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Vol. 1998 Page 18620

NOTICE OF DEFAULT AND ELECTION TO SELL

Reference is made to that certain trust deed made by John F. Julaton and Marline Julaton as tenants by the entirety, as grantor, to Mountain Title Company of Klamath County, Oregon, as trustee, in favor of Glenn E. Spuller and Margaret H. Spuller, as beneficiary, dated September 9, 1988, recorded October 31, 1988, in the mortgage records of Klamath County, Oregon, in book/reel/volume No. M88 at page 18394, or as fee/file/instrument/microfilm/reception No. _____ (indicate which), covering the following described real property situated in the above-mentioned county and state, to-wit:

Lot 17 in Block 48 of TRACT 1184 - OREGON SHORES,
UNIT 2 FIRST ADDITION, 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 situated, further, that no action has been instituted to recover the debt, or any part thereof, now remaining secured by the trust deed, or, if such action has been instituted, such action has been dismissed except as permitted by ORS 86.735(4).

There is a default by the grantor or other person owing an obligation, the performance of which is secured by the trust deed, or by the 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:

Monthly installments of \$207.05 each for all months after May, 1989, together with all real property taxes falling due for the years 1990 through 1997.

By reason of the default, the beneficiary has declared all sums owing on the obligation secured by the trust deed immediately due and payable, those sums being the following, to-wit: \$16,000 and interest thereon at 9.5% per annum from January 20, 1989 and real property taxes and tax foreclosure costs of \$860.84 with interest thereon as determined by the Klamath County Tax Collector.

— OVER —

NOTICE OF DEFAULT
AND ELECTION TO SELL

Re: Trust Deed from

John F. Julaton and
Marline Julaton as tenants
by the entirety _____ Grantor

TO

Mountain Title Company of
Klamath County, Oregon _____ Trustee

After recording return to (Name, Address, Zip):

Donald R. Crane, Attorney
P.O. Box 5261 - 303 Pine St.
Klamath Falls OR 97601

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,

County of _____ } ss.

I certify that the within instrument
was received for record on the _____ day
of _____, 19____,
at _____ o'clock _____ M., and recorded
in book/reel/volume No. _____ on
page _____ or as fee/file/instru-
ment/microfilm/reception No. _____,
Record of Mortgages of said County.

Witness my hand and seal of
County affixed.

NAME

TITLE

By _____, Deputy

42
15

18621

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

The sale will be held at the hour of 10:00 o'clock, A.M., in accord with the standard of time established by ORS 187.110 on October 23, 1998, at the following place: Law office of Donald R. Crane, 303 Pine Street, Suite 201 in the City of Klamath Falls, County of Klamath, State of Oregon, which is the hour, date and place last set for the sale.

Other than as shown of record, neither the beneficiary nor the 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

NONE

Notice is further given that any person named in ORS 86.753 has the right, at any time prior to five days before the date last set for 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 the 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 ORS 86.753.

In construing this notice, 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 the trust deed, and the words "trustee" and "beneficiary" include their respective successors in interest, if any.

DATED June 2, 1998

Donald R. Crane, Trustee

Trustee

Beneficiary

(state which)

STATE OF OREGON, County of Klamath ss.

This instrument was acknowledged before me on June 2, 1998,

by Donald R. Crane

This instrument was acknowledged before me on _____, 19____,

by _____

as _____



OFFICIAL SEAL
KRISTIN A. BIENZ
NOTARY PUBLIC - OREGON
COMMISSION NO. 059321
MY COMMISSION EXPIRES NOV. 15, 2000

Kristin A. Bienz

Notary Public for Oregon

My commission expires 11/15/2000

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Donald R. Crane
of June A.D., 1998 at 11:48 o'clock A. M., and duly recorded in Vol. M98 day
of Mortgages on Page 18620

FEE \$15.00

By Bernetha G. Letsch, County Clerk

Kathleen Rose

**OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH**

265182

ID, TAG NO.

254

Local File Number

State File Number

1. DECEDENT'S NAME Doris Cook MARSH		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) May 25, 1998
4. SOCIAL SECURITY NUMBER 453-28-2323	5a. AGE Last Birthday (Year) 74	5b. Under 1 Day Mo. Days Hours Mo. Days Hours	6. PLACE OF DEATH (City and State or Foreign Country) Terrellville, Texas
7. DATE OF BIRTH (Month, Day, Year) July 19, 1923		8. PLACE OF BIRTH (City and State or Foreign Country) Terrellville, Texas	
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center			
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Stenographer		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) William Marsh		13. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
14. RESIDENCE - STATE Oregon		15. COUNTY Klamath	
16. CITY, TOWN OR LOCATION Klamath Falls		17. STREET AND NUMBER 7717 Donegal Ave.	
18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify race or type of blood) No		19. RACE (Specify) White	
20. EDUCATION (Specify only highest grade completed) 12		21. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
22. FATHER - NAME first middle last Emmett Stanley Cook		23. MOTHER - NAME first middle last May Ellen Butler	
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Reinterment <input type="checkbox"/> Other (Specify) Stormal Hills Memorial Gardens		25. PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place) Stormal Hills Memorial Gardens	
26. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Glenn Gailis		27. NAME, ADDRESS AND ZIP OF FACILITY Stormal Hills Funeral Home 4711 HWY. 99, Klamath Falls, OR	
28. DATE FILED (Month, Day, Year) MAY 28 1998		29. REGISTRY SIGNATURE Edward J. Johnson	

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH 0045	28. WAS MEDICAL EXAMINATION REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	29. TIME OF DEATH 0045	30. DATE PHONOUNCED DEAD (Month, Day, Year) 05/26/98
31. To the best of my knowledge, death occurred at the time, place, and manner stated. (Signature) Glenn Gailis M.D.		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, place, and manner stated. (Signature) Glenn Gailis M.D.	
33. DATE SIGNED (Month, Day, Year) 05/26/98		34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN Glenn Gailis M.D. 1905 Main Street, Klamath Falls, Oregon 97601	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN (If any) None			
36. IMMEDIATE CAUSE (ENTIRE PHRASE) ACUTE MYOCARDIAL INFARCTION			
37. PART I (a) DUE TO, OR AS A CONSEQUENCE OF: ARTERIOSCLEROTIC HEART DISEASE		Interval between onset and death 2 DAYS	
38. PART II (b) DUE TO, OR AS A CONSEQUENCE OF: MYOCARDIAL INFARCTION, 37 RINGOMYELIA (CERVICAL)		Interval between onset and death YEARS	
39. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I None			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M. P. A. M. M. P. A. M.	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	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 FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

ORIGINAL VITAL STATISTICS COPY

DATE ISSUED

MAY 28 1998

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of William Marsh
of Jue A.D., 19 98 at 11:48 o'clock A.M., and duly recorded in Vol. M98
of Deeds on Page 18622

FEE \$10.00

By Bernetha G. Letsch, County Clerk