ASSIGNMENT OF TRUST DEED BY BENEFICIARY

SPACE RESERVED RECORDER'S USE

| As | signee* |
|--|--|
| After recording, return to (Name and Address): | 2-1 |
| Lipine Investment's LLC, Leo Olse 12335 Lupine Ln | <u> </u> |
| Klamoth falls AR 971 | 603 |
| Klamoth Falls CR 970 *ORS 205 requires the first page of a recorded document to show the addresses of all parties. Use Stevens-Ness Form No. 1256, Cover St strument to be Recorded, if you need additional space. | names and heet for In- |
| FOR VALUE RECEIVED, the undersign | ned, who is the beneficiary under that certain trust deed dated Nov. 11, 2011 |
| , e | xecuted and delivered by Shanhon INIETCALE |
| ☐ fee ☐ file ☐ instrument ☐ microfilm ☐ re | , grantor, oraliou , trustee, in which will and trust, and vegon Banking Conjunction is the beneficiary, recorded in 13 book 13 reef 13 volume No. 2011 on page 013867, and/or as exception No. |
| · · | on and conveying real property in that county described as follows (legal description |
| Lot 22 of old Orchard | Manor (Commonly Known as 1016 Alandale Street, |
| Klamath Falls, OR 976 | (203) |
| | |
| A Tu | st Co. FBO Leo Olsen IRA 34 664. Recorded in Klamath County, |
| * Assigned to I RA Services I'm | 51 65 1.55 |
| Oweren Feb 28, 2013 | |
| Cregori | |
| | |
| | |
| | |
| (IF SPAC | DE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE) |
| an cregon Limited Liability Commy, hereinafter ca all of the beneficial interest in and under the trus to, with the interest thereon, and all rights and b The undersigned hereby covenants to an in interest under the trust deed and is the owner sign the same, and the note or other obligation s | alled assignee, and assignce's heirs, personal representatives, successors and assigns, at deed, together with the notes, moneys and obligations therein described or referred enefits whatsoever accrued or to accrue under the trust deed. d with the assignce that the undersigned is the beneficiary or beneficiary's successor and holder of the beneficial interest therein and has the right to sell, transfer and assecured thereby. There is now unpaid on the obligations secured by the trust deed the with interest thereon at the rate of percent per annum from |
| In construing this instrument, where the c | context so requires, the singular includes the plural, the words "trustee," "grantor" and |
| "beneficiary" include their respective successors shall apply equally to businesses, other entities a | s in interest, if any, and all grammatical changes shall be made so that this instrument |
| IN WITNESS WHEREOF, the undersign | and has accounted this instrument on |
| any signature on behalf of a business or other en | ntity is made with the authority of that entity. |
| | To The Day |
| | MU HARRIMANATA |
| | TRUST OFFICER |
| | |
| | |
| | |
| STATE OF OPEGO | N, County of) ss. |
| This instrume | ent was acknowledged before me on, |
| by | |
| This instrume | ent was acknowledged before me on, |
| by | SEE allache |
| as | |
| of | |
| | |
| | Notary Public for Oregon |

My commission expires

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

| State of California |) |
|--|--|
| County of SAN MATEO | } |
| Sounty of State 1777 | PENDA L. KLINGER, A NOTARY, PORTING Here Insert Name and Title of the Officer L. ING WAIR Name(s) of Signer(s) |
| On $JUNE 4, 70P$ before me, $4R$ | 2ENDA L. KLINGER, H NOTHRY, FO |
| Date MICHAE | / 177 G A J PA / J PA |
| personally appeared //// C // // C | Name(s) of Signer(s) |
| | <u> </u> |
| | who 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. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing |
| | who 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/h er/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 |
| BRENDA L. KLINGER | person(s) acted, executed the instrument. |
| COMM. #2009947 Z Notary Public - California | I certify under PENALTY OF PERJURY under the |
| San Mateo County My Comm. Expires Mar. 7, 2017 | laws of the State of California that the foregoing |
| My Corner, Express mar. 7, 2017 | paragraph is true and correct. |
| | MITHEOD |
| | WITNESS my hand and official seal. |
| | S. A. H. Klaus |
| Place Notary Seal Above | Signature: Mill Signature of Notary Public |
| | PTIONAL — |
| Though the information below is not required be | by law, it may prove valuable to persons relying on the document and reattachment of this form to another document. |
| and could prevent traduction remove | ai and realiaciment of this form to another document. |
| Description of Attached Document | S |
| Description of Attached Document Fitle or Type of Document 955/6/1/ | NENT OF TRUST DEED |
| Description of Attached Document Fitle or Type of Document: PSSIENIA TUNE 4 701 | NENT OF TRUST DEED Number of Pages: 2 |
| Fitle or Type of Document: A SSIGN/ Document Date: TUNE 4, 2015 | NENT OF TRUST DEED Number of Pages: 2 |
| Fitle or Type of Document: $A = 551607$, Document Date: $A = 5015$ Signer(s) Other Than Named Above: | |
| Fitle or Type of Document: PSS/6/0/2000 Document Date: TUNE 4, 20/5 Bigner(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) | |
| Title or Type of Document: $PSSIGNI$ Document Date: $SICNI$ Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: $MICHHECMI$ | |
| Title or Type of Document: $PSSICNI$ Document Date: $SSICNI$ Document: SS | |
| Fitle or Type of Document: PSSIGNIA Document Date: TUNE 4, 2015 Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: MICHIEL MAN Corporate Officer — Title(s): TRUST D RIGHT THUM OF SIGN | |
| Title or Type of Document: PSSIGNIA Document Date: TUNE 4, ZOIS Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: MICHHEC 11 Corporate Officer — Title(s): TRUST II Individual Partner — □ Limited □ General Top of thum | |
| Title or Type of Document: PSS/GN/Document Date: TUNE 4, ZO/Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: M/(HH)E/(M) C/A Corporate Officer — Title(s): TRUST // MICHITHUM OF SIGN | |
| Title or Type of Document: PSSIGNIA Document Date: TUNE 4, 2015 Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: MICHAEC 10 Corporate Officer — Title(s): TRUST 0 Individual Partner — Limited General Attorney in Fact Trustee | |
| Title or Type of Document: $PSSIGNI$ Document Date: $SSIGNI$ Signer(s) Other Than Named Above: $SIGNI$ Capacity(ies) Claimed by Signer(s) Signer's Name: $SIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII$ | |
| Title or Type of Document: Sold No. Document Date: VIE 4, 2015 Signer(s) Other Than Named Above: Signer(s) Claimed by Signer(s) Signer's Name: M (H H E | |
| Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: MICHAEC MONORMORE Corporate Officer — Title(s): TRUST D Individual Partner — Limited I General Attorney in Fact Trustee Guardian or Conservator | Signer's Name: FIND Corporate Officer — Title(s): Individual |