

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:

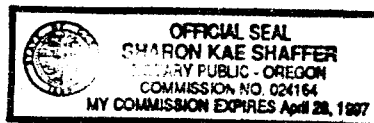
See Attached Exhibit 1

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

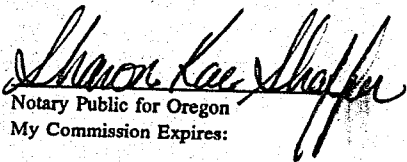


STATE OF OREGON

County of Marion

)
) ss.
)

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. 495
of Co. Lien Docket on Page 3575

Bernetha G. Letsch, County Clerk

FEE \$15.00

By Bernetha G. Letsch

Exhibit 1
Page 1

094414

I.D. TAG NO.

571

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: Martha Middle: L. Last: CASSERLY		2. SEX Female	3. DATE OF BIRTH (Month, Day, Year) December 29, 1994
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE Last Birthday (Years) 75	5b. Under 1 Year Days: [REDACTED]	5c. Under 1 Day Hours: [REDACTED]
6. PLACE OF DEATH (Check only one) ☐ HOSPITAL ☐ Inpatient ☒ Outpatient ☐ DCA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)		7. DATE OF BIRTH (Month, Day, Year) April 19, 1919	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		9. PLACE OF DEATH (Check only one) ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)	
10. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		13. KIND OF BUSINESS/INDUSTRY Own Home	
14. RESIDENCE - STATE Oregon		15. COUNTY Klamath	
16. INSIDE CITY LIMITS? ☒ Yes ☐ No		17. ZIP CODE 97601	
18. WAS DECEDENT OF HISPANIC ORIGIN? Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc. ☐ No ☐ Yes Specify:		19. RACE American Indian, Black, White, etc. (Specify) White	
20. FATHER - NAME first middle last Robert Steele		21. MOTHER - NAME first middle maiden Paul Casserly Spouse	
22. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH James O. [Signature]		25. LICENSE NUMBER (If Licensed) CO-3572	
26. DATE FILED (Month, Day, Year) JAN 03 1995		27. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601	
28. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A		29. REGISTRAR'S SIGNATURE Nancy Kennedy	
30. 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)		31. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M 31b. DATE PHYSICIAN DIED (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)	
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)	
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) Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF (b) Severe aortic stenosis DUE TO, OR AS A CONSEQUENCE OF (c) ASHD, calcific AS 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? ☐ No ☐ Probably ☒ Yes 38. AUTOPSY ☐ Yes ☒ No 39. If yes, and findings consistent with determining cause of death	
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Legal Intervention		41. DATE OF INJURY (Month, Day, Year)	
42. TIME OF INJURY M		43. INJURY AT WORK? ☐ Yes ☒ No	
44. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		45. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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. Leitch, County Clerk

By **Janet Bailey**

FEE \$10.00

Ret: 2215 Laurel St, Klamath Falls
97601