

EE

ASSIGNMENT OF TRUST DEED BY BENEFICIARY

2014-006249

Klamath County, Oregon

06/13/2014 09:42:43 AM

Fee: \$57.00

STATE OF OREGON

County of _____

I certify that

received for recording on _____,
at _____ o'clock _____ M., and recorded in
book/reel/volume No. _____ on page _____
and/or as fee/file/instrument/microfilm/reception
No. _____, Records of this County.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____, Deputy.

SPACE RESERVED
FOR
RECORDER'S USE

Assignor

Assignee

After recording, return to (Name, Address, Zip):

AMERITITLE

FOR VALUE RECEIVED, the undersigned who is the beneficiary or the beneficiary's successor in interest under that certain trust deed dated 02-06-2008 executed and delivered by FRED LILJENBERG AND JUNE LILJENBERG, grantor, to ASDEN TITLE & ESCROW INC., trustee, in which WILLIAM L. CHILCOTT is the beneficiary, recorded on 06-06-2008, in book/reel/volume No. 2008 on page 008273, and/or as fee/file/instrument/microfilm/reception No. _____ (indicate which) of the Records of KLAMATH County, Oregon and conveying real property in that county described as follows:

Please see attached exhibit
"A" Same as trust DEED

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

The undersigned hereby covenants to and with the assignee that the undersigned is the beneficiary or beneficiary's successor in interest under the 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. There is now unpaid on the obligations secured by the trust deed the sum of not less than \$ 16,036.11 with interest thereon at the rate of 6.00% percent per annum from (date) 05/05/2014.

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

DATED 6/5/2014

Frank D. Guidicessi PR.

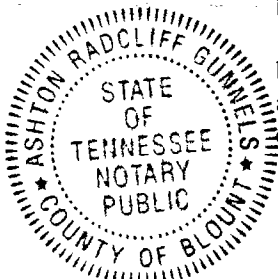
STATE OF OR OREGON, County of Blount ss.
This instrument was acknowledged before me on 6/5/2014
by Frank D. Guidicessi

This instrument was acknowledged before me on 6/5/2014

by _____

as _____

of _____

Notary Public for OR OregonMy commission expires 11-1-15

STATE OF TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT	1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) William LeRoy Chilcott					2. SEX Male		3. DATE OF DEATH (Month, Day, Year) December 23, 2013		
	4. TIME OF DEATH (Approx.) 5:45 AM		5a. AGE-Last Birthday (Years) 90		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:		6. DATE OF BIRTH (Month, Day, Year) October 9, 1923		7. BIRTHPLACE (City and State or Foreign Country) Fresno, CA	
	8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify)									
	8b. FACILITY NAME (If not institution, give street and number) Blount Memorial Hospital					8c. CITY OR TOWN Maryville		8d. COUNTY OF DEATH Blount		
TYPE/PRINT IN PERMANENT BLACK INK	9. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE (If wife, give name prior to first marriage) None		11a. DECEDENT'S USUAL OCCUPATION Aeronautical Engineer		11b. KIND OF BUSINESS/INDUSTRY McDonald-Douglas			
	12. SOCIAL SECURITY NUMBER 552-24-4158		13a. RESIDENCE-STATE OR FOREIGN COUNTRY Tennessee		13b. COUNTY Blount		13c. CITY OR TOWN Maryville			
	13d. STREET AND NUMBER 1850 Squirrel Run Rd		13e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 37801		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown					16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) <input type="checkbox"/> Unknown		17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Vietnamese <input type="checkbox"/> Black or African American <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Chinese <input type="checkbox"/> Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Korean <input type="checkbox"/> Unknown		
PARENTS	18. FATHER'S NAME (First, Middle, Last) Unknown					19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) O Leona Chilcott				
	20a. INFORMANT'S NAME Frank D. Guidicessi					20b. RELATIONSHIP TO DECEDENT Son		20c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1850 Squirrel Run Rd, Maryville, TN 37801		
	21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)					21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Tennessee Veterans Cemetery		21c. LOCATION - City or Town and State Knoxville, TN		
	22a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>					22b. LICENSE NUMBER 5996		22c. SIGNATURE OF EMBALMER <i>[Signature]</i>		
DISPOSITION	23a. NAME AND ADDRESS OF FUNERAL HOME Miller Funeral Home 915 W. Broadway Ave, Maryville, Tennessee 37801					23b. LICENSE NUMBER OF FUNERAL HOME 659				
	24. REGISTRAR'S SIGNATURE <i>[Signature]</i>					25. DATE FILED (Month, Day, Year) January 9, 2014				
	26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> 26a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> 26b. MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.									
	27a. SIGNATURE OF CERTIFIER <i>[Signature]</i>					27b. LICENSE NUMBER MD 023838		27c. DATE SIGNED (Month, Day, Year) 12/31/13		
PHYSICIAN OR MEDICAL EXAMINER EXPLAINING CAUSE OF DEATH MUST BE COMPLETE AND SIGN WITHIN 48 HOURS.	28. PART I. Enter the chain of events (disease, 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. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Pneumonia Due to (or as a consequence of) b. Bowel obstruction Due to (or as a consequence of) c. Incarcerated inguinal hernia Due to (or as a consequence of) d.					Approximate interval: Onset to death days 2 weeks 2 weeks				
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Severe COPD					29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined					31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. 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 of death		
	33. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34d. PLACE OF INJURY—at home, farm, street, factory, office, building, etc. (Specify)	
34e. DESCRIBE HOW INJURY OCCURRED					34f. LOCATION OF INJURY (Street and Number, City or Town, State)					

PH-1559 (Rev. 10/2011)

RDA 1389

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.



Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER



6277190

Date Issued

6277190

LETTERS TESTAMENTARY

STATE OF TENNESSEE, COUNTY OF BLOUNT

To Frank D. Guidicessi, a citizen of Blount County, Tennessee:

WHEREAS, it appears to the Probate Court for Blount County, Tennessee, that William Chilcott, late of said county (hereinafter "decedent"), is dead and hath made his/her Last Will and Testament in writing, in which he/she hath appointed Frank D. Guidicessi personal representative(s) of the same (hereinafter "personal representative(s)"), which Last Will and Testament hath been exhibited in Court and proved as the law directs; it is therefore ordered by the said Court that Letters Testamentary of all and singular the goods and chattels, rights and credits of the decedent issue to the said personal representative(s) having been qualified according to law.

These are, therefore, to empower you, the said personal representative(s), to enter into and upon all and singular the goods and chattels, rights and credits of the decedent and the same in your possession take wheresoever the same may be found, and a true and perfect inventory thereof to make and return as the law charges you, unless otherwise excused, and all just debts of the decedent to pay; and also well and truly pay and deliver all legacies contained and specified in the said Last Will and Testament, as far as the said goods, chattels and credits will thereunto extend and the law charge you.

Witness Stephen S. Ogle, Clerk and Master, at office this 6th day of May, 2014.

/s/Stephen S. Ogle, Clerk and Master

STATE OF TENNESSEE, COUNTY OF BLOUNT

I, Stephen S. Ogle, Clerk of the Probate Court of Blount County, Tennessee, do hereby certify that the within is a full, true and complete copy of the Letters Testamentary issued to the said personal representatives of the estate of the decedent, and that the said personal representative(s) is/are now the duly qualified and acting personal representative(s) of said estate.

I hereby certify that this Letter is still in full force and effect as of the 6th day of May, 2014.

Witness my hand and official seal at office in Maryville, Tennessee, this 6th day of May, 2014.

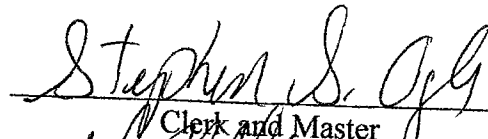
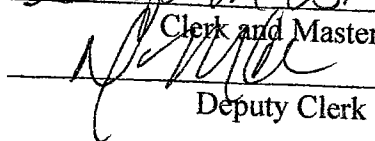

Clerk and Master

Deputy Clerk

Exhibit A

Lot 61, SPINKS ADDITION TO THE CITY OF CHILOQUIN, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon, more particularly described as follows:

A tract of land situated in the NE 1/4 of the SW 1/4 of Section 34, Township 34 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at the intersection of the West line of Lalakes Avenue and the South line of Schonchin Street; thence Southerly along the West line of Lalakes Avenue, 250 feet to the true point of beginning; thence continuing South along Lalakes Avenue, 50 feet; thence Northwesterly parallel to Schonchin Street to the East line of Charley Avenue; thence Northeasterly along Charley Avenue, 52.3 feet; thence Southeasterly parallel to Schonchin Street to the true point of beginning.

CODE 012 MAP 3407-034CD TL 02500 KEY #199074