

58249

ATC 29139  
AFFIDAVIT OF SELLER Vol. M86 Page 2675  
AFTER FORFEITURE

STATE OF OREGON )

COUNTY OF MARION )

ss.

I, Christine Bates, being duly sworn, do hereby affirm and state:

I am the Seller under that certain contract wherein Russell Myrel Shaw was the purchaser (now deceased), dated August 12, 1985, a memorandum of which was recorded on August 22, 1983, Book M-83, Page 14132, Deed Records of Klamath County, Oregon on that real property described as:

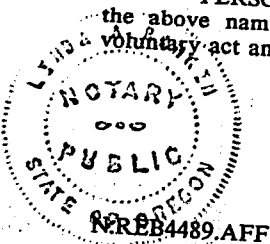
Lot 12, GARDEN TRACTS, in the County of Klamath, State of Oregon.

On August 30, 1985, purchaser and lienholders were given notice of default, as shown by copy attached hereto as Exhibit "A", with proof of mailing attached hereto as Exhibits "B", "C", "D", and "E".

The default of the purchaser under the terms of the contract was not cured within the time period set forth in that Notice, as provided by law, and the contract has been forfeited.

*Christine Bates by Cynthia M. Willeford*  
Christine Bates *as Power of Attorney*

PERSONALLY appeared before me this 22nd day of November, 1985, the above named Christine Bates, and acknowledged the foregoing instrument to be her voluntary act and deed.



*Linda A. Rankin*  
Notary Public for Oregon  
My Commission Expires: 1-3-86

AFTER RECORDING, RETURN TO:

CROTHERS, CRANDALL & EVANS  
Attorneys at Law  
750 Front Street, N.E., Suite 200  
Salem, OR 97301

'86 FEB 12 PM 3 42

2676

August 30, 1985

CERTIFIED MAIL - RETURN RECEIPT REQUESTEDNOTICE TO PURCHASER

(Where the unpaid balance has been reduced  
by the purchaser to an amount greater than 75% of the purchase price)

Buyer Name  
Russel Myrel Shaw,  
now deceased  
540 Main Street, Suite 204  
Klamath Falls, OR 97601

Lienholder Name  
Christine Bates  
32nd Place, NE  
Salem, OR 97303

Lienholder Name  
James A. Woodhouse  
c/o William P. Haberbach  
31 Newtown  
Medford, OR 97501

Diane Susette Shaw  
5441 Sylvia  
Klamath Falls, OR  
97601

Diane Susette Shaw  
aka Gladden  
5881 Old Midland Road  
Klamath Falls, OR 97603~R

The purpose of this notice is to provide you with written notice pursuant to Oregon Statute, that you are in default on the contract dated August 12, 1983, recorded on August 22, 1983 in Volume M83, Page 1432, of the records of Marion County, as follows:

Delinquent installments of \$313.64 due for June 1985, and each month thereafter.

Delinquent taxes for N/A in the sum of N/A, plus interest.

Lapse of insurance.

Your contract provides that your rights may be forfeited if you default on the contract. That means that the contract will be cancelled, the debt extinguished, and the seller will retain all sums previously paid.

You may avoid a forfeiture by paying the following sums [and tendering performance]:

Delinquent Installments  
Foreclosure Guaranty  
Mailing  
Attorney fees  
Late Charges

\$ 940.92  
214.00  
6.20  
350.00  
0

\$1,511.12

TOTAL

If payments are not brought current by the payment of \$1,511.12 within sixty days from the date of this notice, we will have no choice but to forfeit the contract according to its provisions and you will lose all interest in this property without further notice to you. The date the contract will be forfeited if you do not cure this default is October 27, 1985 (60 days from the date of this notice).

Your contract has an outstanding principal balance of \$30,974.61 with interest at 10% from June 4, 1985.

Very truly yours,

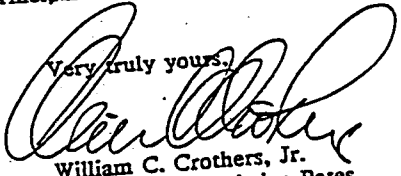
  
William C. Crothers, Jr.  
Attorney for Christine Bates

Exhibit  
"A"

B4489.L5

2677

PS Form 3800, Feb. 1982

\* U.S.G.P.O. 1984-448-014

P 195 024 560

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	<i>Don Crane</i>
Street and No.	<i>540 Main Street Sult</i>
P.O. State and ZIP Code	<i>Klamath Falls, OR 97601</i>
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt, Showing to whom and Date Delivered	
Return receipt, showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

## DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

## SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

## 3. Article Addressed to:

*Mr. Don Crane*  
*540 Main Street*  
*Sult 304*  
*Klamath Falls, OR 97601*

## 4. Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Article Number

P195024560

Always obtain signature of addressee or agent and DATE DELIVERED.

## 5. Signature - Addressee

X *Don Crane*  
6. Signature - Agent

## 7. Date of Delivery

X  
*9-3-85*

B. Addressee's Address (ONLY if requested and fee paid)

Exhibit "B"

2678

PS Form 3811, July 1983

**SENDER: Complete items 1, 2, 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
*Christine Bates*  
*32nd Place NE*  
*Salem, OR 97303*

4. Type of Service:  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail  
Article Number  
*P195024 564*

Always obtain signature of addressee or agent and  
**DATE DELIVERED.**

5. Signature - Addressee  
*Christine Bates*

6. Signature - Agent  
*X*

7. Date of Delivery  
*SEP - 3 1983*

8. Addressee's Address (ONLY if requested and fee paid)  
*1810 32nd Pl. #48*  
*Salem OR 97303*

DOMESTIC RETURN RECEIPT

P 195 024 564  
**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to:  
*Christine Bates*  
Street and No.  
*32nd Place NE*  
P.O., State and ZIP Code  
*Salem, OR 97303*

Postage  
*2* \$

Certified Fee  
.

Special Delivery Fee

Restricted Delivery Fee  
*2*

Return Receipt Showing to whom and Date Delivered

Return receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees  
\$

Postmark or Date

PS Form 3800, Feb. 1982

Exhibit "C"

PS Form 3811, July 1983

● **SENDER: Complete items 1, 2, 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:

James Woodhouse  
c/o William P. Haberbach  
31 Newtown  
Medford, OR 97501

4. Type of Service:

- ☐ Registered  
☐ Certified  
☐ Express Mail

- ☐ Insured  
☐ COD

Article Number

P 195 024 563

Always obtain signature of addressee or agent and  
**DATE DELIVERED.**

5. Signature - Addressee

X

6. Signature - Agent

X Darcy Burns

7. Date of Delivery

9-3-85 PC

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

P 195 024 563

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1984-446-014 PS Form 3800, Feb. 1982	Sent to	James Woodhouse c/o William Haberbach
	Street and No.	31 Newtown
	P.O. State and ZIP Code	Medford, OR 97501
	Postage	\$
	Certified Fee	\$
	Special Delivery Fee	\$
	Restricted Delivery Fee	\$
	Return Receipt Showing to whom and Date Delivered	\$
	Return receipt showing to whom, Date, and Address of Delivery	\$
	TOTAL Postage and Fees	\$
Postmark or Date		

Exhibit "D"

2680

PS Form 3811, July 1983

**SENDER: Complete items 1, 2, 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
 2. ☐ Restricted Delivery.

## 3. Article Addressed to:

*Diane Susette Shaw  
 5141 Sylvia  
 Klamath Falls, OR 97601*

## 4. Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

## Article Number

*P195024562*

Always obtain signature of addressee or agent and **DATE DELIVERED.**

## 5. Signature - Addressee

*X* Signature of Addressee

*X* Signature of Agent

*X* Signature of Addressee or Agent

## 7. Date of Delivery

*SEP 18 1985*

## 8. Addressee's Address (Only if registered and fee paid)

*5141 Sylvia*

*Klamath Falls, OR 97601*

*USPS*

*SEP 18 1985*

*USPS*

*SEP 18 1985*

*USPS*

*SEP 18 1985*

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*SEP 18 1985*

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*SEP 18 1985*

*USPS*

*SEP 18 1985*

*USPS*

PS Form 3811, July 1983

**SENDER: Complete items 1, 2, 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
 2. ☐ Restricted Delivery.

## 3. Article Addressed to:

*Diane Susette Shaw  
 aka Gladden  
 5581 Old Midland Rd.  
 Klamath Falls, OR 97603*

## 4. Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

## Article Number

*P195024561*

Always obtain signature of addressee or agent and **DATE DELIVERED.**

## 5. Signature - Addressee

*X* Signature of Addressee

*X* Signature of Agent

*X* Signature of Addressee or Agent

## 7. Date of Delivery

*SEP 18 1985*

## 8. Addressee's Address (Only if registered and fee paid)

*5581 Old Midland Rd.*

*Klamath Falls, OR 97603*

*USPS*

*SEP 18 1985*

*USPS*

*SEP 18 1985*

*USPS*

*SEP 18 1985*

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*SEP 18 1985*

*USPS*

DOMESTIC RETURN RECEIPT

DOMESTIC RETURN RECEIPT

CLAIM CHECK

267849

☐ HOLD

DATE

1ST NOTICE

2ND NOTICE

RETURN

Detached from  
 PS Form 3849-A  
 Oct. 1980

CLAIM CHECK

267850

☐ HOLD

DATE

1ST NOTICE

2ND NOTICE

RETURN

Detached from  
 PS Form 3849-A  
 Oct. 1980

Exhibit "E"

## GENERAL POWER OF ATTORNEY

STATE OF OREGON )  
COUNTY OF MARION )

KNOW ALL MEN BY THESE PRESENTS, that I, Christine Vivian Bates, the undersigned, of Salem, County of Marion, State of Oregon, hereby make, constitute, and appoint Ceritha N. Willeford, of Salem, County of Marion, State of Oregon, my true and lawful attorney in fact for me and in my name, place, and stead, giving unto said Ceritha N. Willeford full power to do and perform all and every act that I may legally do through an attorney in fact, and every proper power necessary to carry out the purposes for which this power is granted, with full power of substitution and revocation, hereby ratifying and affirming that which she or her substitute shall lawfully do or cause to be done by herself or her substitute lawfully designated by virtue of the power herein conferred upon her.

This power is to be effective from this date until revoked by me.

Signed at Salem, Oregon this 16th day of June, 1983.

Christine V. Bates

SUBSCRIBED and sworn to before me this 16th day of June, 1983.



Evelyn J. Biehn  
Notary Public for Oregon  
My Commission Expires: Jan 7, 1987

STATE OF OREGON; COUNTY OF KLAMATH; ss  
I hereby certify that the within instrument was received and filed for record on the 22 day of August A.D., 19 83 at 3:36 o'clock P M and duly recorded in Vol M83, of POW OF ATTY on page 14131

FEE \$ 4.00

INDEXED

EVELYN BIEHN COUNTY CLERK  
by [Signature] Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of February A.D., 19 86 at 3:42 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 2675

FEE \$29.00

Evelyn Biehn, County Clerk  
By [Signature]

'83 AUG 22 PM 3 36