

2015-011090

Klamath County, Oregon



00177010201500110900070076

10/08/2015 09:41:47 AM

Fee: \$72.00

Prepared By:

Victoria CB Trees
PO Box 724
Chiloquin, OR 97624

After Recording Return To:

Victoria CB Trees
PO Box 724
Chiloquin, OR 97624

Returned at Counter

SPACE ABOVE THIS LINE FOR RECORDER'S USE

TRANSFER ON DEATH DEED

YOU SHOULD CAREFULLY READ ALL INFORMATION ON THIS FORM. YOU MAY WANT TO CONSULT A LAWYER BEFORE USING THIS FORM.

THIS FORM MUST BE RECORDED BEFORE YOUR DEATH OR IT WILL NOT BE EFFECTIVE.

KNOW ALL PERSONS BY THESE PRESENTS THAT:

I, Victoria CB Trees, a single person, (herein referred to as "Grantor"), does hereby convey unto Lauren Elizabeth McGinty, (herein referred to as "Grantee"), effective upon my death, the following described real property located in Chiloquin, in the County of Klamath, State of Oregon: **

Legal Description: Lot 18 Block 2 Tract 1021, Williamson River Knoll, undivided interest in Easterly 60 feet of POR Gov Lots 40, 41, 44 & 45 lying south of the subdivision and north of Williamson River. Also included is a 1966 Shult mobile home #214129 installed on the property.

Grantee(s):

Lauren Elizabeth McGinty
43331 Tapp Rd
Sandy, Oregon 97055

If the designated Grantee Beneficiary predeceases Grantor in death, then:

Kacey Lynn Davis shall be substituted as the Alternative Grantee Beneficiary in place of the deceased Grantee Beneficiary.

Alternate Grantee:

Kacey Lynn Davis
43331 Tapp Rd
Sandy, Oregon 97055

Until a change is requested, the county clerk shall send tax statements to the following address:

Victoria CB Trees
PO Box 724
Chiloquin, Oregon 97624

**** Subject to the conditions stated Paragraph 6 of the attached Beneficiary Designation Form.**

[SIGNATURE PAGE FOLLOWS]

Unofficial
Copy

Grantor Acknowledgement

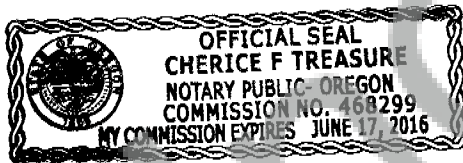
Grantor Signature:

DATED: 10/8/2015

Victoria CB Trees
Victoria CB Trees
1538 Wilson Cemetery Rd
Chiloquin, Oregon 97624

STATE OF OREGON, COUNTY OF KLAMATH, ss:

This instrument was acknowledged before me on this 8 day of October, 2015 by
Victoria CB Trees.



Cherice F. Treasure
Notary Public

Notary Public
Title (and Rank)

My commission expires: 6/17/2016

INSTALLMENT NOTE

\$ 20,455.92 Klamath Falls, Oregon 10/08/2015
CITY AND STATE WHERE EXECUTED DATE

I/we, jointly and severally, promise to pay to the order of Victoria CB Trees 401K Plan, Victoria CB Trees,
Umpqua Bank account #7803750608
at (insert place payments to be made) via auto transfer from Umpqua Bank account 9876384380
the sum of Twenty thousand, four hundred fifty five dollars and 92/100 DOLLARS,
with interest thereon at the rate of 1% percent per annum from 11/07/2015 until paid, payable in 36
installments of not less than \$ 577.02 in any one payment. Interest shall be paid ☐ in addition to ☐ and is
included in (indicate which) the minimum payment set forth above. The first payment shall be made on _____
and a like payment shall be made on _____ thereafter until the whole sum, principal and interest,
has been paid. If any installment is not so paid, all principal and interest shall become immediately due and collectable at the option of
the holder of this note.

This amount has been borrowed from Victoria CB Trees 401K Plan to pay off Amerititle account ASP4133,
a note secured by trust deed for 1538 Wilson Cemetery Rd, Chiloquin, OR, 97624. This property is now
affected by a Transfer On Death Deed, the beneficiary of which is the same as the beneficiary of the
Victoria CB Trees 401K Plan. Therefore, if Victoria CB Trees, the person dies, this installment plan is
thereby cancelled. Any taxes due are to be paid first before any other disbursements.
See other pages filed with this document.

Victoria CB Trees 10/8/15

Amortization Chart


[HELP](#)

© 2008 Vertex42 LLC

Loan Amount (**pv**) 20,456
 Interest Rate (**per month**) 0.08%
 Total # of Periods (**Nper**) 36

Payment per Period \$ 577.02
 Total Interest Paid \$ 316.89

Period	Payment Amount	Interest	Cumulative Interest	Principal	Principal Paid	Balance
					\$	20,455.92
1	577.02	17.05	17.05	559.98	559.98	19,895.94
2	577.02	16.58	33.63	560.44	1,120.42	19,335.50
3	577.02	16.11	49.74	560.91	1,681.33	18,774.59
4	577.02	15.65	65.38	561.38	2,242.71	18,213.21
5	577.02	15.18	80.56	561.84	2,804.55	17,651.37
6	577.02	14.71	95.27	562.31	3,366.86	17,089.06
7	577.02	14.24	109.51	562.78	3,929.65	16,526.27
8	577.02	13.77	123.28	563.25	4,492.90	15,963.02
9	577.02	13.30	136.59	563.72	5,056.62	15,399.30
10	577.02	12.83	149.42	564.19	5,620.81	14,835.11
11	577.02	12.36	161.78	564.66	6,185.47	14,270.45
12	577.02	11.89	173.67	565.13	6,750.60	13,705.32
13	577.02	11.42	185.10	565.60	7,316.20	13,139.72
14	577.02	10.95	196.05	566.07	7,882.27	12,573.65
15	577.02	10.48	206.52	566.54	8,448.82	12,007.10
16	577.02	10.01	216.53	567.02	9,015.83	11,440.09
17	577.02	9.53	226.06	567.49	9,583.32	10,872.60
18	577.02	9.06	235.12	567.96	10,151.28	10,304.64
19	577.02	8.59	243.71	568.44	10,719.72	9,736.20
20	577.02	8.11	251.82	568.91	11,288.63	9,167.29
21	577.02	7.64	259.46	569.38	11,858.01	8,597.91
22	577.02	7.16	266.63	569.86	12,427.87	8,028.05
23	577.02	6.69	273.32	570.33	12,998.20	7,457.72
24	577.02	6.21	279.53	570.81	13,569.01	6,886.91
25	577.02	5.74	285.27	571.28	14,140.29	6,315.63
26	577.02	5.26	290.54	571.76	14,712.05	5,743.87
27	577.02	4.79	295.32	572.24	15,284.29	5,171.63
28	577.02	4.31	299.63	572.71	15,857.00	4,598.92
29	577.02	3.83	303.46	573.19	16,430.19	4,025.73
30	577.02	3.35	306.82	573.67	17,003.86	3,452.06
31	577.02	2.88	309.70	574.15	17,578.01	2,877.91
32	577.02	2.40	312.09	574.62	18,152.63	2,303.29
33	577.02	1.92	314.01	575.10	18,727.73	1,728.19
34	577.02	1.44	315.45	575.58	19,303.32	1,152.60
35	577.02	0.96	316.41	576.06	19,879.38	576.54
36	577.02	0.48	316.89	576.54	20,455.92	0.00

BENEFICIARY DESIGNATION FORM

Victoria CB Trees 401(K) Plan ("Plan")

1. PARTICIPANT INFORMATION		
Participant's Name (Last, First, Middle Initial)	Social Security Number	Date of Birth
Trees, Victoria CB	537-62-7507	12/05/54
2. PURPOSE OF THIS BENEFICIARY DESIGNATION FORM		
<input checked="" type="checkbox"/> New beneficiary designation <input type="checkbox"/> Modification of existing beneficiary designation		
3. MARITAL STATUS		
<input checked="" type="checkbox"/> I am NOT married. (Check this box if you are single, divorced, legally separated, or widowed.) [I understand that if I should become married, any beneficiary designation under this Beneficiary Designation Form becomes null and void to the extent my spouse is not the designated beneficiary. I understand that if I should become married, I will inform the Plan Administrator of my change in marital status.] <input type="checkbox"/> I am married. (Check this box and complete the following information if you are married.) Spouse's name _____ Spouse's date of birth _____ [I understand that my spouse is the automatic beneficiary of my entire benefit under the Plan, unless my spouse affirmatively elects to waive his/her rights on a separate Spousal Consent to Beneficiary Designation Form. Any designation of a beneficiary other than my spouse under this Beneficiary Designation Form will be null and void, to the extent my spouse does not consent to the naming of such alternate beneficiary on the Spousal Consent to Beneficiary Designation Form.]		
4. PRIMARY BENEFICIARIES		
I hereby designate the following person(s) as the primary beneficiary(ies) of my benefits under the above-named Plan upon my death. This designation revokes any prior beneficiary designation and will control over any other beneficiary designation made outside of the Plan. I understand that if I am married, my spouse must consent to any designation of a Primary Beneficiary other than my spouse. <input type="checkbox"/> My spouse is the 100% death beneficiary under the Plan upon my death. <input checked="" type="checkbox"/> I name the following person(s) as my primary death beneficiary(ies):		
NAME AND ADDRESS (IF KNOWN)	RELATIONSHIP	PERCENTAGE SHARE
Lauren Elizabeth McGinty 43331 Tapp Rd Sandy, OR 97055 971-404-1568	daughter	100% See # 6
		TOTAL = 100%

5. CONTINGENT BENEFICIARIES (OPTIONAL)

I hereby name the following person(s) as Contingent Beneficiary(ies) should the Primary Beneficiary(ies) named above fail to survive me: (Unless stated otherwise in 6., below, Contingent Beneficiaries will benefit only if all Primary Beneficiaries named above fail to survive me.)

NAME	RELATIONSHIP	PERCENTAGE SHARE
Kacey Lynn Davis 43331 Tapp Rd Sandy, OR 97055 503-927-8177	granddaughter	100% See #6
		TOTAL = 100%

6. SPECIAL LANGUAGE (COMPLETE THIS BOX IF YOU WISH TO ADD SPECIAL LANGUAGE REGARDING THE DESIGNATION OF PRIMARY OR CONTINGENT BENEFICIARIES UNDER THE PLAN.)

Any funds left in this account, along with any income from the sale or rental of 1538 Wilson Cemetery Rd, Chiloquin, OR, 97624, is to be used to further the education of the offspring of Kristina Carol Helfrich, Lauren Elizabeth McGinty, and any of their offspring's offspring. Furthermore, Garrin Timothy Hertel's children, Aubrey and Soren ONLY, and their offspring are also included. These are the requirements: 12 or more credit hours (or equivalent) per term toward a stated degree or certificate, maintaining no less than a B grade in any class. Any available funds to be split evenly between each participant, but no more than \$500/term/person.


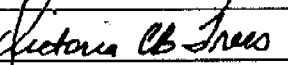
7. ACKNOWLEDGEMENT AND WAIVER

I hereby acknowledge that I have read and understand my rights, and my spouse's rights, with respect to death benefits under the Plan, as described in the *Explanation of Death Benefits and Designated Beneficiaries*. I understand that if any designated beneficiary predeceases me, that individual's share of benefits will be allocated to the remaining beneficiaries in the manner described in the *Explanation of Death Benefits and Designated Beneficiaries*.

I understand that if I am married and I wish to name a designated beneficiary other than my spouse, my spouse must agree to such designation by completing a *Spousal Consent to Beneficiary Designation Form*. I understand that any change in my marital status may affect the validity and legal effect of my designated beneficiary elections. I agree to notify the Plan Administrator of any change in my marital status.

I understand I am solely responsible for the effect and validity of this form. Neither the Plan Administrator nor any other Plan representative is responsible for the elections I have made under this form. I understand that I should seek legal counsel if I wish to ensure that this form accomplishes my intentions and will be upheld upon my death.

8. SIGNATURES

	06/24/15
PARTICIPANT'S SIGNATURE	DATE
	06/24/15
EMPLOYER'S SIGNATURE	DATE