

WTC 1396-10827

2012-004675

Klamath County, Oregon



00117612201200046750020020

05/03/2012 03:19:02 PM

Fee: \$42.00

APPOINTMENT OF SUCCESSOR TRUSTEE

Pursuant to ORS 86 790 (3) the present beneficiary hereby appoints AmeriTitle, 300 Klamath Ave., Klamath Falls, OR 97601, as successor trustee of the following designated Trust Deed, said Successor Trustee having all the powers of the original Trustee, effective herewith:

GRANTOR: David Montero & Debra Repayo

TRUSTEE: Michael J. Bird

BENEFICIARY: Edgar L. Hurst & Valerie A. Hurst, as to an undivided 76.92% interest, and Robert B. Miller & Marjorie L. Miller, Trustees of the Robert B. Miller and Marjorie L. Miller 2004 Trusts to an undivided 23.08% interest, as tenants in common.

DATED: June 11, 2007

RECORDED: June 18, 2007

VOLUME: 2007-010911 , Official Records of Klamath County, Oregon

Dated: 4/23/12

By: Edgar L. Hurst
Edgar L. Hurst

By: N/A

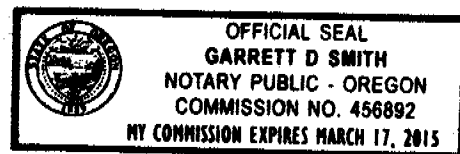
State of Oregon)
ss.

County of Josephine)

On April 23rd, 2012, before me, a Notary Public, personally appeared Edgar L. Hurst, 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 authorized capacity and that by his/her/their signature(s) on the instrument, the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS MY HAND AND OFFICIAL SEAL.

Garrett D. Smith
Notary Public, State of Oregon
My commission expires March 17, 2015



After recording return to:

AmeriTitle Account Servicing # 79527
300 Klamath Ave
Klamath Falls OR 97601

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.

4/23/12

CERTIFICATION OF VITAL RECORD

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

H86900
I.D. TAG NO.

136-2010-007427
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name First Valerie Middle Ann Last Hurst		Death Date April 02, 2010	
Sex Female	Age 70 years	Social Security Number 556-52-1085	County of Death Josephine
Birthdate September 05, 1939		Birthplace Harmony, Minnesota	
Residence: 151 Fawn Drive		City/Town Grants Pass	
Residence County Josephine	State or Foreign Country Oregon	Zip Code + 4 97526	Inside City Limits? No
Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Edgar L. Hurst	
Father's Name Earl Sauers		Mother's Name Prior to First Marriage Viola B. Rice	
Informant's Name Edgar L. Hurst	Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 151 Fawn Drive, Grants Pass, OR 97526
Place of Death Decedent's Residence - Hospice		Facility Name	
Location of Death 151 Fawn Drive		City/Town or Location of Death Grants Pass	State - Oregon
Method of Disposition Cremation		Place of Disposition Chapel Of The Valley Crematory	Location (City/Town and State) Grants Pass, Oregon
Name and Complete Address of Funeral Facility Chapel Of The Valley - L.B. Hall Funeral Home 2065 Upper River Road, Grants Pass, Oregon 97526			
Date of Disposition TBD	Funeral Director's Signature Robert A Bruton		OR License Number CO-3059
Registrar's Signature /S/ Joanne M Jett	Date Received April 07, 2010		Local File Number 270-10

Amendment Birthdate was SEP-15-1939 amended by F. Dir. aff. Z#76678 J.A. Woodward, State Reg. 4/28/10 pt

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?	Time of Death 08:28 AM
CAUSE OF DEATH IMMEDIATE CAUSE ↓ Metastatic Lung Cancer			Approximate Interval: Onset to Death Not stated
a. Due to (or as a consequence of) ↓			
b. Due to (or as a consequence of) ↓			
c. Due to (or as a consequence of) ↓			
d. Due to (or as a consequence of) ↓			
Other significant conditions contributing to death			
Manner of Death Natural	If Female		Did tobacco use contribute to death? Yes
Date of Injury	Time of Injury	Place of Injury	Injury at Work?
Location of Injury			
Describe how injury occurred			If transportation injury, specify.
Name and Address of Certifier Robert Mark Gentry 1585 NW Washington Blvd, Grants Pass, Oregon 97526			
Name and Title of Attending Physician <input checked="" type="checkbox"/> Other than Certifier			Date Signed April 06, 2010
Medical Certifier /S/ Robert Mark Gentry	Title of Certifier M.D.		License Number MD11487
Amendment			



20100406242

45-2CC (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: **April 29, 2010**

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

