

NOTICE OF DEFAULT AND ELECTION TO SELL

RE: Trust Deed from Mark D. Short and Tina L. Short, Husband and Wife, Grantor
To Richard LaVern Meredith, Beneficiary

AFTER RECORDING RETURN TO:

Scott D. MacArthur, P.C.
280 Main Street
Klamath Falls, OR 97601

NOTICE OF DEFAULT AND ELECTION TO SELL

Reference is made to that certain trust deed made by Mark D. Short and Tina L. Short, Husband and Wife, as grantor, to Klamath County Title Company, as trustee, in favor of Richard LaVern Meredith, as beneficiary, dated October 26, 1995, recorded January 3, 1996, in the mortgage records of Klamath County, Oregon, in book/reel/volume No. M96 at page 156, that on February 15, 1996 said beneficial interest was assigned to Ralph L. Meredith, Trustee of the Richard L. Meredith, 1996 Revocable Living Trust, dated February 13, 1996, and recorded on February 20, 1996, in book/reel/volume No. M96 at page 4589 of the Mortgage Records of Klamath County, Oregon, covering the following described real property situated in said county and state, to-wit:

Lot 4, Block 11, FAIRVIEW ADDITION NO. 2, TO THE CITY OF KLAMATH FALLS,
according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

The undersigned hereby certifies that no assignments of the trust deed by the trustee or by the beneficiary and no appointments of a successor-trustee have been made except as recorded in the mortgage records of the county or counties in which the above described real property is situate; further, that no action has been instituted to recover the debt, or any part thereof, now remaining secured by the said trust deed, or, if such action has been instituted, such action has been dismissed.

There is a default by the grantor or other person owing an obligation, the performance of which is secured by said trust deed, or by their successor in interest, with respect to provisions therein which authorize sale in the event of default of such provision; the default for which foreclosure is made is grantor's failure to pay when due the following sums:

Taxes for the fiscal year 1997-1998, delinquent in the sum of \$413.98, plus interest.
Taxes for the fiscal year 1996-1997, delinquent in the sum of \$552.76, plus interest.

Payments in the amount of \$209.11 per month from December 1997 to the present plus interest, costs and late charges.

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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, to-wit: \$24,247.42 as of December 1, 1997, plus interest.

Notice hereby is given that the beneficiary and trustee, by reason of said default, have elected and do hereby elect to foreclose said trust deed by advertisement and sale pursuant to Oregon Revised Statutes Sections 86.705 to 86.795, and to cause to be sold at public auction to the highest bidder for cash the interest in the said described property which the grantor had, or had the power to convey, at the time of the execution by him of the trust deed, together with any interest the grantor or his successors in interest acquired after the execution of the trust deed, to satisfy the obligations secured by said trust deed and the expenses of the sale, including the compensation of the trustee as provided by law, and the reasonable fees of trustee's attorney.

Said sale will be held at the hour of 10:00 o'clock, A.M., Standard Time as established by Section 187.110 of Oregon Revised Statutes on May 22, 1998, at the following place: 280 Main Street, in the City of Klamath Falls, County of Klamath, State of Oregon, which is the hour, date and place fixed by the trustee of said sale.

Other than as shown of record, neither the said beneficiary or the said trustee has any actual notice of any person having or claiming to have any lien upon or interest in the real property hereinabove described subsequent to the interest of the trustee in the trust deed, or of any successor in interest to the grantor or of any lessee or other person in possession of or occupying the property, except:

NAME AND LAST KNOWN ADDRESS	NATURE OF RIGHT, LIEN OR INTEREST
Mark D. Short 1421 Oregon Avenue Klamath Falls, OR 97601	Default upon Trust Deed
Tina L. Short 1421 Oregon Avenue Klamath Falls, OR 97601	Default upon Trust Deed
Department of Justice Support Enforcement Division 39 North Central Medford, OR 97501	Klamath County Case No. 9303618CV
Cheri L. Short C/O P.O. Box 4189 Modesto, CA 95352	Klamath County Case No. 9303618CV

Notice is further given that any person named in Section 86.753 of Oregon Revised Statutes has the right, at any time prior to five days before the trustee conducts the sale, to have this foreclosure proceeding dismissed and the trust deed reinstated by payment to the beneficiary of the entire amount then due (other than such portion of the principal as would not then be due had no default occurred) and by curing any other default complained of herein that is capable of being cured by tendering the performance required under the obligation or trust deed, and in addition to paying said sums or tendering the performance necessary to cure the default, by paying all costs and expenses actually incurred in enforcing the obligation and trust deed, together with trustee's and attorney's fees not exceeding the amounts provided by said Section 86.753 of Oregon Revised Statutes.

In construing this notice, the masculine gender includes the feminine and the neuter, the singular includes the plural, the word "grantor" includes any successor in interest to the grantor as well as any other person owing an obligation, the performance of which is secured by said trust deed, and the words "trustee" and "beneficiary" include their respective successors in interest, if any.

DATED: January 13, 1998.

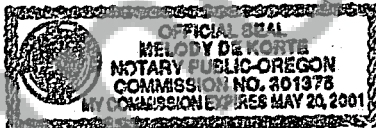
Scott D. MacArthur
Scott D. MacArthur

Successor Trustee

STATE OF OREGON, County of Klamath) ss.

The foregoing instrument was acknowledged before me this 13th day of January, 1998, by Scott D. MacArthur.

(SEAL)



Before me, Melody De Korte
Notary Public for Oregon

My Commission Expires: 5/20/01

STATE OF OREGON, County of Klamath) ss.

I certify that the within instrument received for record on the 13th day Of January, 1998, at 1:15 o'clock P.M., and recorded in book/reel/ volume No. M98 on page 1022 or as fee/file/instrument/microfilm/reception No. 51483, Recorded of Mortgages of said County.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co. Clerk

Name

Title

By Kathleen Ross Deputy

Fee: \$20.00

OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

1. DECEASED'S NAME Harry M. Molatore		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) Dec. 28, 1997	
4. SOCIAL SECURITY NUMBER 541-86-9027		5a. AGE-Last Birthday (Years) 91	5b. Under 1 Year Mo: 01 Days: 01	6. BIRTH-PLACE (City and State or Foreign Country) St. Helena, CA	7. DATE OF BIRTH (Month, Day, Year) Nov. 19, 1906
9. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Patient <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) Plum Ridge Transitional Care Unit			11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		12. COUNTY OF DEATH Klamath
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Owner/Operator		10b. KIND OF BUSINESS/INDUSTRY Motel/Restaurant		11. MARITAL STATUS - Method (Specify if Married, Widowed, Divorced (Specify)) Married	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. RESIDENCE - CITY Oregon		13e. STREET AND NUMBER 2030 Portland Street		14. SPOUSE (If Married, Widowed, Divorced (Specify)) Shirley	
15a. 3-DIGIT CITY 97601		15b. ZIP CODE 97601		16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary (1-12) <input type="checkbox"/> High School (13-15) <input type="checkbox"/> College (16 or 17) <input type="checkbox"/> 3	
17. FATHER - NAME - first middle last Anthony - Molatore		18. MOTHER - NAME - first middle maiden Felicia - Salvetti		19. INFORMANT - NAME and relationship to decedent David Molatore / Son	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James F. Novak</i>		21b. OREGON LICENSE NO. (If 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) JAN 05 1998		24. REGISTRAR'S SIGNATURE <i>Edward J. Johnson</i>			

27. TIME OF DEATH 1302		28. WAS MEDICAL EXAMINER REQUIRED? <input type="checkbox"/> Yes <input checked="" 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>James F. Novak</i>		32. On the basis of examination and investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>James F. Novak</i>	
30. DATE SIGNED (Month, Day, Year) 12-30-97		33. DATE SIGNED (Month, Day, Year) 12-30-97	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) James F. Novak, MD / 1905 Main St. / Klamath Falls, Oregon / 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN James F. Novak, MD / 1905 Main St. / Klamath Falls, Oregon / 97601			

36. PART I (a) Metastatic Carcinoma of the prostate		Interval between onset and death 2 yrs.
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
37. PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I Abdominal Aortic Aneurysm		
38. 40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		39. 41. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY
41c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41d. DESCRIBE HOW INJURY OCCURRED
41e. LOCATION (Street and number or Rural Route Number, City or Town, State)		

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

DATE ISSUED **JAN 05 1998**

Edward J. Johnson
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Shirley Molatore the 13th day of January A.D., 19 98 at 1:15 o'clock P.M., and duly recorded in Vol. M98 of Deeds on Page 1025.

FEE \$10.00

By Bernetha G. Letsch, County Clerk
Kathleen Ross