

MITC-21870
 LAND SALE CONTRACT FORFEITURE
 NOTICE OF DEFAULT
 (ORS 93.915)

TO: LINDA K. HUFF and DAVID R. BAKKE

THIS IS NOTICE of your default in the terms of your contract with RAYMOND H. ELLIS dated September 4, 1986 and recorded September 17, 1986 in volume M86 on page 16782 of the microfilm records of Klamath County, Oregon. The vendee's interest in said real estate contract was assigned by LINDA K. HUFF by quitclaim deed to DAVID R. BAKKE on January 24, 1988 and recorded February 2, 1988 in volume M88 on page 1551, microfilm records of Klamath County, Oregon. If you fail to cure the defaults specified in this notice within the time specified in this notice, you will lose all your rights in the contract and the property; all sums you have paid under the contract will belong to and will be retained by the person you paid; all your rights to any improvements will be forfeited; and RAYMOND H. ELLIS will become entitled to possession of the property.

NOTICE
 READ THESE PAPERS CAREFULLY!

The real property to which this notice relates is:

The N $\frac{1}{2}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 16, Township 28 South, Range 8 East of the Willamette Meridian, Klamath County, Oregon.

The nature of your default is the following:

(1) You ceased making monthly payments in October, 1988. As of October 15, 1989 you have not paid twelve (12) monthly installments of \$90.30 each. You owe payments that were due November 15, 1988 and the 15th day of each month thereafter to the present. As of October 15, 1989 you owe Raymond H. Ellis a total of \$1,083.60 in monthly payments, plus an additional \$90.30 which will become due on the 15th day of each month after October 15, 1989.

(2) You have not paid when due all the real property taxes on the land for the tax years 1986-87 through and including the present tax year. You owe the Klamath County Tax Collector unpaid taxes on this property on these amounts:

1986-1987	\$ 68.06, plus interest
1987-1988	\$ 115.93, plus interest
1988-1989	\$ 115.77, plus interest
1989-1990	a lien, part of which becomes payable November 15, 1989

RETURN: FOSS, WHITTY, LITTLEFIELD & MCDANIEL
 P.O. BOX 1120
 COOS BAY, OR 97420-0299

LAND SALE CONTRACT FORFEITURE
 NOTICE OF DEFAULT (ORS 93.915) - 1

(3) In addition to paying the sums or tendering the performance necessary to cure the defaults listed above, you must pay all costs and expenses actually incurred by Raymond H. Ellis in enforcing the contract, including, but not limited to, attorney fees not to exceed \$350.00 and \$175.00 costs of title search.


If you do not cure these defaults by February 3, 1990, your rights in the property and the contract will be forfeited in accordance with ORS 93.905 to 93.940.

The name and address of the contract seller is: Raymond H. Ellis, 215 K Street S.W., Quincy, Washington 98848.

The name and address of the attorney for the seller is: Jon Littlefield, Foss, Whitty, Littlefield & McDaniel, 444 North Fourth Street, P. O. Box 1120, Coos Bay, Oregon 97420.

If you have any questions, you should see an attorney immediately.

DATED: NOVEMBER 1, 1989.


JON LITTLEFIELD
444 North Fourth Street
P. O. Box 1120
Coos Bay, OR 97420
Telephone: (503) 267-2156

STATE OF OREGON)
) ss.
County of Coos)

This instrument was acknowledged before me on Nov. 1st, 1989 by JON LITTLEFIELD.


Notary Public for Oregon
My Commission Expires: 9-5-93

STATE OF OREGON,)
County of Klamath) ss.

Filed for record at request of:

Mountain Title Co.
on this 3rd day of Nov., A.D., 19 89
at 2:41 o'clock P M. and duly recorded
in Vol. M89 of Deeds Page 21284

Evelyn Biehn County Clerk
By Diana M. Weaver

Deputy.

LAND SALE CONTRACT FORFEITURE
NOTICE OF DEFAULT (ORS 93.915) - 2

Fee, \$13.00

U.S. POSTAL SERVICE
CERTIFICATE OF MAILING

Received From:

Foss, Whitty, et al (JL)

P. O. Box 1120

Coos Bay, OR 97420

One piece of ordinary mail addressed to:

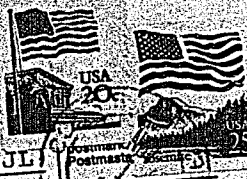
Linda K. Huff

P. O. Box 168

Chemult, OR 97731

MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL. DOES NOT PROVIDE
FOR INSURANCE — POSTMASTER

PS FORM 3817
MAY 1976



U.S. POSTAL SERVICE
CERTIFICATE OF MAILING

Received From:

Foss, Whitty, et al (JL)

P. O. Box 1120

Coos Bay, OR 97420

One piece of ordinary mail addressed to:

Linda K. Huff

505 Cranleigh Drive

Reno, NV 89512

MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL. DOES NOT PROVIDE
FOR INSURANCE — POSTMASTER

PS FORM 3817
MAY 1976



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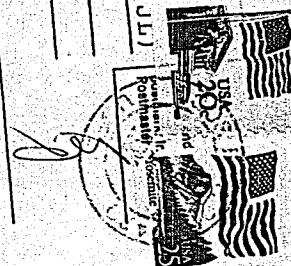
David Bakke

P. O. Box 168

Chemult, OR 97731

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FOR INSURANCE — POSTMASTER

PS FORM 3817
MAY 1976



U.S. POSTAL SERVICE
CERTIFICATE OF MAILING

Received From:

Foss, Whitty, et al (JL)

P. O. Box 1120

Coos Bay, OR 97420

One piece of ordinary mail addressed to:

Linda K. Huff

P. O. Box 26

Chemult, OR 97731

MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL. DOES NOT PROVIDE
FOR INSURANCE — POSTMASTER

PS FORM 3817
MAY 1976



3108

P 054 926 951

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1984-446-014

Sent to Linda K. Huff	
Street and No. P. O. Box 26	
P.O., State and ZIP Code Chemult, OR 97731	
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	90
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, Feb. 1982

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.
1 ☐ Show to whom delivered, date, and addressee's address. (Extra charge)
2 ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Linda K. Huff
P. O. Box 26
Chemult, OR 97731

4. Article Number P054 926 951	
Type of Service:	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail
	<input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee at point of DATE DELIVERED.	

SENDER: Complete items 1 and 2 when mailing 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 additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Linda K. Huff
P. O. Box 26
Chemult, OR 97731

4. Article Number
P054 926 951

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address
X

6. Signature — Agent
X *James Burke*

7. Date of Delivery
11-16-1989

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

PS Form 3811, Mar. 1984 • U.S.G.P.O. 1989-212-555 DOMESTIC RETURN RECEIPT

3109

P 054 926 964
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

* U.S.G.P.O. 1984-446-014

Sent to Linda K. Huff	
Street and No. P. O. Box 168	
P.O., State and ZIP Code Chemult, OR 97731	
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	90
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, Feb. 1982

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 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 boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Linda K. Huff
P.O. Box 168
Chemult, OR 97731

4. Article Number
P 054 926 964

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Addressee

P 054 926 952

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.Q.P.O. 1984-446-014
PS Form 3800, Feb. 1982

Sent to David Bakke	
Street and No. P. O. Box 168	
P.O. State and ZIP Code Chemult, OR 97731	
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	90
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

1. **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

David Bakke
P. O. Box 168
Chemult, OR 97731

4. Article Number

P 054 926 952

Type of Service:

☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

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

5. Signature — Address

X

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

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 additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge)
2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

David Bakke
P. O. Box 168
Chemult, OR 97731

4. Article Number

P 054 926 952

Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

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

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

11-16-89

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

PS Form 3811, Mar. 1989 • U.S.G.P.O. 1985-212-945

DOMESTIC RETURN RECEIPT

3111

FO

FO

SENDER: Complete 3 and 4.

Put your address in the card from being returned to end the day of delivery for fees and check box 1. ☐ Show to whom delivered.

3. Article Addressed to:

Linda K.
505 Cranl
Reno, NV

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

PS Form 3811, Mar. 1989

3111

FOSS, WHITTY, LITTLEFIELD & MCDANIEL

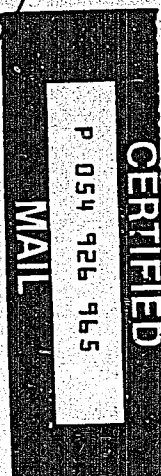
ATTORNEYS AT LAW

P.O. BOX 1120

COOS BAY, OREGON 97420-0299

"FORWARD TO ADDRESSEE"

UNCLAIMED
Linda K. Huff
505 Cranleigh Drive
Reno, NV 89512



1st Notice 11/24/89
2nd Notice
Return

Claim Check No. 986720
Date 11-23
1st Notice
2nd Notice 11-12
Return 11-20
Postmark Date 11-20
Postmark Date 11-20

3. Article Addressed to: Linda K. Huff
505 Cranleigh Drive
Reno, NV 89512

4. Article Number: P 054 926 965

5. Signature — Address: Linda K. Huff
505 Cranleigh Drive
Reno, NV 89512

6. Signature — Agent: X
7. Date of Delivery: X

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

P 054 926 965

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Linda K. Huff
Street and No.	505 Cranleigh Drive
P.O. State and ZIP Code	Reno, NV 89512
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	90
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 200
Postmark or Date	

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 16th day of Feb. A.D. 19 90 at 9:08 o'clock A.M., and duly recorded in Vol. M90 of Deeds on Page 3103

Evelyn Biehn County Clerk
By *Pauline Mulheisen*

FEE \$68.00

Return: M.T.C.