NTC 1396-10827

2012-004676
Klamath County, Oregon

00117613201200046760020027

05/03/2012 03:19:28 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: May 1, 2012

By: Marjorie L. Miller Trustee
Marjorie L. Miller, Trustee

By: See attached

State of Oregon)
ss.
County of Josephine)

On May 1, 2012, before me, a Notary Public, personally appeared Marjorie L. Miller, 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.

Notary Public, State of Oregon
My commission expires May 13, 2014

OFFICIAL SEAL
TYLER J DARNEILLE
NOTARY PUBLIC-OREGON
COMMISSION NO. 448213
MY COMMISSION EXPIRES MAY 13, 2014

After recording return to:
AmeriTitle Account Servicing # 74527
300 Klamath Ave.
Klamath Falls, OR 97601

4th Amd

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

610089
I.D. TAG NO.

STATE FILE NUMBER

388196

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name — First: Robert; Middle: Byron; Last: Miller; Suffix:
2. Death Date: December 08, 2011
3. Sex: Male
4. Age: 92 years
5. Social Security Number: 542-09-5682
6. County of Death: Josephine
7. Birthdate: October 08, 1919
8. Birthplace: Portland, Oregon
9. Decedent's Education: 9th - 12th grade
10. Was Decedent of Hispanic Origin? No
11. Decedent's Race(s): White
12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street: 150 Curtis Drive
14. City/Town: Grants Pass
15. Residence County: Josephine
16. State or Foreign Country: Oregon
17. Zip Code + 4: 97527
18. Inside City Limits? Yes
19. Marital Status at Time of Death: Married
20. Spouse's Name Prior to First Marriage: Marjorie Lucille Wooley
21. Usual Occupation: Truck Driver
22. Kind of Business/Industry: Transportation
23. Father's Name: Jay Miller
24. Mother's Name Prior to First Marriage: Mary Louisa Halter
25. Informant's Name: Marjorie Lucille Miller
26. Telephone Number: Not Available
27. Relationship to Decedent: Spouse
28. Mailing Address: 150 Curtis Drive, Grants Pass, OR 97527
29. Place of Death: Licensed Adult Foster Home
30. Facility Name: Carl's House Adult Foster Care
31. Location of Death: 332 NE C Street
32. City/Town or Location of Death: Grants Pass
33. State: Oregon
34. Zip Code + 4: 97526
35. Method of Disposition: Cremation
36. Place of Disposition: Stephens Family Chapel Crematory
37. Location: Grants Pass, Oregon
38. Name and Complete Address of Funeral Facility: Stephens Family Chapel 1629 Williams Highway, Grants Pass, Oregon 97527
39. Date of Disposition: TBD
40. Funeral Director's Signature: Kevin A Stephens (Electronically Signed)
41. OR License Number: CO-3749
42. Registrar's Signature: Joanne M Jett
43. Date Received: December 16, 2011
44. Local File Number: 1029-11
45. Amendment:

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☐ Yes ☒ No
47. Autopsy? ☐ Yes ☒ No
48. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No
49. Time of Death: 6:39 AM

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.

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).		Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓	a. COMPLICATIONS OF DEMENTIA	MONTHS
Due to (or as a consequence of) ↓	b. DEMENTIA	YEARS
Due to (or as a consequence of) ↓	c.	
Due to (or as a consequence of) ↓	d.	

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:
52. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
53. If Female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
54. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
55. Date of Injury (MON DD YYYY)
56. Time of Injury
57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
58. Injury at Work? ☐ Yes ☐ No ☐ 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. ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4): Roger Fogg, FNP, 8600 New Hope Road, Grants Pass, Oregon 97527
63. Name and Title of Attending Physician If Other than Certifier
64. Title of Certifier: Family Nurse Practitioner
65. License Number: 200350113NP
66. Date Signed (MON DD YYYY): 12-12-2011
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. ▶ R Fogg FNP
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)

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

DATE ISSUED: December 16, 2011

Joanne M Jett
JOANNE M. JETT
COUNTY REGISTRAR
JOSEPHINE COUNTY, OREGON

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

STATE OF OREGON 1859