

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  
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.

William D. Weaver  
Notary Public for Oregon  
My Commission Expires: 9-5-93

STATE OF OREGON, ss.  
County of Klamath

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 Deborah Miller

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



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



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:

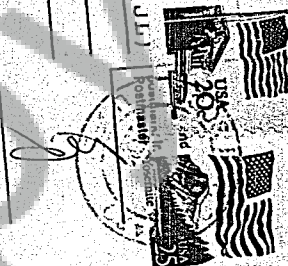
David Bakke

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





P 054 926 951

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1992 \* U.S.G.P.O. 1994-446-014

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

**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 type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <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. (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:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

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

5. Signature — Addressee  
 X

6. Signature — Agent  
 X *Varon 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. 1989-212-585 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 <b>Linda K. Huff</b>	
Street and No. <b>P. O. Box 168</b>	
P.O., State and ZIP Code <b>Chemult, OR 97731</b>	
Postage	\$ <b>25</b>
Certified Fee	<b>85</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	<b>90</b>
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <b>2.00</b>
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



3. Article Addressed to: Linda K. Huff P. O. Box 168 Chemult, OR 97731		4. Article Number P 054 926 964	
5. Signature — Address X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature — Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
7. Date of Delivery 11-16-1989		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1989-212-885

**3110**



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 <b>David Bakke</b>	
Street and No. <b>P. O. Box 168</b>	
P.O. State and ZIP Code <b>Chemult, OR 97731</b>	
Postage	\$ <b>25</b>
Certified Fee	<b>85</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	<b>90</b>
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <b>2.00</b>
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 will provide you the name of the person delivered to and the date of delivery. For additional services 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 *[Signature]*

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

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 — Add  
 X

6. Signature — Age  
 X

7. Date of Delivery

PS Form 3811, Mar

3111

FO

FO



## FOSS, WHITTY, LITTLEFIELD &amp; MCDANIEL

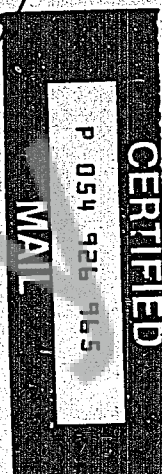
ATTORNEYS AT LAW

P.O. BOX 1120

COOS BAY, OREGON 97420-0120

"FORWARD TO ADDRESSEE"

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



Claim Check  
No. 986720  
Date ☐ Hold

1ST Notice  
H-3

2ND Notice  
11-10

Return  
11-20

Postmark  
Portland, ME  
Oct. 1983

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 Mulheiser

FEE \$68.00

Return: M.T.C.

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

4. Article Number: P 054 926 965

5. Signature — Address: [Signature]

6. Signature — Agent: [Signature]

7. Date of Delivery: [Date]

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

9. Addressee's Signature (ONLY if requested and fee paid): [Signature]

10. Addressee's Date Delivered: [Date]