

2006-024183

Klamath County, Oregon

RECORDING REQUESTED BY

JOHN M. RAGER



00010369200600241830020021

12/06/2006 10:34:00 AM

Fee: \$26.00

WHEN RECORDED MAIL TO

Name DONNA MASTERSON

Address 10957 MAPLE AVENUE

City BLOOMINGTON

State & Zip CA 92316-3123

ASSIGNMENT OF DEED OF TRUST

FOR VALUE RECEIVED, the undersigned hereby grants, assigns and transfers to **DONNA W. MASTERSON LIVING TRUST**, all beneficial interest under that certain Deed of Trust dated **October 27, 2000**, executed by **TRAIN MOUNTAIN RAILROAD MUSEUM**, Trustor(s), **Aspen Title and Escrow**, trustee, and recorded as Instrument No. Vol. **MOO**, Page **40242**, of Official Records in the County Recorder's office of **KLAMATH** County, **OREGON**, AS DESCRIBED IN SAID DEED OF TRUST.

TOGETHER, with the note or notes therein described or referred to, the money due and to become due thereon with interest, and all rights accrued or to accrue under said Deed of Trust.

Dated: 5-11-06

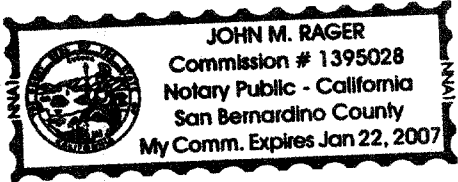

DONNA MASTERSON

(attach notary acknowledgement)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of SAN BERNARDINO } ss.
On 5-11-06, before me, JOHN M. RAGER Notary Public,
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared DONNA W. MASTERSON,
Name(s) of Signer(s)

☒ personally known to me
☐ 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 of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____
☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

