HUSBAND - MIDDLE NAME MAINE		28. HUSBAND - LAST NAME KINEI		29. HUSBAND - FIRST NAME NO		30. HUSBAND - MIDDLE NAME 175 KEONEKAI ROAD	
31. HUSBAND - LAST NAME MILAN		32. HUSBAND - FIRST NAME CHUCKOVICH		33. HUSBAND - MIDDLE NAME SAVETA		34. HUSBAND - LAST NAME SAVETA		35. HUSBAND - FIRST NAME SAVETA	
36. DECEASED - FIRST NAME SUZANNE CHUCKOVICH		37. DECEASED - MIDDLE NAME 175 KEONEKAI ROAD, KINEI, HAWAII 96755		38. DECEASED - LAST NAME SAVETA		39. DECEASED - FIRST NAME SAVETA		40. DECEASED - MIDDLE NAME SAVETA	
41. DECEASED - LAST NAME SUZANNE CHUCKOVICH		42. DECEASED - FIRST NAME 175 KEONEKAI ROAD, KINEI, HAWAII 96755		43. DECEASED - MIDDLE NAME SAVETA		44. DECEASED - LAST NAME SAVETA		45. DECEASED - FIRST NAME SAVETA	
46. MANNER OF DEATH CREMATION		47. CREMATION BY BORTHWICK/BULGO'S CREMATORY		48. LOCATION MAILIKU		49. CITY, TOWN OR LOCATION HAWAII		50. STATE HAWAII	
51. DATE (MONTH, DAY, YEAR) JANUARY 12, 1994		52. FURNITURE NUMBER 088-04		53. FURNITURE NAME - NAME BORTHWICK/NORMAN'S MORTUARY		54. FURNITURE NAME - ADDRESS MAX J. Stephens		55. FURNITURE NAME - CITY, TOWN OR LOCATION MAINE	
56. DATE (MONTH, DAY, YEAR) 1.12.94		57. TIME OF DEATH 5:20 P.M.		58. DATE (MONTH, DAY, YEAR) 1.12.94		59. TIME OF DEATH 5:20 P.M.		60. DATE (MONTH, DAY, YEAR) 1.12.94	
61. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793		62. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793		63. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793		64. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793		65. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793	
66. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793		67. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793		68. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793		69. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793		70. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793	
71. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793		72. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793		73. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793		74. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793		75. NAME AND ADDRESS OF DECEASED (FURNITURE, MORTUARY OR CREMATOR) (SEE 51) MICHAEL SAVETA, NO 1830 WELLS STREET, SUITE 102, MAILIKU, HAWAII 96793	
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08 NOV 19 11:19

AFTER RECORDING RETURN TO:

Suzanne M. Chuckovich
37931 Los Cocos E.
Rancho Mirage, CA 92270

JAN 21 1994

State of Oregon, County of Elkhart
Recorded 11/19/03
Vol M03 Pg 85464
Linda Smith, County Clerk
Fee \$ 21.00 # of Pgs 1

I CERTIFY THIS IS A TRUE COPY
OF THE RECORD ON FILE IN THE
1941 DEPARTMENT OF HEALTH

Alvin T. Jones, Ph.D.
STATE REGISTRAR

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