

NOTICE OF PENDENCY OF AN ACTION

Pursuant to ORS 93-740, the undersigned states:

1. As Plaintiff, Bill B. Harp, has filed an action in the Circuit Court for Klamath County, State of Oregon, Case No. 9807467 CV CV.

2. The Defendants are: Terry M. Mc Grath, Dorothy J. Littleton, who acquired title as Dorothy J. Mc Grath, Brian H. Littleton, Union Mortgage Co., Inc., Department of the Treasury, Internal Revenue Service, and Klamath County, a political subdivision of Oregon.

3. The object of the action is: Complaint: Foreclosure of Deed of Trust

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

Lot 565, Block 115, MILLS ADDITION in the City of Klamath Falls, County of Klamath, State of Oregon.

Dated this 30 day of January, 1998.

William L. Sisemore
William L. Sisemore,
Attorney for Plaintiff

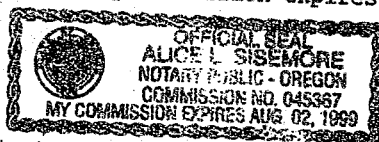
William L. Sisemore
110 N. 6th Street
Klamath Falls, OR 97601

State of Oregon)
County of Klamath) SS

The foregoing instrument was acknowledged before me this 30 day of January, 1998, by William L. Sisemore.

Alice L. Sisemore
Notary Public for Oregon
My Commission expires: 08/02/99

STATE OF OREGON)
County of Klamath) SS



I certify that the within instrument was received for record on the 30th day of January, 1998, at 2:27 o'clock P. M., and recorded in book M98, on page 3099 Record of Mortgages of said County.

Witness my hand and seal of County Affixed.

Bernetha G. Letsch,
County Clerk - Recorder

BY Kathleen Rose
Deputy

AFTER RECORDING, RETURN TO:

Fee: \$10.00

WILLIAM L. SISEMORE
ATTORNEY AT LAW
110 N. 6th Street
KLAMATH FALLS, OR 97601

HOSPITAL LIEN

NOTICE IS HEREBY GIVEN, That **MERLE WEST MEDICAL CENTER** of **KLAMATH FALLS, OREGON** has rendered services in hospitalization for John Lee Thomasson a person who was injured on the 23 day of January, 1998, in the City of _____ County of Klamath, State of OREGON and the said **MERLE WEST MEDICAL CENTER** hereby claims a lien upon any money due or owing or any claim from any responsible party be it any insurance or third party payor in relation to this MVA and not limited to other MWMC claims in relation et al alleged to have caused said injuries and/or any other person, corporation or association liable for said injury or obligated to compensate the said injured person on account of said injuries. The hospitalization was rendered to the said injured person between the 23 day of Jan, 1998, and the 25 day of Jan, 1998.

Mr. John Lee Thomasson

In Account with Claimant:		Dr.	Cr.
	ACCOUNT NO. <u>Z010522147</u>		
	Balance Due Claimant:	<u>14,215.50</u>	

That fifteen days have not elapsed since the time (the completion of said hospitalization); that the claimant's demands for said care and/or services is in the sum \$ 14,215.50 Dollars and that no part thereof has been paid, except NONE Dollars and that there is now due and owing and remaining unpaid thereof, after deducting credits and offsets the sum of \$ 14,215.50 Dollars, in which amount lien is hereby claimed.

If the injured person is covered by Medicare, this Hospital Lien Notice is not intended to claim or perfect a lien on any insurance proceeds from, or insurer's obligations under, the liability coverage of an insurance policy.

Barbara Hart for MWMC
Claimant

STATE OF OREGON,

County of KLAMATH } ss.

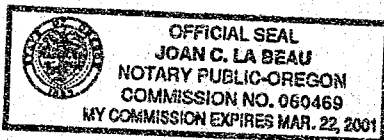
Barbara Hart for MWMC

, being first duly sworn on oath, say:

That I am ONE AND THE SAME named in the foregoing claim of lien; that I have read the same and know the contents thereof and believe the same to be true.

Barbara Hart for Merle West Medical Center

Subscribed and sworn to before me this 30th day of January, 1998



Joan C. La Beau
Notary Public for Oregon

My commission expires 3-22-2001

JAN 30 P2:27 '98

52450 '98 Hospital Lien	STATE OF OREGON, ss.		I certify that the within instrument was received for record on the <u>30th</u> day of <u>January</u> , 19 <u>98</u> , at <u>2:27</u> o'clock <u>P.M.</u> , and recorded in book <u> </u> on page <u> </u> Record of Hospital Liens of said County.	Witness my hand and seal of County affixed.	Bernetha G. Letsch, County Clerk By: <u>Kathleen Lopez</u> Deputy	Fee: \$5.00 50¢ copy
	County of <u>Klamath</u>					