

44606

"AMENDED"

Vol. ma2 Page 10008

# TRUSTEE'S NOTICE OF DEFAULT AND ELECTION TO SELL AND OF SALE

Reference is made to that Trust Deed wherein Harvey J. LaFever, is Grantor;  
William L. Sisemore, is Trustee; and  
Certified Mortgage Co., an Oregon Corporation, is Beneficiary,  
 recorded in Official/Microfilm Records, Vol. M84, Page 1543, Klamath County, Oregon,  
 covering the following-described real property in Klamath County, Oregon:

Lot 13 and the South 14 feet of Lot 14, Block 7, INDUSTRIAL  
 ADDITION TO THE CITY OF KLAMATH FALLS, in the County of Klamath,  
 State of Oregon.

No action is pending to recover any part of the debt secured by the trust deed.

The obligation secured by the trust deed is in default because the grantor has failed to pay the following:  
 \$192.97 due November 26, 1990, and a like amount due on the 26th day  
 of each month thereafter.

The sum owing on the obligation secured by the trust deed is:  
 \$5,398.11 plus interest

plus trustee's fees, attorney's fees, foreclosure costs and any sums advanced by beneficiary pursuant to the terms of said  
 trust deed.

Beneficiary has and does elect to sell the property to satisfy the obligation pursuant to ORS 86.705 to 86.795.

The property will be sold as provided by law on May 6, 1992, at 10:00 o'clock a.m.  
 based on standard of time established by ORS 187.110 at 540 Main St., #301,  
Klamath Falls Klamath County, Oregon.

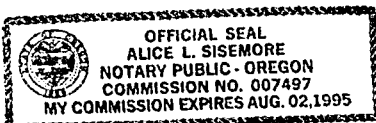
Interested persons are notified of the right under ORS 86.753 to have this proceeding dismissed and the trust deed reinstated  
 by payment of the entire amount then due, other than such portion as would not then be due had no default occurred, together  
 with costs, trustee's and attorney's fees, and by curing any other default complained of in this Notice, at any time prior to  
 five days before the date last set for sale.

Dated: January 15, 1992. William L. Sisemore, Trustee

STATE OF OREGON, County of Klamath, ss  
 The foregoing was acknowledged before me on January 15, 1992 by William L. Sisemore,

Alice L. Sisemore Notary Public for Oregon — My Commission Expires: 8/2, 1995

Certified to be a true copy:



Attorney for Trustee

STATE OF OREGON, County of Klamath, ss  
 Filed for record on January 15, 1992 at 10:00 o'clock a.m.  
 and recorded in page of mortgages

County Clerk by Deputy

After recording return to:

**WILLIAM L. SISEMORE**  
 Attorney at Law  
 540 Main Street  
 Klamath Falls, OR 97601

1992 MAY 9 AM 10 15

20.00

OREGON HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS

10069

086728

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION

90-022113

1 D. TAG NO

Vital Records Unit  
CERTIFICATE OF DEATH

136

State File Number

1 DECEASED'S NAME <b>Harvey John LeFEVER</b>		2 SEX <b>M</b>		3 DATE OF DEATH (Month, Day, Year) <b>November 16, 1990</b>	
4 SOCIAL SECURITY NUMBER <b>542-12/0689</b>		5a AGE - Last birthday (Years) <b>71</b>		5b Under 1 Year Months <b>Days</b>	
6 BIRTHPLACE (City and State or Foreign Country) <b>Spokane, Wa.</b>		7 DATE OF BIRTH (Month, Day, Year) <b>June 3, 1919</b>		8 PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other (Specify)	
9a FACILITY NAME (If not institution, give street and number) <b>Merle West Medical Center</b>		9b CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		9c COUNTY OF DEATH <b>Klamath</b>	
10a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life) <b>Baker</b>		10b KIND OF BUSINESS/INDUSTRY <b>Grocery Store</b>		11 MARITAL STATUS - Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify) <b>Widowed</b>	
12a RESIDENCE - STATE <b>Oregon</b>		12b COUNTY <b>Klamath</b>		12c STREET AND NUMBER <b>708 Owens Street</b>	
13a INSIDE CITY LIMITS? <b>Yes</b>		13b ZIP CODE <b>97601</b>		14 WAS DECEASED OF HISPANIC ORIGIN? (Specify race or You if you specify English, Spanish, Puerto Rican, etc.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15a RACE <b>White</b>		15b DECEASED'S EDUCATION (Specify only highest grade completed) <b>8</b>		16 INFORMANT - NAME and relationship to deceased <b>Dennis LeFever / Son</b>	
17a DECEASED'S NAME <b>Joseph John LeFever</b>		17b MOTHER - NAME <b>Vivian - McQuethy</b>		18 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Memorial Park</b>	
19a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		19b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Memorial Park</b>		19c LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>	
20 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James N. Beggs</i>		21 LICENSE NUMBER (Or License) <b>3409</b>		22 NAME, ADDRESS AND ZIP OF FACILITY <b>Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601</b>	
23 DATE FILED (Month, Day, Year) <b>NOV 20 1990</b>		24 REGISTRAR'S SIGNATURE <i>Danney Kennedy</i>		25 WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
27 TIME OF DEATH <b>0625</b>					
28 WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
29 To the best of my knowledge, death occurred at time, date, place and due to the cause(s) and manner stated. (Signature) <i>James N. Beggs</i>					
30 DATE SIGNED (Month, Day, Year) <b>11/19/90</b>					
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>James N. Beggs, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601</b>					
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. Cause or Frequency Arrest					
(a) <b>Constrictive Heart Failure</b>					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 <b>Severe COPD, Atrial Fibrillation</b>					
37 End tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		38 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39 IF YES were findings consistent in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
40 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a DATE OF INJURY (Month, Day, Year)		41b TIME OF INJURY <input type="checkbox"/> Yes <input type="checkbox"/> No	
42 PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		43 LOCATION (Street and Number or Rural Route Number, City or Town, State)			

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED \_\_\_\_\_

JAN 27 1992

EDWARD J JOHNSON  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**AFFIDAVIT OF MAILING TRUSTEE'S NOTICE OF SALE**

**10010**

STATE OF OREGON        )  
                              ) SS  
County of Klamath     )

I, William L. Sisemore, being first duly sworn, depose and say and certify that:

At all times hereinafter mentioned I was and now am a resident of the State of Oregon, a competent person over the age of eighteen years and not the beneficiary or beneficiary's successor in interest named in the attached original notice of sale given under the terms of that certain deed described in said notice.

I gave notice of the sale of the real property described in the attached notice of sale by mailing a copy thereof by both first class and certified mail with return receipt requested to each of the following named persons (or their legal representatives, where so indicated) at their respective last known addresses, to-wit:

**NAME AND ADDRESS**

Mike J. LeFever	1045 N. E. 79th, Portland, OR 97213
-Dennis LeFever	Rt. 6, Box 7015, Gloucester, VA 23061
-Barbara Ann Carr	5704 NE 34th St, Apt #5, Vancouver, WA 98661
-Lillian Wayant	3110 NE 78th, Vancouver, WA 98662
Elizabeth Combs	3237 Lindsay, Boise, ID 83705
-Roger LeFever	235 S. Pacific, Monmouth, OR 97361
Sharton Tillman	2834 N. E. 32nd Place, Portland, OR 97212
-Lee Finders, Atty at Law	7235 N. E. Sandy Blvd., Portland, OR 97213
(atty for Sharton Tillman)	
-Carter-Jones Collection Service	1143 Pine St., Klamath Falls, OR 97601

Said persons include (a) the grantor in the trust deed, (b) any successor in interest to the grantor whose interest appears of record or of whose interest the trustee or the beneficiary has actual notice, (c) any person, including the Department of Revenue or any other state agency, having a lien or interest subsequent to the trust deed if the lien or interest appears of record or the beneficiary has actual notice of the lien or interest, and (d) any person requesting notice, as required by ORS 86.785.

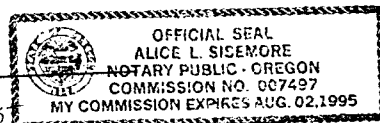
Each of the notices so mailed was certified to be a true copy of the original notice of sale by William L. Sisemore, attorney for the trustee named in said notice; each such copy was contained in a sealed envelope, with postage thereon full prepaid, and was deposited by me in the United States post office at Klamath Falls, Oregon, on January 15, 1992. With respect to each person listed above, one such notice was mailed with postage thereon sufficient for first class delivery to the address indicated, and another such notice was mailed with a property form to request and obtain a return receipt and postage thereon in the amount sufficient to accomplish the same. Each of said notices was mailed after the notice of default and election to sell described in said notice of sale was recorded.

As used herein, the singular includes the plural, trustee includes successor trustee, and person includes corporation and any other legal or commercial entity.

William L. Sisemore  
William L. Sisemore

Subscribed and sworn to before me on January 15, 1992.

Alice L. Sisemore  
Notary Public for Oregon  
My Commission Expires: 8-2-95



STATE OF OREGON        )  
                              ) SS  
County of Klamath     )

I certify that the within instrument was received for record on the 8th day of May, 19 92, at 10:15 o'clock A M, and recorded in book/real/volume No. M92 on page 10008 or as fee/file/instrument/microfilm/reception No. \_\_\_\_\_, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

After recording, return to:

BY Alice L. Sisemore  
Deputy

Fee. \$20.00