



00225904201800088480080082

07/26/2018 08:59:02 AM

Fee: \$117.00

AFTER RECORDING RETURN TO:

Willard L. Ransom
SORENSEN, RANSOM & FERGUSON, LLP
133 NW D STREET
GRANTS PASS, OR 97526

NAME & ADDRESS OF LIENHOLDER:

Thomas & Judith Savage
5169 Rawson Road
Corning, CA 96021

ASSIGNMENT OF BENEFICIAL INTEREST IN NOTE AND TRUST DEED**1. RECITALS:**

1.1 Joyce A. Graber is the owner of record of the beneficial interest in that certain Trust Deed dated August 4, 2014, executed and delivered by Roger M. Tauran and Josefien R. Tengor, husband and wife, Grantors, to First American Title, Trustee, recorded August 25, 2014, as document number 2014-008818, Official Records of Klamath County, Oregon, (hereafter the "Trust Deed") and conveying real property in said county described as follows:

That portion of the following described property lying Southerly of the South boundary of the Klamath Falls-Lakeview Highway No. 140.

The NE $\frac{1}{4}$ NW $\frac{1}{4}$ EXCEPT the East 440 feet and also EXCEPT the West 440 feet of Section 21, Township 36 South, Range 13 East of the Willamette Meridian, Klamath County, Oregon.

The trust deed described above was executed as security for an Installment Note dated August 4, 2014, also executed by Roger M. Tauran and Josefien R. Tengor (hereafter the "Installment Note"). Joyce A. Graber is the name Payee and holder of the Installment Note obligation.

1.2 Joyce A. Graber died a resident of Tehama County, California, on February 21, 2018. A certified copy of her death certificate is attached hereto and incorporated herein by reference.

1.3 A Small Estate Affidavit under California Probate Code §§13100-13116, executed by Thomas Savage, Judith Savage and Diane Romo, as Co-Trustees of the Joyce Graber Revocable Living Trust, u/a dated June 3, 2014, pursuant to the probate code of California, the domiciliary state of Joyce A. Graber. The original Small Estate Affidavit is attached hereto and incorporated herein by reference.

1.4 Pursuant to the provisions of the Small Estate Affidavit attached, Thomas Savage and Judith Savage, in their individual capacities, are the persons entitled to distribution of the Installment Note and Trust Deed obligation described above.

2. ASSIGNMENT AND TRANSFER OF DECEASED BENEFICIARY'S INTEREST IN TRUST DEED; ENDORSEMENT OF INSTALLMENT NOTE. Pursuant to the laws of the domiciliary state of the decedent and the Small Estate Affidavit attached hereto, the undersigned hereby assign, transfer and set over to Thomas Savage and Judith Savage, husband and wife, with rights of survivorship, their successors in interest and assigns, hereinafter called Assignees, all the beneficial interest of Joyce A. Graber in and under the above-described 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 said Trust Deed and the Installment Note obligation. In addition, the following endorsement shall be deemed to be placed upon the Installment Note described above: WITHOUT RECOURSE pay to the order of Thomas Savage and Judith Savage, husband and wife, with rights of survivorship.

DATED: 7-17-18, 2018.

JOYCE GRABER REVOCABLE LIVING TRUST, U/A DATED JUNE 3, 2014

By Thomas R. Savage
Thomas Savage, Co-Trustee

By Judith Savage
Judith Savage, Co-Trustee

By Diane M. Romo
Diane Romo, Co-Trustee

STATE OF CALIFORNIA)
COUNTY OF SHASTA)

On _____, 2018, before me, _____, a Notary Public, personally appeared Thomas Savage and Judith Savage, who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the person, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

CALIFORNIA NOTARIAL
CERTIFICATE ATTACHED

Notary Public for California

STATE OF CALIFORNIA)
COUNTY OF SHASTA)

On _____, 2018, before me, _____, a
Notary Public, personally appeared Diane Romo, who proved to me on the basis of satisfactory
evidence to be the person whose name is subscribed to the within instrument and
acknowledged to me that she executed the same in her authorized capacity, and that by her
signature on the instrument the person, or the entity upon behalf of which the person acted,
executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

CALIFORNIA NOTARIAL CERTIFICATE ATTACHED

Notary Public for California

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }

COUNTY OF TEHAMA }

On July 17 2018 before me, GORDON RAY WILSON Notary Public,
Date (here insert name and title of the officer)

personally appeared Thomas Savage

Judith Savage Diane Romo

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 paragraph is true and correct.

WITNESS my hand and official seal.



Signature: [Signature] (Seal)

Commision Expires 3/15/2020

OPTIONAL

Description of Attached Document

Title or Type of Document: _____ Number of Pages: _____

Document Date: _____ Other: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of TEHAMA

RED BLUFF, CALIFORNIA

CERTIFICATE OF DEATH

3201852000084

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOYCE		3. LAST (Family) GRABER	
2. MIDDLE ANN		4. DATE OF BIRTH mm/dd/yyyy 08/19/1941	
5. AGE Yrs. 76		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY MA		10. SOCIAL SECURITY NUMBER 546-54-1236	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/Type (see worksheet on back) GED		14. DATE OF DEATH mm/dd/yyyy 02/21/2018	
15. WAS DECEDENT BORN IN CALIFORNIA/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TRUCK DRIVER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TRANSPORTATION	
19. YEARS IN OCCUPATION 8		20. DECEDENT'S RESIDENCE (Street and number, or location) 5169 RAWSON ROAD	
21. CITY CORNING		22. COUNTY/PROVINCE TEHAMA	
23. ZIP CODE 96021		24. YEARS IN COUNTY 14	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP JUDITH SAVAGE, SISTER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or full route number, city or town, state and zip) 5169 RAWSON ROAD, CORNING, CA 96021		28. NAME OF SURVIVING SPOUSE/SDP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST RICHARD		32. MIDDLE MARSHALL	
33. LAST REED		34. BIRTH STATE MI	
35. NAME OF MOTHER/PARENT - FIRST VIRGINIA		36. MIDDLE LUCILLE	
37. LAST (BIRTH NAME) CARTLEDGE		38. BIRTH STATE IL	
39. DISPOSITION DATE mm/dd/yyyy 02/26/2018		40. PLACE OF FINAL DISPOSITION UCSF WILLED BODY PROGRAM 513 PARNASSUS AVENUE, SAN FRANCISCO, CA 94143	
41. TYPE OF DISPOSITION SU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER UCSF WILLED BODY PROGRAM		44. SIGNATURE OF LOCAL REGISTRAR R. A. WICKENHEISER, M.D.	
45. DATE mm/dd/yyyy 02/23/2018		46. PLACE OF DEATH OWN RESIDENCE	
47. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> LCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		48. CITY CORNING	
49. COUNTY TEHAMA		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 5169 RAWSON ROAD	
51. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (final disease or condition resulting in death) PULMONARY HYPERTENSION EMPHYSEMA Underlying cause (disease or injury that initiated the events resulting in death) LAST NONE		52. TIME INTERVAL BETWEEN Death and Death YEARS YEARS YEARS 109. SCOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51 NONE		54. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 51? (If yes, list type of operation and date) LUNG TRANSPLANT - 1/2008	
55. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy 02/16/2018 02/21/2018		56. SIGNATURE AND TITLE OF CERTIFIER JARED GARRISON D.O. 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JARED GARRISON D.O. 1544 MARKET STREET, REDDING, CA 96049	
57. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		58. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
59. PLACE OF BURIAL (e.g., home, construction site, wooded area, etc.)		60. INJURY DATE mm/dd/yyyy	
61. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		62. HOUR (24 Hours)	
63. LOCATION OF INJURY (Street and number, or location, and city, and zip)		64. SIGNATURE OF CORONER / DEPUTY CORONER	
65. DATE mm/dd/yyyy		66. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
CENSUS TRACT		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF TEHAMA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the TEHAMA COUNTY CLERK-RECORDER.

ATTEST: *Haley King*
DATE ISSUED: FEB 26 2018

* 000015580 *

JENNIFER A. VISE
TEHAMA COUNTY CLERK-RECORDER

This copy not valid unless prepared on engraved border displaying seal and signature of Deputy County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Small Estate Affidavit under California Probate Code §§13100-13116

The undersigned hereby declares:

1. I make this declaration to induce **Pacific Trust Deed Servicing Company, Inc.** to transfer to me the property described below under California Probate Code §§13100-13116.
2. **Joyce A. Graber** died in Tehama County, California on February 21, 2018 while domiciled there.
3. At least 40 days have elapsed since the death of the decedent, as shown in the certified copy of the decedent's death certificate attached to this declaration.
4. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
5. The gross value of the decedent's real and personal property in California, excluding the property described in California Probate Code §13050 does not exceed one hundred fifty thousand dollars (\$150,000) and includes the following:

Installment Note dated August 4, 2014 in the amount of \$33,600.00 with interest by Roger M. Tauran and Josefien R. Tengor as Debtors to Joyce Graber secured by that certain Trust Deed recorded on August 25, 2014 as Document No. 2014-008818 in the Official Records, County of Klamath, executed by Roger M. Tauran and Josefien R. Tengor, husband and wife, as Grantors to Joyce Graber, as beneficiary and First American Title as Trustee as to that certain real property located in the County of Klamath, State of Oregon:

That portion of the following described property lying Southerly of the South boundary of the Klamath Falls-Lakeview Highway No. 140.

The NE ¼ NW ¼ EXCEPT the East 440 feet and also EXCEPT the West 440 feet of Section 21, Township 36 South, Range 13 East of the Willamette Meridian, Klamath County, Oregon.

Tax Account #:R359720

6. The declarant is the successor of the decedent (as defined in California Probate Code §13006) with respect to the decedent's interest in the described property.
7. No other person has a right to the interest of the decedent in the described property.
8. My name, address, age, and relationship to the decedent is as follows:

Thomas Savage, brother-in-law, adult, Co-Trustee of the Joyce Graber Revocable Living Trust dated June 3, 2014

Judith Savage, sister, adult, Co-Trustee of the Joyce Graber Revocable Living Trust dated June 30, 2014

Diane Romo, daughter, adult, Co-Trustee of the Joyce Graber Revocable Living Trust u/a dated June 3, 2014

9. I request that the described property be paid, delivered, or transferred to: **Thomas Savage and Judith Savage**
10. I agree to hold the property holder free and harmless and indemnify it against all liability, claims, demands, loss, damages, costs, and expense whatsoever that it may incur because of the transfer, payment, or delivery to me of the property.
11. I affirm or declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: May 25, 2018

Thomas Savage
Thomas Savage, Co-Trustee

Judith Savage
Judith Savage, Co-Trustee

Diane M. Romo
Diane Romo, Co-Trustee

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

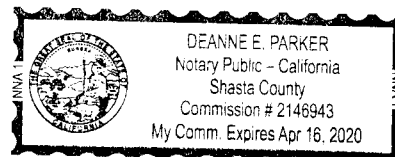
STATE OF CALIFORNIA)
COUNTY OF SHASTA)

On May 25, 2018, before me, DeAnne E. Parker, Notary Public, personally appeared **THOMAS SAVAGE** who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) 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 paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]



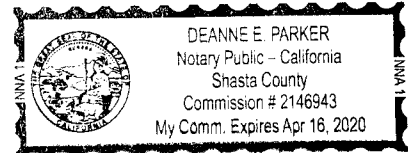
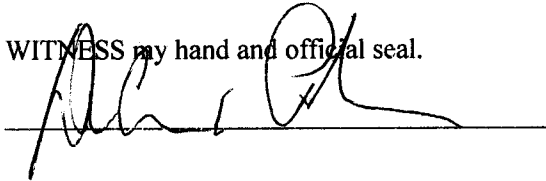
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
COUNTY OF SHASTA)

On May 25, 2018, before me, DeAnne E. Parker, Notary Public, personally appeared **JUDITH SAVAGE** who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) 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 paragraph is true and correct.

WITNESS my hand and official seal.



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
COUNTY OF SHASTA)

On May 25, 2018, before me, DeAnne E. Parker, Notary Public, personally appeared **DIANE ROMO** who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) 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 paragraph is true and correct.

WITNESS my hand and official seal.

