



03/02/2010 11:22:54 AM

Fee: \$52.00

After recording return to:
AMERITITLE ACCOUNT #6397
300 KLAMATH AVE.
KLAMATH FALLS, OR 97601

Until a change is requested all
tax statements shall be sent to
The following address:

NO CHANGE

ASSIGNMENT OF TRUST DEED BY BENEFICIARY OR BENEFICIARY'S SUCCESSOR IN INTEREST

FOR VALUE RECEIVED, the undersigned who is the beneficiary or beneficiary's successor in interest under that certain trust deed dated 3/1/05, executed and delivered by Henry J. Caldwell Jr. and Deborah L. Caldwell as Trustees of the Caldwell Family Trust uda 1-5-96 and their successor in Trust, grantor, to AmeriTitle, trustee, in which Kenneth E. Cunard is the beneficiary, recorded on March 25, 2005 in volume No. M05 on page 19844 and further assigned by instrument recorded in Volume 2007, page 009576, Microfilm Records of Klamath County, State of Oregon, and conveying real property in said county described as follows:

See Exhibit "A" attached hereto and made a part hereof.

hereby grants, assigns, transfers and sets over to KENNETH E. CUNARD, hereinafter called assignee, and assignee's heirs, personal representatives, successors and assigns, all of the beneficial interest in and under said trust deed, together with the notes, moneys and obligations therein described or referred to, with interest thereon, and all rights and benefits whatsoever accrued or to accrue under said trust deed.

The undersigned hereby covenants to and with said assignee that the undersigned is the beneficiary or beneficiary's successor in interest under said 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, and that there is now unpaid on the obligation secured by said trust deed the sum of not less than \$100,000.00 with interest thereon from 2/4/2010.

In construing this instrument and whenever the context hereof 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 affixed by an officer or other person duly authorized to do so by order of its board of directors.

DATED: 2-20, 2010

HELEN CUNARD

STATE OF Iowa, County of Harrison) ss.

This instrument was acknowledged before me on 2-20, 2010
by HELEN CUNARD.

Fonda J. Story
Notary Public, State of Iowa
My commission expires 3-12-12

Notarial Seal-Iowa

Fonda J. Story

Commission Number 189165

My Commission Expires 03/12/2012

ASSIGNMENT OF TRUST DEED BY BENEFICIARY

Assignor: Helen Cunard

to

Assignee: Kenneth E. Cunard
2528 119th Lane
Moorehead, Iowa 51558

AMERITITLE has recorded this
instrument by request as an accommodation only,
and has not examined it for regularity and sufficiency
or as to its effect upon the title to any real property
that may be described therein.

52amt

EXHIBIT "A"
LEGAL DESCRIPTION

Parcel 2 of Land Partition 32-01, said Land Partition being situated in the SE1/4 of Section 32 and in the W1/2 SW1/4 of Section 33, Township 39 South, Range 11 ½ East of the Willamette Meridian, Klamath County, Oregon.

EXCEPTING THEREFROM that portion thereof conveyed to Delbert I. Lewis in Lot Line Adjustment 14-02 by deed recorded December 20, 2002 in Volume M02, page 74599, Microfilm Records of Klamath County, Oregon, described as follows:

A parcel of land situated in the SE1/4 SE1/4 of Section 32, Township 39 South, Range 11 ½ East of the Willamette Meridian, being a portion of Parcel 2 of Land Partition 32-01 and more particularly described as follows:

Beginning at a point on the South line of the SE1/4 SE1/4 of said Section 32 from which the Southeast corner of said bears North 89° 55' 13" East 1260.44 feet, said point being the most Southern corner common to said Parcel 2 and Parcel 1 of said Land Partition; thence North 00° 05' 47" West 269.00 feet; thence South 11° 39' 11" East 274.58 feet to said South line of Section 32; thence along said South line South 89° 55' 13" West 55.00 feet to the point of beginning with bearings based on Land Partition 32-01.

AND EXCEPTING THEREFROM that portion in Webber Co. Road. 1085.

STATE OF IOWA
CERTIFICATION OF VITAL RECORD

STATE OF IOWA

County Record

STATE OF IOWA IOWA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH 114-	
TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK	BIRTH NUMBER DECEDENT'S NAME 1. First <u>Kenneth</u> Middle <u>L.</u> Last <u>Gunsard</u> DATE OF DEATH (Mo., Day, Yr.) <u>2 July 9, 2009</u>
	SEX <u>Male</u> AGE (Last Birthday Year) <u>90</u> UNDER 1 YEAR <u>MO.</u> <u>DAYS</u> <u>HR.</u> <u>MIN.</u> DATE OF BIRTH (Mo., Day, Yr.) <u>5 March 19, 1919</u> COUNTY OF DEATH <u>Harrison</u>
USUAL RESIDENCE WHERE DECEDENT LIVED, IF DEATH OCCURRED IN A LONG-TERM CARE INSTITUTION, GIVE ADDRESS AS RESIDENCE	FACILITY NAME (If not institution, give street and number) <u>Community Memorial Hospital</u> CITY, TOWN, OR LOCATION OF DEATH <u>Missouri Valley</u> INSIDE CITY LIMITS (Specify yes or no) <u>Yes</u>
	HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____ WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) <u>No</u> RACE <u>White</u> DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (0-12)</u> <u>College (1-3 or 5-)</u>
FATHER'S NAME	BIRTHPLACE (City & State or Foreign Country) <u>Missouri Valley, Iowa</u> CITIZEN OF WHAT COUNTRY <u>United States</u> MARRIAGE <u>Married</u> SURVIVING SPOUSE (If wife, give maiden name) <u>Helen Morrow</u>
	SOCIAL SECURITY NUMBER <u>478-18-4976</u> USUAL OCCUPATION (If working, give occupation; if retired, specify) <u>Railroad</u> WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no) <u>No</u>
MOTHER'S NAME	RESIDENCE - STATE <u>Iowa</u> COUNTY <u>Harrison</u> CITY, TOWN, OR LOCATION <u>Missouri Valley</u> STREET AND NUMBER OF RESIDENCE <u>32 D Avenue</u> INSIDE CITY LIMITS (Specify yes or no) <u>Yes</u>
	INFORMANT'S NAME <u>Helen Gunsard</u> MAILING ADDRESS (Street and Number, not Rural Route Number, City or Town, State, Zip Code) <u>32 D Avenue Missouri Valley, Iowa 51555</u>
MANNER OF DEATH	20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) _____ 21. PLACE OF DISPOSITION (Name of Cemetery, Crematorium, or other place) <u>Rose Hill Cemetery</u> LOCATION (City or Town, State) <u>Missouri Valley, Iowa</u>
	22. FUNERAL DIRECTOR'S SIGNATURE _____ F.D. LICENSE # <u>2380</u> 23. FUNERAL HOME NAME AND ADDRESS (Street and Number, not Rural Route Number, City or Town, State, Zip Code) <u>Hennessey Aman Funeral Home 310 E. Huron Missouri Valley, Iowa 51555</u>
REGISTRAR	24. REGISTRAR'S SIGNATURE _____ DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <u>22 July 23, 2009</u>
	25. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending <input type="checkbox"/> Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide DATE OF INJURY (Mo., Day, Yr.) _____ HOUR OF INJURY _____ INJURY AT WORK? (Specify yes or no) _____ PLACE OF INJURY (Specify in home, farm, street, factory, office building, etc.) _____ LOCATION (Street and Number of Rural Route Number, City or Town, State, Zip Code) _____
CERTIFIER	26. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print) <u>Dr. Robert Gunsard 809 E. Elm Missouri Valley, Iowa 51555</u>
	27. PART I - Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Final disease or condition resulting in death: <u>End stage renal disease</u> Sequently, list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: <u>Hypertension, hyperkalemia, diabetes</u>
CAUSE OF DEATH	28. PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I. <u>Hypertension, hyperkalemia, diabetes</u>
	29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no) _____ AUTOPSY (Specify yes or no) <u>No</u> WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no) _____

CFR-506-0021
Revised 7/99
(TS)

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar

JUL 23 2009
DATE ISSUED

BY Carrie D. Glenz OF **HARRISON**
COUNTY REGISTRAR OF VITAL RECORDS

C2738221

FORM 5585-03286 (07/2007)

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

