

ASPEN 34979

Contract No. C04504

AFFIDAVIT OF MAILING SELLER'S NOTICE OF DEFAULT
AND ELECTION TO DECLARE A FORFEITURE

STATE OF OREGON, County of Marion, ss:

I, Cynthia Hendrickson, being first duly sworn, depose, say, and certify that:

At all times hereinafter mentioned I was and now am a resident of the State of Oregon and a competent person over the age of eighteen years. I gave notice of a default and seller's election to declare a forfeiture by mailing a notice, copy of which is attached hereto, by both first class and certified mail, with return receipt requested, to each of the following named persons at their respective last known addresses, to wit:

Tonie Lee Dayton
aka Toni Nodolf
2422 Cannon Avenue
Klamath Falls, OR 97603

Robert C. Reif
3118 North Pico Avenue
San Bernadino, CA 92405

Leota L. Reif
3118 North Pico Avenue
San Bernadino, CA 92405

Carter-Jones Collection Service, Inc.
Registered Agent for Dayton (aka Nodolf)
1143 Pine Street
Klamath Falls, OR 97601

Robert C. Reif
3107 North Stoddard
San Bernadino, CA 92405

Leota L. Reif
3107 North Stoddard
San Bernadino, CA 92405

Tonie Lee Dayton
aka Toni Nodolf
4312 Paulson Lane
Redding, CA 96002

Said persons include the purchaser, any occupant of the property, any person requesting a notice, and any other person with an interest, lien, or claim with respect to the real property described in the contract referred to in the aforesaid Seller's Notice of Default and Election to Declare a Forfeiture.

Each of the notices so mailed was contained in a sealed envelope, with postage thereon fully prepaid, and was deposited by me in the United States post office at Salem, Oregon, on April 4, 1990. Each of said notices was mailed at least 60 days before the day fixed in said notice as the time after which the contract would be forfeited.

200 JUN 11 AM 11 20

11196

Copies of receipts showing delivery of Seller's Notice of Default and Election to Declare a Forfeiture, or, if mail containing said notice could not be delivered, a copy of the envelope containing said notice, with United States Postal Service markings showing the reason mail could not be delivered to the addressee, are attached hereto.



Cynthia Henderson
Subscribed and sworn to before me this 14 day of April, 1990.

Edna Noel Wasson
Notary Public for Oregon
My commission expires 10-11-91

AFTER RECORDING RETURN TO:

Department of Veterans' Affairs
Attention Douglas A. Port
700 Summer Street, NE
Salem, Oregon 97310-1201

11197

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:

C04504
Tonie Lee Dayton
aka Toni Nodolf
2422 Cannon Avenue
Klamath Falls, OR 97603

4. Article Number
36877

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature - Addressee
X

6. Signature - Agent
X

7. Date of Delivery

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

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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:

C04504
Robert C. Reif
3107 North Stoddard
San Bernadino, CA 92405

4. Article Number
36881

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature - Addressee
X

6. Signature - Agent
X

7. Date of Delivery

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

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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:

C04504
Leota L. Reif
3107 North Stoddard
San Bernadino, CA 92405

4. Article Number
36882

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

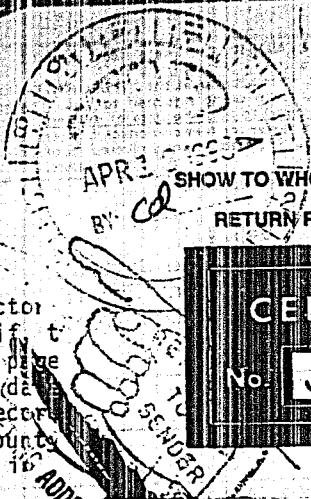
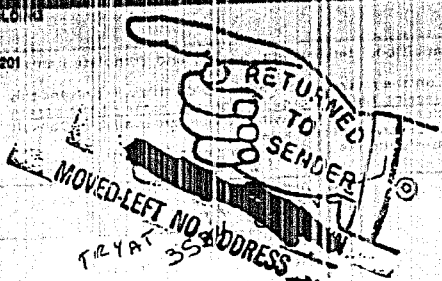
5. Signature - Addressee
X

6. Signature - Agent
X

7. Date of Delivery

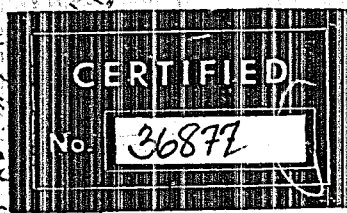
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT



11198

SHOW TO WHOM, DATE AND ADDRESS
RETURN RECEIPT REQUESTED



NL
4-5

APR 20 1990

Oregon, represented and acting by the Director
C04504
Tonie Lee Dayton
aka Toni McDolf
2422 Cannon Avenue
Klamath Falls, OR 97603
following described real property situated in

moved

Department of Veterans Affairs

VETERANS' BUILDING
SUMMER ST NE
OREGON 97310-1201



MAY 1 1990

Hearings

SHOW TO WHOM, DATE AND ADDRESS
RETURN RECEIPT REQUESTED



Oregon, represented and acting by the Director,

C04504
Robert C. Reif
3107 North Stoddard
San Bernadino, CA 92405

RECEIVED 924053015 1990 04/10/90
NOTIFY SENDER OF NEW ADDRESS
REIF
3118 N PICO AVE
SAN BERNARDINO CA 92405-1346

following described real property situated

Department of Veterans Affairs

OREGON VETERANS' BUILDING
700 SUMMER ST NE
SALEM OREGON 97310-1201



MAY 1 1990

Hearings

SHOW TO WHOM, DATE AND ADDRESS
RETURN RECEIPT REQUESTED



Oregon, represented and acting by the Director of
Sel
198 C04504
ass Leota L. Reif
Apr 3107 North Stoddard
pag San Bernadino, CA 92405
fol

3118 N. PICO



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. ☐ Restricted Delivery *(Extra charge!)*

3. Article Addressed to: 141

CO4504
Robert C. Reif
3118 North Pico Avenue
San Bernardino, CA 92405

4. Article Number 36878 APR 12 1990

Type of Service: ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee Robert C. Reif

6. Signature - Agent Robert C. Reif

7. Date of Delivery

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

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-176-268 DOMESTIC RETURN RECEIPT

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. ☐ Restricted Delivery *(Extra charge!)*

3. Article Addressed to: 141

CO4504
Locat. L. Post
3118 North Pico Avenue
San Bernardino, CA 92405

4. Article Number 36879 APR 09 1990

Type of Service: ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee Robert C. Reif

6. Signature - Agent Robert C. Reif

7. Date of Delivery

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

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-176-268 DOMESTIC RETURN RECEIPT

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. ☐ Restricted Delivery *(Extra charge!)*

3. Article Addressed to: 141

CO4504
Tonie Lee Dayton
aka Toni Nodolf
4312 Paulson Lane
Redding, CA 96002

4. Article Number 36883 APR 20 1990

Type of Service: ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee Tonie Lee Dayton

6. Signature - Agent Tonie Lee Dayton

7. Date of Delivery

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

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-176-268 DOMESTIC RETURN RECEIPT

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. ☐ Restricted Delivery *(Extra charge!)*

3. Article Addressed to: 141

CO4504
Carter-Jones Collection Services, Inc.
aka Nodolf
Registered Agent for Dayton
1143 Pine Falls, OR 97601
Klamath - Addressee

4. Article Number 36886 APR 09 1990

Type of Service: ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee Tonie Lee Dayton

6. Signature - Agent Tonie Lee Dayton

7. Date of Delivery

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

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-176-268 DOMESTIC RETURN RECEIPT

C04504

SELLER'S NOTICE OF DEFAULT AND ELECTION TO DECLARE A FORFEITURE
(Pursuant to Oregon Revised Statutes Sections 93.905 to 93.940)

Reference is made to that certain Land Sale Contract between the State of Oregon, represented and acting by the Director of Veterans' Affairs, the Seller, and Robert C. Reif and Leota L. Reif, the Buyer, dated March 20, 1985, recorded March 21, 1985, Volume M85, page 4181 (Vendees interest assigned to Tonie Lee Dayton by instrument dated April 26, 1989, recorded April 28, 1989, Volume M89, page 7388, rerecorded July 17, 1989, Volume M89, page 13030), official records of Klamath County, Oregon, covering the following described real property situated in said county and state, to-wit:

Tax Account Nos.: 1-0706221-M and 2-0697099-R

A parcel of land situate in the NW $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 3, Township 39 South, Range 9 East of the Willamette Meridian, being a portion of Lot 8, Block 1, ALTAMONT ACRES, in the County of Klamath, State of Oregon, being more particularly described as follows:

Beginning at the intersection of the North line of Lot 8, Block 1, ALTAMONT ACRES, and the Westerly right of way line of Bisbee Street; thence North 89°40' West 97.10 feet along the North line of said Lot 8 to a point in an existing fence line; thence South 0° 58' 55" West 30.00 feet along said fence line to a point; thence South 89° 40' East 98.43 feet to a point on the Westerly right of way line of Bisbee Street, said point being 25.00 feet distant from the centerline of Bisbee Street; thence North 0° 01' 50" East 80.00 feet along said Westerly right of way line to the point of beginning.

TOGETHER WITH THE FOLLOWING DESCRIBED MOBILE HOME WHICH IS FIRMLY AFFIXED TO THE PROPERTY: Year/1981, Make/Walden, Serial Number/11810600, Size/60x24.

The mailing address of the above-described property is 3534 Cannon Avenue, Klamath Falls, Oregon 97603.

YOU ARE HEREBY NOTIFIED there is a default by the buyer, with respect to provisions in said contract, which authorize the seller to declare the buyer's rights under the contract to be forfeited, the debt extinguished, and the sums previously paid by buyer to be retained by seller.

Seller does hereby declare buyers rights under said contract forfeited, unless the default is cured. The default for which seller is declaring buyer's rights under said contract to be forfeited is buyer's failure to pay when due the following sums:

Full monthly payments in the amount of \$350 due February 1, 1989, and the first day of each month thereafter through January 1, 1990 (partial payments made).

Full monthly payments in the amount of \$353 due February 1, 1990, and the first day of each month thereafter.

The total delinquency is \$1,759.

The unpaid balance on the aforesaid contract is greater than 75 percent of the purchase price.

THE DATE AFTER WHICH SAID CONTRACT WILL BE FORFEITED IF THE BUYER DOES NOT CURE THE DEFAULT IS JUNE 6, 1990.

The default can be cured by paying the entire amount due (other than sums that would not be due had no default occurred) together with costs and attorney's fees as provided by law, on or before June 6, 1990.

The name and address of the seller is:

Department of Veterans' Affairs
700 Summer Street, NE
Salem, OR 97310

Dated this 3rd day of APRIL 1990.

Director of Veterans' Affairs

By Douglas A. Port
Douglas A. Port

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 11th day
of June A.D., 19 90 at 11:20 o'clock AM., and duly recorded in Vol. M90,
of Mortgages on Page 11195.

FEE \$38.00

Evelyn Biehn - County Clerk

By Pauline Muelender