

BOARD OF COUNTY COMMISSIONERS
KLAMATH COUNTY, OREGON

Vol. 796 Page 37957
ORDER 97-043

29463

IN THE MATTER OF THE CANCELLATION)
OF AN AGREEMENT WITH JEFFREY W.)
MCCONNELL)

WHEREAS, Jeffrey W. McConnell entered into an agreement with Klamath County on May 28, 1992, for the purchase of real property described as:

The West 330 feet of the East 495 feet of Government Lot 1 of Section 2, Township 39 South, Range 13 East of the Willamette Meridian, Klamath County, Oregon.

for the sum of \$2,600.00. A down payment of \$650.00 was made the day of the sale with the sum of \$584.73 being the first annual installment due, \$561.56 being the 1994 annual installment and \$495.30 being the 1995 annual installment in the agreement; and

WHEREAS, Jeffrey W. McConnell failed to make the 1996 annual payment and 1995/1996 taxes as required by Section 8 of the Land Sale Agreement, and is now in default under the terms of the Land Sale Agreement; and

WHEREAS, on August 13, 1996, a certified letter was mailed to Jeffrey W. McConnell, requesting the full amount of \$899.63 being the principal balance, interest and recording fee plus \$92.17 for the 1995/1996 tax year be paid on the real property. A return receipt to Klamath County Property Sales Department was received on August 19, 1996; and

WHEREAS, no payment has been made and the Land Sale Agreement is now in DEFAULT.

NOW, THEREFORE, IT IS HEREBY ORDERED, that the Land Sale Agreement between Klamath County and Jeffrey W. McConnell dated May 28, 1992, is hereby declared null and void. A certified copy of this Order shall be mailed certified mail with return receipt to Jeffrey W. McConnell at his/her last known address being: P.O. Box 928, Hoopa, CA 95546.

NOTE: PURSUANT TO ORS 275.220 (2) WITHIN TWENTY (20) DAYS AFTER THE SERVICE OF THIS ORDER OF CANCELLATION UPON THE HOLDER, THE HOLDER OF THE CANCELED CONTRACT MAY APPEAL FROM SUCH ORDER TO THE CIRCUIT COURT FOR THE COUNTY IN WHICH THE LAND IS LOCATED. THE APPEAL SHALL BE TRIED BY THE COURT AS AN ACTION NOT TRIABLE BY RIGHT TO A JURY IN AN AFFIRMANCE OF THE ORDER OF CANCELLATION, SUCH ORDER SHALL BECOME ABSOLUTE AND THE REAL PROPERTY SO FORFEITED AGAIN MAY BE SOLD, WITHOUT NOTICE.

DONE and DATED this 6th day of November, 1996.

BOARD OF COUNTY COMMISSIONERS

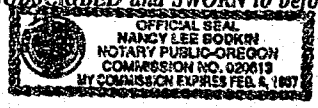
Out of Office Today

F. Jean Elzner, Chairman of the Board

Nell Kuonen
Nell Kuonen, County Commissioner

Floyd L. Wynne
Floyd L. Wynne, County Commissioner

SUBSCRIBED and SWORN to before me this 6th day of November, 1996.



Nancy Lee Bodkin
Notary Public of Oregon
My Commission Expires Feb 8, 1997

Until a change is requested
this Document & tax notices
shall be sent to: KLAMATH COUNTY

96 DEC-5 AM 08

2147

37958
80140

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County the 5th day
 of December A.D., 1996 at 10:08 o'clock A.M., and duly recorded in Vol. M96
 of Deeds on Page 37957

FEE No Fee

Bernetha G. Letsch, County Clerk

By

Kathleen Ross

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Board of Commissioners the 24th day
 of January A.D., 19 97 at 11:14 o'clock A.M., and duly recorded in Vol. M97
 of Deeds on Page 2145

FEE No Fee

Return: Commissioners Journal

Bernetha G. Letsch, County Clerk

by

Kathleen Ross

79-020231

6107

CERTIFICATE OF DEATH

State File Number

Local File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
DUPLICATIONS
SEE
HANDBOOK
101

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

DISPOSITION

INTERVIEW

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

CAUSE OF
DEATH

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
DOREEN ANN BLIVEN					December 4, 1979	
RACE (White, Black, American Indian, etc. (specify))		SEX	AGE—Last birthday (years)	Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)
white		4 female	47	5b	5c	December 17, 1931
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (if not in institution, give street and number)	
Multnomah		Portland			University Hospital South	
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY			SPOUSE (if married, widowed)	
Oregon		U.S.A.			Earl Bliven	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (the kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY	
		Homemaker			Own Home	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP	
Oregon		Multnomah	Portland		1931 S.E. Marion St.	
FATHER—NAME first middle last		MOTHER—Name first middle last		INFORMANT—NAME and relationship to deceased		
Earl Martin		Ruby Wiley		Chuck Wassinger - son		
BURIAL CREMATION		CEMETERY OR CREMATORY—NAME			LOCATION city or town state	
Burial		Rock Creek Cemetery			Rt. 1 Hubbard, Oregon	
FURNERAL SERVICE LICENSEE or person acting as such (NAME and ADDRESS OF FACILITY)						
206 Cornwell Colonial Chapel Box 214 Woodburn, Ore. 97071						
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.						
21a (Signature) of		21b (Signature) of		DATE SIGNED (Mo., Day, Yr.)		
S. J. Bruce MD.				12/4/79		
CERTIFIER—NAME AND TITLE (Type or Print)		HOURS OF DEATH (Specify year or no)				
Steven J. Bruce MD 3181 S.W. Sam Jackson Park Road Portland, Oregon 97201		2:30 p.m.				
21c NAME OF ATTENDING PHYSICIAN (if other than certifier) (Type or Print)						
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
DEC 7 1979		22b (Signature)				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
PART 1 (a) Respiratory Arrest						
DUE TO, OR AS A CONSEQUENCE OF						
(b) Bile, Pleural EFFUSIONS						
DUE TO, OR AS A CONSEQUENCE OF						
(c) Metastatic Colon Cancer						
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not listed as cause (from in PART 1)						
AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER				
No		25 (Specify Yes or No) NO				
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		
No		26b		26c		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, school, factory, office building, etc. (Specify)		LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE		
No		26d		26e		
RESERVED FOR REGISTRAR USE						

VS-2 Rev 8-78 P-85412

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

DATE ISSUED JAN 15 1997

EDWARD J. JOHNSON
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Elizabeth Dalebout the 24th day of January A.D., 19 97 at 11:14 o'clock A. M., and duly recorded in Vol. M97 of Deeds on Page 2148

Return: Elizabeth Dalebout
81251 Lost Creek Rd.
Dexter, Or. 97431

by Bernetha G. Leisch, County Clerk

FEE \$10.00