



M06-01625

Klamath County, Oregon

01/27/2006 09:09:08 AM

Pages 3 Fee: \$36.00

AFTER RECORDING, RETURN TO:
MICHAEL S. KRUMWIEDE
SHIRLEY KRUMWIEDE
12795 HWY 140
EAGLE POINT, OR 97524

ORMSy No.: 2005-23848

Loan No.: NOT DISCLOSED

APPOINTMENT OF SUCCESSOR TRUSTEE AND RECONVEYANCE OF TRUST DEED

RECITALS

A. The parties to this instrument are:

Present Beneficiary : CECIL HALSTEAD AND BERNICE HALSTEAD
Successor Trustee : Lawyers Title Insurance Corporation

B. The undersigned beneficiary, herein "Beneficiary," is the present holder of the obligations secured by the trust deed whose parties, date and recording information are as follows:

Grantor : MICHAEL S. KRUMWIEDE AND SHIRLEY A. KRUMWIEDE, HUSBAND
AND WIFE, AS TENANTS BY THE ENTIRETY.
Original Trustee : FIRST AMERICAN TITLE INSURANCE COMPANY OF OREGON
Original Beneficiary : CECIL HALSTEAD AND BERNICE HALSTEAD, HUSBAND AND WIFE
Date : OCTOBER 2, 2002
Recording Date : OCTOBER 8, 2002
Recording Reference : VOLUME M02, PAGE 57442-44
County of Recording : KLAMATH

C. Beneficiary has received payment in full of the obligations secured by the trust deed and desires to appoint LAWYERS TITLE INSURANCE CORPORATION, herein "Trustee," as successor trustee for purposes of reconveying the trust deed.

APPOINTMENT AND RECONVEYANCE

1. Holder of Indebtedness. Beneficiary warrants that it is the legal owner and holder of all indebtedness secured by the above trust deed, which indebtedness has been fully paid and satisfied.
2. Appointment of Successor Trustee. Beneficiary appoints Trustee as successor trustee under the above trust deed, with all the powers provided therein and allowed by law.
3. Request for Reconveyance. Beneficiary requests and directs Trustee, on payment to Trustee of any sums owing to Trustee under the trust deed or provided for by law, to cancel all evidence provided to Trustee of the indebtedness secured by the above trust deed and to reconvey, without warranty, to the parties legally entitled thereto, all of the right, title and interest under the trust deed now held by Trustee in and to the property covered by the trust deed.
4. Reconveyance. Trustee hereby grants, bargains, sells and conveys, but without any covenant or warranty, expressed or implied, to the persons legally entitled thereto, all of the right, title and interest

under the above trust deed now held by Trustee in and to the property covered by the trust deed and more particularly described as follows: **AS DESCRIBED IN THE TRUST DEED.**

Beneficiary: CECIL HALSTEAD AND BERNICE HALSTEAD ^{KK}

By: *Cecil Halstead*

By: _____

Date: 11.18.05

STATE OF Oregon, County of Jackson) SS.

The foregoing instrument was acknowledged before me this 18th day of November, 2005, by CECIL HALSTEAD AND BERNICE HALSTEAD, as their voluntary act and deed.

Karen Kleinschmit

Notary Public for Medford

My commission expires: 6.10.07



DO NOT WRITE BELOW THIS LINE - RESERVED FOR THE TRUSTEE

Trustee:

Lawyers Title Insurance Corporation

By: *Mark A. Braun*

MARK A. BRAUN
ASSISTANT SECRETARY

Date: Nov 23, 2005

STATE OF OREGON)
County of Multnomah) SS

The foregoing instrument was acknowledged before me this 23 day of Nov, 2005, by MARK A. BRAUN, as ASSISTANT SECRETARY of Lawyers Title Insurance Corporation on its behalf.

Karen W. Carman

Notary Public for Oregon

ORMSy #: 2005-23848
kwc



CERTIFICATION OF VITAL RECORD

395316

I.D. TAG NO.

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

Local File Number

136-

State File Number

1. DECEDENT'S NAME Bernice Mae HALSTEAD		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) April 18, 2003
4. SOCIAL SECURITY NUMBER 506-07-1401		5a. AGE-Last Birthday (Years) 85	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Rulo, Nebraska		7. DATE OF BIRTH (Month, Day, Year) May 26, 1917	
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"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) Hearthstone Manor		9c. CITY, TOWN, OR LOCATION OF DEATH Medford	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Cecil E.	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Jackson	
13c. CITY, TOWN OR LOCATION Medford		13d. STREET AND NUMBER 3601 Princeton Way	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97504	
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		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (1-4 or 5+) 2	
17. FATHER - NAME first middle last Carl B. Wade		18. MOTHER - NAME Marie	
20a. METHOD OF DISPOSITION <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. LOCATION - City or Town, State Medford, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON DEATH CERTIFICATE NUMBER C0373	
23. DATE FILED (Month, Day, Year) APR 28 2003		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
RESERVED FOR REGISTRAR'S USE			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 1:00 A.M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> M <input 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>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) 4-23-03			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Olson MD ME 4500 Rogue Valley Hwy. Central Point, OR 97502			
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 more than one of dying, e.g. Cardiac or Respiratory Arrest. DUE TO, OR AS A CONSEQUENCE OF:			
PART I		PART II	
(a) MULTIPLE MEDICAL COMPLICATIONS IN AN ELDERLY FEMALE		Interval between onset and death 16 DAYS	
(b) A RIGHT TROCHANTERIC HEP FRACTURE		Interval between onset and death 16 DAYS	
(c) A DOMESTIC FALL		Interval between onset and death 16 DAYS	
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I.			
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year) 4-2-03	
41b. TIME OF INJURY UNK.		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) RESIDENCE		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1671 EASTOVER TERRACE, MEDFORD, OR	
42. DESCRIBE HOW INJURY OCCURRED FELL ON SAME LEVEL & FOUND LATER - SHE HAD A RIGHT HIP FRACTURE.			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
39. If YES were findings considered in determining cause of death?			

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev (3/00)

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

APR 28 2003

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

[Signature]
HENRY W. COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

