

RECEIVED MAR 12 1999

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MTC 47108

63375

1014523-03

PROOF OF SERVICE
JEFFERSON STATE ADJUSTERSSTATE OF OREGON
COUNTY OF

Klamath

COURT CASE NO.

Ø

I hereby certify that I served the foregoing individuals or other legal entities to be served, named below, by delivering or leaving true copies or original, certified to be such by the Attorney for the Plaintiff/Defendant, as follows:

- | | | | | |
|--|------------------------------------|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Summons & Complaint | <input type="checkbox"/> Summons | <input type="checkbox"/> Small Claim | <input type="checkbox"/> Motion | <input type="checkbox"/> Answer |
| <input type="checkbox"/> Restraining Order | <input type="checkbox"/> Judgment | <input type="checkbox"/> Affidavit | <input type="checkbox"/> Petition | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Summons & Petition | <input type="checkbox"/> Order | <input type="checkbox"/> Decree | <input type="checkbox"/> Notice | <input type="checkbox"/> Citation |
| <input type="checkbox"/> Notice of Small Claims | <input type="checkbox"/> Complaint | <input type="checkbox"/> Order to Show Cause | <input type="checkbox"/> Subpoena | |
| <input checked="" type="checkbox"/> Trustee's Notice of Sale | | | | |

For the within named: Occupants of 426 + 430 Richmond St.

☒ PERSONALLY SERVED: Original or True Copy to within named, personally and in person to: Arcar Leavitt and Linda Weiting at the address below.

☐ SUBSTITUTE SERVICE: By delivering an Original or True Copy to _____, a person over the age of 14 who resides at the place of abode of the within named at said abode shown below for:

☐ OFFICE SERVICE: At the office which he/she maintains for the conduct of business as shown at the address below, by leaving such true copy or Original with _____, the person who is apparently in charge.

☐ SERVICE ON CORPORATIONS, LIMITED PARTNERSHIPS OR UNINCORPORATED ASSOCIATIONS SUBJECT TO SUIT UNDER A COMMON NAME.

Upon _____, by (a) delivering such true copy personally and in person,

Corporation, Limited Partnership, etc.

to: _____ who is a/the _____ thereof, or
(b) leaving such true copy with _____, the person who is apparently in charge of the office of _____, who is a/the _____ thereof.

☐ OTHER METHOD: _____ By leaving an Original or True Copy with _____

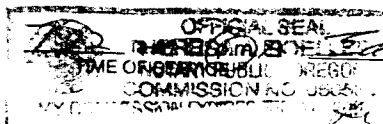
☐ NOT FOUND: I certify that I received the within document for service on _____ and after due and diligent search and inquiry, I hereby return that I have been unable to find, the within named respondent, _____ within _____ County.

426 Richmond
ADDRESS OF SERVICE STREET
Klamath Falls UNIT / APT / SPC#
CITY STATE OR ZIP 97601

I further certify that I am a competent person 18 years of age or older and a resident of the state of service or the State of Oregon and that I am not a party to nor an officer, director, or employee of nor attorney for any party, corporation or otherwise, that the person, firm or corporation served by me is the identical person, firm, or corporation named in the action.

Feb. 22 1999
DATE OF SERVICE

or not found
PRINTED IN OREGON



SIGNATURE

Sharon A. Toller

TEN 212

PROOF OF SERVICE
JEFFERSON STATE ADJUSTERS

20815
63375

STATE OF OREGON
COUNTY OF

Klamath

COURT CASE NO.

0

I hereby certify that I served the foregoing individuals or other legal entities to be served, named below, by delivering or leaving true copies or original, certified to be such by the Attorney for the Plaintiff/Defendant, as follows:

- | | | | | |
|---|------------------------------------|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Summons & Complaint | <input type="checkbox"/> Summons | <input type="checkbox"/> Small Claim | <input type="checkbox"/> Motion | <input type="checkbox"/> Answer |
| <input type="checkbox"/> Restraining Order | <input type="checkbox"/> Judgment | <input type="checkbox"/> Affidavit | <input type="checkbox"/> Petition | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Summons & Petition | <input type="checkbox"/> Order | <input type="checkbox"/> Decree | <input type="checkbox"/> Notice | <input type="checkbox"/> Citation |
| <input type="checkbox"/> Notice of Small Claims | <input type="checkbox"/> Complaint | <input type="checkbox"/> Order to Show Cause | <input type="checkbox"/> Subpoena | |
| <input checked="" type="checkbox"/> Trustees Notice of Sale | | | | |

For the within named: Occupants of 426+430 Richmond St

☒ PERSONALLY SERVED: Original or True Copy to within named, personally and in person to: Sharon Hart at the address below.

☒ SUBSTITUTE SERVICE: By delivering an Original or True Copy to Sharon Hart, a person over the age of 14 who resides at the place of abode of the within named at said abode shown below for: Larry Hart

☐ OFFICE SERVICE: At the office which he/she maintains for the conduct of business as shown at the address below, by leaving such true copy or Original with _____, the person who is apparently in charge.

☐ SERVICE ON CORPORATIONS, LIMITED PARTNERSHIPS OR UNINCORPORATED ASSOCIATIONS SUBJECT TO SUIT UNDER A COMMON NAME.
Upon _____, by (a) delivering such true copy personally and in person, Corporation, Limited Partnership, etc.
to: _____ who is a/the _____ thereof, or
(b) leaving such true copy with _____, the person who is apparently in charge of the office of _____, who is a/the _____ thereof.

☐ OTHER METHOD: _____ By leaving an Original or True Copy with _____

☐ NOT FOUND: I certify that I received the within document for service on _____ and after due and diligent search and inquiry, I hereby return that I have been unable to find, the within named respondent, _____ within _____ County.

430 Richmond
ADDRESS OF SERVICE STREET
Klamath Falls OR 97601
CITY STATE ZIP

I further certify that I am a competent person 18 years of age or older and a resident of the state of service or the State of Oregon and that I am not a party to nor an officer, director, or employee of nor attorney for any party, corporation or otherwise, that the person, firm or corporation served by me is the identical person, firm, or corporation named in the action.

Feb 22 1999
DATE OF SERVICE



THOMAS J. FIDEL
TIMOTHY FIDEL
COMMISSION NO. 06053
MY COMMISSION EXPIRES FEB 26 2000

SIGNATURE

Thomas J. Fidel

20816

State of Oregon, County of Klamath
Recorded 5/25/99, at 3:28 p.m.
In Vol. M99 Page 20814
Linda Smith, County Clerk
Fee \$ 20-

Linda Smith