

# Affidavit of Publication

ATC 41474

## STATE OF OREGON, COUNTY OF KLAMATH

I, Sarah Parsons, Office Manager, being first duly sworn, depose and say that I am the principal clerk of the publisher of the Herald and News a newspaper of general circulation, as defined by Chapter 193 ORS, printed and published at Klamath Falls in the aforesaid county and state; that the

LEGAL #6493

TRUSTEE'S NOTICE OF SALE

PEDEN VS KLAMATH COUNTY TITLE CO.

a printed copy of which is hereto annexed, was published in the entire issue of said newspaper for

FOUR

( 4 insertions) in the following issues:

JUNE 15, 22, 29, 1994

JULY 6, 1994

Total Cost: \$729.60

Dorab L. Parsons

Subscribed and sworn to before me this 6TH

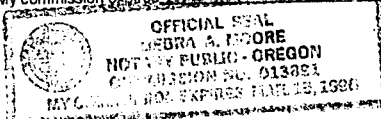
day of JULY 19 94

Debra A Moore

Notary Public of Oregon

My commission expires

3-19-96



After Recording  
Return to:  
Regional Trustee Services Corp.  
F/K/A Interstate Trustee Services Corp.  
2730 Washington Mutual Tower  
1201 Third Ave.  
Seattle, Wa. 98101

### TRUSTEE'S NOTICE

OF SALE

Quantum BRS 44-705

at sec and

RS 99-2010-1-1-1-1

Trustee No. 44-705

44-705

reference

made to the certain

trust deed made by

GEORGE BERTHELE

PEDEN and

JANET BRADSHAW

PEDEN, HUSBAND

AND WIFE, as grant-

ors, to KLAMATH

COUNTY TITLE COM-

PANY, as trustee, in

favor of FIRST NA-

TIONAL BANK OF OR-

EGON, N/A FIRST

INTERSTATE BANK

OF OREGON, as bene-

ficiary, dated August 2,

1974, recorded August

7, 1974 in the mortgage

records of KLAMATH

County, Oregon, in

Book No. M-74 at Page

925, covering the fol-

lowing described real

property situated in

said county and state,

to-wit:

LOT 13 OF

SOUTHSHORE AC-

CORDING TO THE OF-

FICIAL PLAT THERE-

ON FILE IN THE

OFFICE OF THE

COUNTY CLERK OF

KLAMATH COUNTY,

OREGON.

The street ad-

dress or other com-

mon designation, if

any, of the real prop-

erty described above is

purported to be:

170 SOUTHSORE

LANE

KLAMATH FALLS OR

97601.

The undersigned

trustee disclaims any

liability for any incor-

rectness of the above

street address or other

common designation.

Both the bene-

ficiary and the trustee

have elected to sell the

said real property to

satisfy the obligations

secured by said trust

deed and a notice of de-

fault has been record-

ed pursuant to Oregon

Revised Statutes

§ 735(3), the default

for which the foreclo-

sure is made is grant-

or's failure to pay

when due the following

sums:

Payments:

payments at \$475.59

each, \$1,426.77

payments at \$466.36,

\$932.72

11-01-92 through 03-22-

94.

Late Charges:

prior accumulated late

charges

Beneficiary Advances

(with interest if ap-  
plicable)

TOTAL: \$2,894.44

### ALSO: IF you

have failed to pay

taxes on the property,

provide insurance on

the property or pay

other senior liens or en-

cumbrances, as re-

quired in the note and

deed of trust, the ben-

eficiary may insist that

you do so in order to re-

tain your account in

good standing. The ben-

eficiary may require

as a condition to rein-

statement that you pro-

vide reliable written evi-

dence that you have

paid all senior liens or

encumbrances, prop-

erty taxes, and hazard

insurance premiums.

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:

UNPAID PRIN-

CIPAL BALANCE OF

\$24,828.59, AS OF 10-01-

93, PLUS, FROM

THAT DATE UNTIL

PAID, ACCRUED AND

ACCRUING INTEREST

AT THE RATE OF

9.500% PER ANNUM,

PLUS ANY LATE

CHARGES, ESCROW

ADVANCES, FORE-

CLOSURE COSTS,

TRUSTEE FEES, AT-

TORNEY FEES, SUMS

REQUIRED FOR PRO-

TECTION OF THE

PROPERTY AND AD-

DITIONAL SUMS SE-

CURED BY THE

DEED OF TRUST.

WHEREFORE,

notice hereby given

that the undersigned

trustee will on August

10, 1994, at the hour of

10:00 A.M. in accord

with the standard of

time established by

ORS 187-110, at the

MAIN ENTRANCE TO

THE KLAMATH COUNT-

Y COURTHOUSE, 316

MAIN STREET, KLA-

MATH FALLS, County

of KLAMATH, State of

Oregon, sell at public

auction to the highest

bidder for cash the in-

terest in the said de-

scribed real property

which the grantor had

or had power to con-

vey at the time of the

execution by him of

the said trust deed, to-

gether with any inter-

est which the grantor

or his successors in in-

terest acquired after

the execution of said

trust deed, to satisfy

the foregoing obliga-

tions thereby secured

and the costs and ex-

penses of sale, includ-

ing a reasonable

charge by the trustee.

### Notice is further

given that any person

named in ORS 44-705

has the right, at any

time prior to five days

before the date last set

for the sale, to have

this foreclosure pro-

ceeding dismissed and

the trust deed rein-

stated by payment of

the beneficiary of the

entire amount due (oth-

er than such portion of

the principal as would

not then be due had no

default occurred) and

by curing any other de-

fault complained of

herein that is capable

of being cured by ten-

dering the perfor-

mance required under

the obligations or trust

deed, and in addition to

paying said sums or

tendering the perfor-

mance necessary to

cure the default, by

paying all costs and ex-

penses actually in-

curred in enforcing the

obligation and trust

deed, together with

trustee's and attor-

ney's fees.

In construing this

notice, the masculine

gender includes the

feminine and the neu-

ter; the singular in-

cludes the plural; the

word "grantor" in-

cludes any successor

in interest to the gran-

tor as well as any other

person owing an obli-

gation, the perfor-

mance of which is se-

cured by said trust

deed, and the words

"trustee" and "bene-

ficiary" include their

respective successors

in interest, if any.

DATED: March 29, 1994

REGIONAL TRUSTEE

SERVICES CORPO-

RATION

f/k/a INTERSTATE

TRUSTEE SERVICES

CORPORATION

Successor Trustee

BY

ALETA LAVANDIER,

PRESIDENT

1201 THIRD AVENUE,

SUITE 2730

SEATTLE, WA 98101

(509) 447-2550

STATE OF

WASHINGTON

COUNTY OF KING

I certify that I am an

authorized represen-

tative of trustee, and

the foregoing is a com-

plete and exact copy of

the original trustee's

notice of sale.

DEBBIE KAUFMAN,

AUTHORIZED

REPRESENTATIVE

OF TRUSTEE

#6493 June 15, 22, 29,

1994 July 6, 1994

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Aspen Title co the 28th day  
of July A.D., 19 94 at 3:41 o'clock P M., and duly recorded in Vol. M94,  
of Mortgages on Page 23191.

Evelyn Biehn - County Clerk

By Debra A Moore

FEE \$10.00

85014

# OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

G-4162

I.D. TAG NO.

126

Local File Number

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

136

State File Number

1. DECEDENT'S NAME First: Donald Middle: Richard Last: WILLFORD			2. SEX Male		3. DATE OF DEATH (Month, Day, Year) March 22, 1994	
4. SOCIAL SECURITY NUMBER 520 14 3796			5a. AGE at Birth (Years) 72		5b. Under 1 Year Mos. Days Hours Mins.	
6. BIRTHPLACE (City and State or Foreign Country) Sheridan, WY.			7. DATE OF BIRTH (Month, Day, Year) May 5, 1921			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> 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) 5230 Sturdivant			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.) Vice President			10b. KIND OF BUSINESS/INDUSTRY Banking		11. MARITAL STATUS - Married, Widowed, Divorced (Specify) Widowed	
12. SPOUSE (If Married, Widowed) Mary F.			13a. RESIDENCE - STATE Oregon			13b. COUNTY Klamath
13c. CITY, TOWN OR LOCATION Klamath Falls			13d. STREET AND NUMBER 5230 Sturdivant			
14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			15. ZIP CODE 97603		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 2	
17. FATHER - NAME first middle last Richard E. Willford			18. MOTHER - NAME first middle maiden Effie Mae Seamens		19. INFORMANT - NAME and relationship to deceased Alton Willford / Bro.	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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 <i>James H. 2</i>			21b. LICENSE NUMBER (Of licensee) 3409		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601	
23. DATE FILED (Month, Day, Year) MAR 25 1994			24. REGISTRAR'S SIGNATURE <i>Edward J. Johnson</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
27. TIME OF DEATH 22:15 M			28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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>Jon G. McKellar</i>						
30. DATE SIGNED (Month, Day, Year) 3/25/94						
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER-MEDICAL EXAMINER (Type or Print) Jon G. McKellar, MD / 2300 Clairmont / 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) Chronic Obstructive Lung Disease					Interval between onset and death	
(b)					Interval between onset and death	
(c)					Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I						
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			41d. DESCRIBE HOW INJURY OCCURRED			
42. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			43. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

RESERVED FOR REGISTRAR'S USE

DATE ISSUED

MAR 25 1994

ORIGINAL-VITAL STATISTICS COPY

EDWARD J. JOHNSON II  
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co the 28th day  
of July A.D., 19 94 at 3:41 o'clock P.M., and duly recorded in Vol. M94,  
of Deeds on Page 23192

FEE \$10.00

Evelyn Biehn - County Clerk  
By Pauline Mullendor