

TRUSTEE'S NOTICE OF DEFAULT AND ELECTION TO SELL
AND
TRUSTEE'S NOTICE OF SALE

Reference is made to that Trust Deed wherein HARLEY DEAN COX, is grantor; First American Title Insurance Company, is Trustee; and Brian Curtis and Dolores Curtis, husband and wife, with full rights of survivorship, is Beneficiary, recorded in Official/Microfilm Records, Vol. M97, page 36465, Klamath County, Oregon, covering the following described real property in Klamath County, Oregon:

The West 36 feet of Lot 41 and the East 17 feet of Lot 42 of ROSELAWN, Resubdivision of Block 70 of Buena Vista Addition 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.

No action is pending to recover any part of the debt secured by the trust deed.

The obligation secured by the trust deed is in default because the grantor has failed to pay the following: \$112.50 due January 30, 1998 plus late charge and a like installment each month thereafter; failure to pay real property taxes for the year 1997-98.

The sum owing on the obligation secured by the trust deed is: \$9,000.00 plus interest at the rate of 15% per annum from December 28, 1997,

plus trustee's fees, attorney's fees, foreclosure costs and any sums advanced by beneficiary pursuant to the terms of said trust deed.

Beneficiary has and does elect to sell the property to satisfy the obligation pursuant to ORS 86.705 to 86.795.

The property will be sold as provided by law on July 13, 1998 at 10:00 o'clock a.m. based on standard of time established by ORS 187.110 at 110 N. 6th Street, Klamath Falls, Klamath County, Oregon.

Interested persons are notified of the right under ORS 86.753 to have this proceeding dismissed and the trust deed reinstated by payment of the entire amount then due, other than such portion as would not then be due had no default occurred, together with costs, trustee's and attorney's fees, and by curing any other default complained of in this Notice, at any time prior to five days before the date last set for sale.

This communication is an attempt to collect a debt. Any information obtained will be used for that purpose.

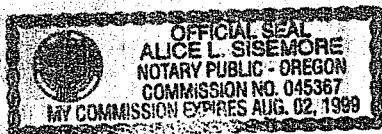
Dated: March 4, 1998.

William L. Sisemore
William L. Sisemore, Successor Trustee

STATE OF OREGON, County of Klamath ss

The foregoing was acknowledged before me on March, 1998, by William L. Sisemore,

Alice L. Sisemore, Notary Public for Oregon-My Commission Expires: 08/02/99



Certified to be a true copy:

Attorney for Trustee

STATE OF OREGON, County of Klamath ss

Filed for record on March 4, 1998, at 9:51 o'clock A.m. and recorded in m98 page 6978 or as file/reel/document/instrument number 54054 of mortgages.

Bernetha G. Letsch Klamath County Clerk, by Kathleen Ross
Deputy

After recording, return to:
William L. Sisemore
Attorney at Law
110 N. 6th Street
Klamath Falls, OR 97601

Fee: \$10.00

OREGON HEALTH DIVISION

OREGON DEPARTMENT OF HEALTH SERVICES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

H-15057

I.D. TAG NO.

101

Local File Number

State File Number

1. DECEDENT'S NAME First: <u>Helen</u> Middle: <u>H.</u> Last: <u>Dwyer</u>		2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>February 20, 1998</u>
4. SOCIAL SECURITY NUMBER <u>541-38-3064</u>	5a. AGE-Last Birthday (Years) <u>89</u>	5b. Under 1 Year Mths: <u> </u> Days: <u> </u> Hours: <u> </u> Mins: <u> </u>	5c. Under 1 Day Mins: <u> </u>
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) <u>December 26, 1908</u>	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____			
9a. FACILITY NAME (If not institution, give street and number) <u>442 Michigan Ave</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9c. COUNTY OF DEATH <u>Klamath</u>		10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Licensed Practical Nurse</u>	
10a. KIND OF BUSINESS/INDUSTRY <u>Health Care</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>	
12. SPOUSE (If Married, Widowed) <u>William</u>		13a. RESIDENCE - STATE <u>Oregon</u>	
13b. COUNTY <u>Klamath</u>		13c. CITY, TOWN OR LOCATION <u>Klamath Falls</u>	
13d. STREET AND NUMBER <u>442 Michigan Ave</u>		14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15. ZIP CODE <u>97601</u>		16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify if or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
17. FATHER - NAME first middle last <u>Joseph George Wagner</u>		18. MOTHER - NAME first middle last <u>Anna Brezina</u>	
19. INFORMANT - NAME and relationship to decedent <u>Bill Dwyer, son</u>		20. METHOD OF DISPOSITION <input type="checkbox"/> Autopsy <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____	
21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Simonsen Crematory</u>		22. LOCATION - City or Town, State <u>Ashland, Oregon</u>	
23. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON AUTHORIZED TO SIGN <u>[Signature]</u>		24. OREGON LICENSE NO. (Of Licensee) <u>3607</u>	
25. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601</u>		26. DATE FILED (Month, Day, Year) <u>FEB 24 1998</u>	
27. REGISTRAR'S SIGNATURE <u>[Signature]</u>		28. RESERVED FOR REGISTRAR'S USE	

TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>0935</u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <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) <u>[Signature]</u>			
30. DATE SIGNED (Month, Day, Year) <u>February 23, 1998</u>		31. DATE SIGNED (Month, Day, Year) _____ COUNTY _____	
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. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>James N. Beggs, MD 2300 Clairmont, Klamath Falls, OR 97601</u>			
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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.

ORIGINAL VITAL STATISTICS COPY

DATE ISSUED FEB 24 1998

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William E. Dwyer the 4th day of March A.D., 19 98 at 10:04 o'clock A. M. and duly recorded in Vol. M98 of Deeds on Page 6979

Return: William Dwyer Bernetha G. Letsch, County Clerk
434 Michigan Ave. By Kathleen Ross
FEE \$10.00 KFO 97601