

1st 1802070

2012-002179

Klamath County, Oregon

After Recording Return to:
Katrina E. Glogowski
Glogowski Law Firm, PLLC
2505 Third Ave Ste 100
Seattle, WA 98121



00114633201200021790030034

02/29/2012 03:00:33 PM

Fee: \$47.00

Send Tax Statements to:
Green Tree Servicing LLC
33600 6th Ave S Ste 220
Federal Way, WA 98003

GRANT DEED IN LIEU OF FORECLOSURE

Loan #45405998

The undersigned Grantor(s) hereby declare:

The Grantee herein was the Beneficiary

The amount of the unpaid debt, together with costs, was \$63,076.07

The consideration for the transfer was \$0.00

The documentary transfer tax is \$0.00

Tax Parcel Number: #R529510/M092963

Grantor: Charles Berger and Sharon Berger, 2915 Altamont Dr, Klamath Falls OR 97603

Beneficiary: Green Tree Servicing LLC, 33600 6th Ave S, Federal Way, WA 98003

Trustee: Katrina E. Glogowski, Glogowski Law Firm, PLLC, 2505 Third Ave Ste 100, Seattle, WA 98121

For valuable consideration, receipt of which is hereby acknowledge, Cherie Lane ("Grantor") hereby grants to Green Tree Servicing LLC ("Grantee") the following described real property in the city of Klamath Falls, County of Klamath, State of Oregon: The N1/2 of Lot 8 in Block 3 of Altamont Acres, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon; Commonly known as 2915 Altamont Dr, Klamath Falls OR 97603.

This Deed is an absolute conveyance of the title to the above described premises to Grantee in effect as well as in form, and is not intended as a mortgage, trust deed or security of any kind, and possession of the premises has been or will be surrendered to the Grantee. The receipt of good and valuable consideration for this Deed is hereby acknowledged, together with the full cancellation of all debts, obligation, considerations and charges heretofore existing under and by virtue of the terms of a certain Deed of Trust heretofore existing by the undersigned as Grantors, Katrina E. Glogowski of Glogowski Law Firm, PLLC, Trustee, to Green Tree Servicing LLC, f/k/a Green Tree Financial Servicing Corporation as Beneficiary, recorded 7/14/97 as Instrument No. M97-21929 *ADD 7/6/* records of Klamath County, Oregon, which was subsequently assigned to.

This Deed is made as a result of Grantor's request that Grantee accept such deed and is Grantor's free and voluntary act. At the time of making this Deed, Grantor feels

that the indebtedness evidenced by the Deed of Trust is at least equal to the fair value of the property so deeded. This Deed is not given as preference against any other creditors. This statement is included in this Deed of Reconveyance for the protection of the Grantee and all other parties hereafter dealing with or who acquire an interest in the land herein described, and shall bind Grantor's heirs, executors and assigns.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee, Grantee's heirs and assigns forever. And the said Grantor hereby covenant to and with said Grantee, that Grantor is owner in fee simple of said premises; that said premises are free from all encumbrances except for that above mentioned Deed of Trust. The interest of the Grantor in the real property being acquired by the Grantee hereunder, and the lien or security interest of the deed of trust, and of any other security instrument, shall not merge.

Dated: this 15th day of February, 2012.

Charles Berger

Sharon Berger
Sharon Berger

STATE OF OREGON)
COUNTY OF Klamath) ss.

On this 15th day of February, 2012, before me, a Notary Public in and for said State, personally appeared ~~Charles Berger~~ and Sharon Berger, known or identified to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year first above written.

SUBSCRIBED AND SWORN TO before me on

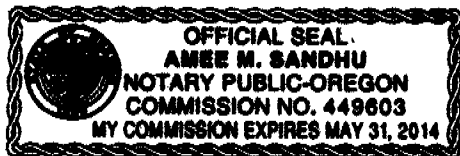
February 15th, 2012

Ameel M. Sandhu
Ameel M. Sandhu

Notary Public for Oregon

Residing at 7121 Needa Vista, Klamath Falls, OR 97603

My appointment expires May 31, 2014



Grant Deed
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CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

612962

I.D. TAG NO.

STATE FILE NUMBER

365136

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name First: Charles Middle: Edward Last: Berger Suffix:			2. Death Date August 28, 2011	
3. Sex Male	4. Age 68 years	5. Social Security Number 552-58-7535		6. County of Death Klamath
7. Birthdate March 10, 1943		8. Birthplace Los Angeles, California		9. Decedent's Education High school grad. or GED
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence: Number and Street 2915 Altamont Drive			14. City/Town Klamath Falls	
15. Residence County Klamath		16. State or Foreign Country Oregon	17. Zip Code + 4 97603	18. Inside City Limits? No
19. Marital Status at Time of Death Divorced		20. Spouse's Name Prior to First Marriage		
21. Usual Occupation Millwork			22. Kind of Business/Industry Lumber	
23. Father's Name Randall Max Berger			24. Mother's Name Prior to First Marriage Winifred May Cloke	
25. Informant's Name Sharon Berger		26. Telephone Number Not Available	27. Relationship to Decedent Ex Wife	28. Mailing Address 1663 Greenspring 30, Klamath Falls, OR 97601
29. Place of Death Decedent's Residence			30. Facility Name	
31. Location of Death 2915 Altamont Drive		32. City/Town or Location of Death Klamath Falls		33. State Oregon
34. Zip Code + 4 97603		35. Method of Disposition Cremation		
36. Place of Disposition Eternal Hills		37. Location Klamath Falls, Oregon		
38. Name and Complete Address of Funeral Facility Eternal Hills Funeral Home 4711 Highway 39, Klamath Falls, Oregon 97603				
39. Date of Disposition TBD		40. Funeral Director's Signature Eleanor L. Olson		41. OR License Number CO-3860
42. Registrar's Signature		43. Date Received AUG 31 2011		44. Local File Number 060
45. Amendment				

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 1710	
CAUSE OF DEATH							
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.						Approximate Interval: Onset to Death	
Final disease or condition resulting in death → Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). IMMEDIATE CAUSE ↓ a. Respiratory failure Due to (or as a consequence of) ↓ b. Chronic obstructive pulmonary disease Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓ d.						1 year	
						20 years	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Coronary artery disease, atrial fibrillation							
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
55. Date of Injury (month/year)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)							
60. Describe how injury occurred						61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Michele Christine Rushton 150273 Bryant Williams Dr Suite #3							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier Medical Doctor				65. License Number 150273		66. Date Signed (month/year) 08/31/2011	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Michele Rushton MD				68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
69. Amendment							

45-2DP (01/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

SEP - 2 2011

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

Grant Deed
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