94996 02-17-95A11:42 RCVD Vol m95 Page 3575

NOTICE OF PENDENCY OF AN ACTION

Pursuant to ORS 93.740, the undersigned states:

1. As plaintiff, State of Oregon, Acting by and through the Director of Veterans' Affairs, has filed an action for foreclosure of mortgage in the Circuit Court for Klamath County.

2. The defendants are: Glen E. Derra, aka Glen Edward Derra, aka Glenn E. Derra; Linda Derra; Terry L. Derra, aka Terry Lee Derra; United States of America, Farmers Home Administration; United States National Bank of Oregon; Gary L. Hedlund and Malin Grain & Feed Co..

3. The object of the action is: to foreclose mortgage.

4. The description of the real property to be affected is:

See Attached Exhibit 1

5. The Case Number assigned to the above referenced action is: 9500588CV.

DATED this 15 day of February, 1995.

Randall C. Jordan #76197
Assistant Attorney General
Attorney for Plaintiff

Name: Randall C. Jordan
Address: Department of Justice
1162 Court Street NE
Salem, OR 97310
(503) 378-4732

OFFICIAL SEAL
SHARON KAE SHAFFER
NOTARY PUBLIC - OREGON
COMMISSION NO. 024164
MY COMMISSION EXPIRES April 28, 1997

STATE OF OREGON)
) ss.
County of Marion)

The foregoing instrument was acknowledged before me this 15 day of February, 1995, by Randall C. Jordan.

Notary Public for Oregon
My Commission Expires:

After recording return to:
Department of Justice
Civil Enforcement Division
1162 Court Street NE
Salem, OR 97310

PARCEL 1:
The NW 1/4 of the NE 1/4 and the N 1/2 SW 1/4 NE 1/4 of Section 3, Township 41 South, Range 12 East, Willamette Meridian, Klamath County, Oregon.

PARCEL 2:
The S 1/2 of the SW 1/4 of the NE 1/4 of Section 3, Township 41 South, Range 12 East, Willamette Meridian, Klamath County, Oregon.

PARCEL 3:
The NW 1/4 of the NW 1/4 of Section 10, Township 41 South, Range 12 East, Willamette Meridian, Klamath County, Oregon.

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Dept. Of Justice the 17th day of Feb A.D., 19 95 at 11:42 o'clock A M., and duly recorded in Vol. M95 of Co. Lien Docket on Page 3575.

Bernetha G. Letsch, County Clerk

FEE $15.00 By Pauline Mullendore

Exhibit 1
Page 1

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

I.D. TAG NO. 094814

Local File Number 571

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First Martha; Middle L.; Last CASSERLY
2. SEX: Female
3. DATE OF DEATH: December 29, 1994
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 75
5b. Under 1 Year: Mins. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Latrobe, PA
7. DATE OF BIRTH: April 19, 1919
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH: HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical 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)): Married
12. SPOUSE (If Married, Widowed or Divorced): Paul Casserly
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2215 Laurel Street
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE (American Indian, Black, White, etc. (Specify)): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary or Secondary (0-12): 11; College (13+):

PARENTS

17. FATHER - NAME first middle last: Robert Steele
18. MOTHER - NAME first middle maiden: —
19. INFORMANT - NAME and relationship to deceased: Paul Casserly Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ 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

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O. Lyons
21b. LICENSE NUMBER (Of Licensee): CO-3572
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): JAN 03 1995
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
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: 5:38 P 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): Blake Berven M.D.
30. DATE SIGNED (Month, Day, Year):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M
31b. DATE PRONOUNCED DEAD (Month, Day, Year) 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): Blake Berven M.D. 2616 Clover Street Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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) DUE TO, OR AS A CONSEQUENCE OF: Acute myocardial infarction — Interval between onset and death: 5 MIN
(b) DUE TO, OR AS A CONSEQUENCE OF: Severe aortic stenosis — Interval between onset and death: 3 YRS
(c) DUE TO, OR AS A CONSEQUENCE OF: ASHD, calcific AS — Interval between onset and death: 10 YRS

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Diabetes mellitus

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
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 M
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

45-2 Rev 11-92

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: JAN 03 1995

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Paul Casserly the 17th day of Feb A.D., 19 95 at 11:43 o'clock A M., and duly recorded in Vol. M95 of Deeds on Page 3577.

Bernetha G. Letsch, County Clerk

FEE $10.00

By Darlene Mullendore

Ret: 2215 Laurel St, Klamath Falls 97601