

## NOTICE OF DEFAULT AND ELECTION TO SELL

Reference is made to a trust deed made by HAROLD L. SMITH as grantors, to Klamath County Title Co. as trustee, in favor of Rose G. Young, Edward C. Dore, and Jeanne M. Dore, as beneficiary, dated March 21, 1984, recorded May 21, 1984, in the mortgage records of Klamath County, Oregon, in volume No. M84 at page 8386, to secure the payment of the then due sum of \$16,625.00 plus interest and other charges.

Lot 17 and 18 in Block 6 MOUNTIAN LAKES HOMESITES, TRACT NO. 1017, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Stanley C. Jones, was appointed successor trustee on November 27, 1989 and recorded on December 4, 1989 in Vol. M-89 page 23947 in the mortgage records of Klamath County, Oregon.

The trustee hereby certifies that no action has been instituted to recover the debt, or any part thereof, now remaining secured by the said trust deed, or, if such action has been instituted, such action has been dismissed except as permitted by ORS 86.735 (4). The undersigned further certifies that no assignments by the trustee or beneficiary nor no appointments of successor trustees have been made except as recorded in Klamath County.

There is a default by the grantor or other person owing an obligation, the performance of which is secured by said trust deed, or by their successor in interest, with respect to provisions therein which authorize sale in the event of default of such provision the default for which foreclosure is made is grantors failure to pay when due the following sums:

Monthly payments in the sum of \$178.66 from and including September 1, 1988 to present, together with all costs, disbursements, and/or fees incurred or paid by the beneficiary and/or trustee, their employees, agents or assigns, including Real Property taxes totaling \$-0-, plus interest and late charges.

By reason of said default, the beneficiary has declared all sums owing on the obligation secured by said trust deed immediately due and payable, said sums being the following, to-wit:

\$15,892.66 together with interest thereon at the rate of 10 % per annum from July 17, 1990, until paid, real estate taxes paid by the beneficiaries totaling \$-0-, plus interest and late charges, together with all costs, disbursements, and/or fees incurred or paid by the beneficiary and/or trustee, their employees, agents or assigns.

Notice hereby is given that the beneficiary and trustee, by reason of said default, have elected and do hereby elect to foreclosure said trust deed by advertisement and sale pursuant to ORS 86.705 to 86.795, and to cause to be sold at public auction to the highest bidder for cash the execution by him of the trust deed, together with any interest the grantor or his successors in interest acquired after the execution of the trust deed, to satisfy the

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obligations secured by said trust deed and the expenses of the sale, including the compensations of the trustee as provided by law, and the reasonable fees of trustee's attorneys.

Said sale will be held at the hour of 10:00 am, o'clock, in accordance with the standard time established by ORS 187.110 on March 13, 1991, at the following place: FRONT STEPS OF THE KLAMATH COUNTY COURTHOUSE in the City of Klamath Falls, County of Klamath, State of Oregon, which is the hour, date and place last set for said sale.

Notice is further given that any person named in ORS 86.753 has the right, at any time prior to five days before the date last set for the sale, to have this foreclosure proceeding dismissed and the trust deed reinstated by payment to the beneficiary of the entire amount then due (other than such portion of the principal as would not then be due had no default occurred) and by curing any other default complained of herein that is capable of being cured by tendering the performance required under the obligation or trust deed, and in addition to paying said sums or tendering the performance necessary to cure the default by paying all costs and expenses actually incurred in enforcing the obligation and trust deed, together with trustee's and attorneys fees not exceeding the amounts provided by said ORS 86.753.

In construing this notice, the masculine gender includes the feminine and the neuter, the singular includes the plural, the word "grantor" includes any successor in interest to the grantor as well as any other person owing an obligation, the performance of which is secured by said trust deed, and the words "trustee" and beneficiary" include their respective successors in interest, if any.

Dated: 10-1-90

By: Stanley C. Jones

State of OREGON,           )  
  ) ss.  
County of Klamath       )

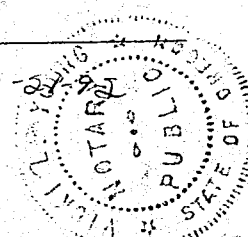
SUBSCRIBED AND SWORN to before me this 1 day of ~~November~~ <sup>October</sup>, 1990.

Chuck A. Young  
Notary Public of Oregon

My Commission expires: 9-23-92

After Recording Return to:

Stanley C. Jones  
Boivin, Jones & Uerlings  
110 North 6th Street  
Klamath Falls, OR 97601



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Boivin & Uerlings the 31st day of Jan. A.D., 19 91 at 4:07 o'clock PM., and duly recorded in Vol. M91 of Mortgages on Page 2008.

FEE \$13.00

Evelyn Biehn County Clerk

By Pauline Mulvadare

F-1933  
I.D. TAG NO.

26

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

136-

Local File Number

State File Number

1. DECEDENT'S NAME First: Mabel Middle: Merle Last: STEMLER			2. SEX F	3. DATE OF DEATH (Month, Day, Year) January 24, 1991		
4. SOCIAL SECURITY NUMBER 544-24-0069		5a. AGE - Last Birthday (Years) 94	5b. Under 1 Year Mo. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Hoosier Hollow, WI	7. DATE OF BIRTH (Month, Day, Year) December 28, 1896
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (if not institution, give street and number) Plum Ridge Care Center			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Fred H. Stemler
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 1207 California Street
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97601		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12		17. FATHER - NAME first middle last Burton - Crosby		18. MOTHER - NAME first middle maiden Linnie - Fazel		19. INFORMANT - NAME and relationship to decedent Clifford Stemler, son
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, Oregon		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Muriel Reid		21b. LICENSE NUMBER (Of Licensee) 3329		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601		
23. DATE FILED (Month, Day, Year) JAN 29 1991		24. REGISTRAR'S SIGNATURE Nancy Kennedy		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A						
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
27. TIME OF DEATH 6:55 P. M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Steven K. Bidleman</i> M.D.						
30. DATE SIGNED (Month, Day, Year) January 25, 1991						
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Steven K. Bidleman, M.D., 2680 Uhrmann Road, Klamath Falls, Oregon 97601						
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)						
PART I		(a) Cerebral Hemorrhage				Interval between onset and death Immediate
		(b) Cerebrovascular Disease				Interval between onset and death years
		(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Previous Cerebral Hemorrhage				Interval between onset and death
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M Yes No		41c. INJURY AT WORK? Yes No
41d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
RESERVED FOR REGISTRAR'S USE						

THIS IS A TRUE AND EXACT ORIGINAL OF VITAL STATISTICS COPY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED JAN 29 1991

DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Clifford Stemler the 31st day  
of Jan. A.D., 19 91 at 4:07 o'clock P. M., and duly recorded in Vol. M91  
of Deeds on Page 2010

FEE \$8.00  
Return: Clifford Stemler  
1207 California, Klamath Falls, Or. 97601

Evelyn Biehn, County Clerk  
By *Pauline Mulkenore*