75500

02-02-94P03:30 RCVD

Vol. M94 Page 3856

Return to:	Clerk's Stamp:
Brandsness, Brandsness & Rudd, P.C. 411 Pine Street Klamath Falls, Oregon 97601	

MTC 31598

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

Reference is made to the following Trust Deed: Dick E. Wilson and Catherine F. Wilson, Grantor; Mountain Title Company of Klamath County, Trustee; and Jay W. Shanor and Naomi R. Shanor, Beneficiary, recorded in Official/Microfilm Records, Vol. M-88, Page 192, Klamath County, Oregon, covering the following-described real property in Klamath County, Oregon:

Lot 22, Block 8, SOUTH CHILOQUIN, according to the official plat thereof on file in the office of the County Clerk of Klamath County, 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: monthly payments in the sum of $175.00 due August 15, 1993 and a like payment on the 15th of each month thereafter; taxes for the years 1990-1991, 1991-1992, 1992-1993, and 1993-1994; and failure to pay insurance premiums.

The sum owing on the obligation secured by the trust deed is: $7,800.84, plus interest at the rate of 10% per annum from July 8, 1993, plus taxes, 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 June 8, 1994, at 10:00 o'clock a.m. based on standard of time established by ORS 187.110 at the Law Offices of Brandsness, Brandsness & Rudd, P.C., 411 Pine St., Klamath Falls, 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 31, 1994.

Andrew C. Brandsness Trustee

STATE OF OREGON)
) ss. January 31, 1994
County of Klamath)

Personally appeared, Andrew C. Brandsness, and acknowledged the foregoing instrument to be his/her voluntary act and deed. Before me:

OFFICIAL SEAL
BARBARA L. MASTERS
NOTARY PUBLIC - OREGON
COMMISSION NO. 021893
MY COMMISSION EXPIRES FEB. 05, 1997

Notary Public for Oregon
My Commission expires: 2-5-97

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Brandsness & Brandsness the 2nd day of Feb A.D., 19 94 at 3:30 o'clock P M., and duly recorded in Vol. M94, of Mortgages on Page 3856.

FEE $15.00

Evelyn Biehn - County Clerk
By Pauline Millendore

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

39319012063

1A. Name of decedent—first	1B. Middle	1C. Last	2A. Date of death	2B. Hour
ANTONIA	B.	MITCHELL	MARCH 15, 1993	1710
4. Race	5. Hispanic	6. Date of birth	7. Age in years	
FILIPINO	[ ] Yes [X] No	JANUARY 27, 1927	66	
8. State of birth	9. Citizen of what country	10A. Full name of father	10B. State of birth	11A. Full maiden name of mother / 11B. State of birth
PI	USA	JUAN BUTIAL	PI	PAULINA BALACOT / PI
12. Military service	13. Social security no.	14. Marital status	15. Name of surviving spouse	
[X] None	550 25 5638	WIDOW	- -	
16A. Usual occupation	16B. Usual kind of business or industry	16C. Usual employer	16D. Years in occupation	17. Education
MACHINE OPERATOR	INSULATION/FABRICATION	INSULFAB. INC.	14	6

Usual residence

18A. Residence	18B. City	18C. Zip code	
157 W. GREENGLADE CT.	CAMARILLO	[illegible]010	
18D. County	18E. Number of years in this county	18F. State or foreign country	20. Name, relationship, mailing address of informant
VENTURA	23	CALIFORNIA	EMILY GREPO NIECE, 401 W. 220TH ST. #51, CARSON, CA 90745

Place of death

19A. Place of death	19B. If hospital	19C. County
ROYALWOOD CARE CENTER (SNF)	- -	LOS ANGELES
19D. Street address	19E. City	
22520 MAPLE AVE.	TORRANCE	

Cause of death

21. Death was caused by	Time interval between onset and death	
Immediate cause (A) PNEUMONIA	2 WKS	22. Was death reported to coroner? [ ] Yes [X] No
Due to (B) COMA	6 MOS.	23. Was biopsy performed? [ ] Yes [X] No
Due to (C) INTRACEREBRAL BLEED	6 MOS.	24A. Was autopsy performed? [ ] Yes [X] No; 24B. Was it used in determining cause of death? [ ] Yes [ ] No
25. Other significant conditions: NONE		26. Was operation performed: NO

Physician's certification

27A. Decedent attended since	Decedent last seen alive	27C. Certifier's license number	27D. Date signed
1/1/1993	3-5-1993	G060684	3/16/93
27E. Type attending physician's name and address	DOUGLAS ALLEN M.D. 3565 DEL AMO BLVD. 3RD FLR. TORRENCE, CA		

Coroner's use only

(blank)

Funeral director and local registrar

34A. Disposition	34B. Place of final disposition	34C. Date	35A. Signature of embalmer	35B. License number
BURIAL	VALLEY OAKS MEM. PK. 5300 LINDERO CYN RD. WESTLAKE VILLAGE, CA 91362	3/20/1993	Virgil A. Caunty	7615
36. Name of funeral director	36B. License no.	37. Signature of local registrar	38. Registration date	
PIERCE BROS. VALLEY OAKS MORTUARY	F-1348	[signature]	MAR 17 1993	

VS-11 (REV. 3-91)

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Beatriz Valdez
BEATRIZ VALDEZ
Registrar-Recorder/County Clerk

JAN 19 1994

19-657142

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Emily Grepo the 2nd day of Feb A.D., 19 94 at 3:39 o'clock P M., and duly recorded in Vol. M94 of Deeds on Page 3858.

Evelyn Biehn, County Clerk
By [signature]

FEE $10.00

Return: Emily Grepo, 214 E. Javelin St
Carson, Ca. 90745

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

G-3797
I.D. TAG NO.
43
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136- State File Number

DECEDENT

1. Decedent's Name (First, Middle, Last): Harold Norman OVERLUND
2. Sex: Male
3. Date of Death (Month, Day, Year): Janaury 23, 1994
4. Social Security Number: 542-03-3109
5a. Age Last Birthday (Years): 76
6. Birthplace (City and State or Foreign Country): Silverton, Oregon
7. Date of Birth (Month, Day, Year): October 2, 1917
8. Was Decedent Ever in U.S. Armed Forces? ☐ Yes ☒ No
9a. Place of Death (Check only one): Other: ☒ Decedent's Home
9b. Facility Name (If not institution, give street and number): Airport Road
9c. City, Town, or Location of Death: Crescent
9d. County of Death: Klamath
10a. Decedent's Usual Occupation: Log Truck Driver
10b. Kind of Business/Industry: Timber
11. Marital Status: Married
12. Spouse (If Married, Widowed): Dorothy Overlund
13a. Residence - State: Oregon
13b. County: Klamath
13c. City, Town or Location: Crescent
13d. Street and Number: Airport Road
13e. Inside City Limits? ☐ Yes ☒ No
13f. Zip Code: 97733
14. Was Decedent of Hispanic Origin? ☒ No
15. Race: White
16. Decedent's Education (Specify only highest grade completed): Elementary/Secondary (0-12): 12

PARENTS

17. Father - Name (First, Middle, Last): Ole Overlund
18. Mother's Name (First, Middle, Maiden): Julia Fossman
19. Informant - Name and relationship to deceased: Dorothy Overlund, Wife

DISPOSITION

20a. Method of Disposition: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Mausoleum
20b. Place of Disposition (Name of cemetery, crematory, or other place): Central Oregon Cremation Assn.
20c. Location - City or Town, State: Bend, Oregon 97701
21a. Signature of Funeral Service Licensee or Person Acting as Such: [signature]
21b. License Number (Of Licensee): 3565
22. Name, Address and Zip of Facility: Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, OR 97701

REGISTRAR

23. Date Filed (Month, Day, Year): JAN 26 1994
24. Registrar's Signature: [signature] Evelyn Simonson
25. Did Hospital Representative Make Request for Anatomical Gift Consent? ☐ Yes ☐ No ☒ N/A
26. Was Gift Made? ☐ Yes ☒ No ☐ N/A

CERTIFIER

To be completed by certifying physician
27. Time of Death: 1:29 A. M
28. Was Medical Examiner Notified? ☒ Yes ☐ 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): [signature] Keith W. Harless MD
30. Date Signed (Month, Day, Year): January 24 1994

To be completed only by medical examiner
31a. Time of Death: M
31b. Date Pronounced Dead (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. Date Signed (Month, Day, Year) County
34. Name, Title, Address and Zip of Certifier/Medical Examiner (Type or Print)
35. Name of Attending Physician if Other Than Certifier (Type or Print): Keith W. Harless, MD 1501 NE Medical Center Bend, Oregon 97701

CAUSE OF DEATH

36. 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) Prostate Cancer — Interval between onset and death: years
Due to, or as a consequence of: (b)
Due to, or as a consequence of: (c)
Part II Other Significant Conditions: Chronic Pulmonary Fibrosis Dementia
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38. Autopsy: ☐ Yes ☒ No
39. If yes, were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. Manner of Death: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. Date of Injury (Month, Day, Year)
41b. Time of Injury
41c. Injury at Work? ☐ Yes ☒ No
41d. Describe How Injury Occurred
41e. Place of Injury - At home, farm, street, factory, office building etc. (Specify)
41f. Location (Street and Number or Rural Route Number, City or Town, State)

Reserved for Registrar's Use

ORIGINAL VITAL STATISTICS COPY

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.

45-2 Rev 1/92

DATE ISSUED JAN 26 1994

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Niswonger-Reynolds
on this 2nd day of Feb A.D., 19 94
at 3:39 o'clock P M. and duly recorded
in Vol. M94 of Deeds Page 3859.
Evelyn Biehn County Clerk
By [signature] Deputy.

Fee, $10.00

Pleaserreturn to:
Niswonger-Reynolds, Inc
P.O. Box 229
Bend, OR 97709