

MTC 48495 RECEIVED JUL 9 1999

PROOF OF SERVICE

JEFFERSON STATE ADJUSTERS

1999 OCT -6 AM 11:33

STATE OF OREGON
COUNTY OF

Klamath

COURT CASE NO.

65163

101779303

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 | |

☒ Trustee's Notice of Sale

For the within named: Occupants of 440 Adams Street

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

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

☐ 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 _____ State of Oregon, County of Klamath and diligent search and inquiry, I hereby return that I have been unable to find, the _____ Recorded 10/06/99, at 11:33a m in Vol M99 Page 39808 within _____

Linda Smith,

County Clerk

Fee \$ 10.00

440 Adams Street
ADDRESS OF SERVICE STREET

Klamath Falls
CITY

Oregon
STATE

97601
ZIP



SANDRA C. MALIKOWSKI
NOTARY PUBLIC - OREGON
COMMISSION NO. A 05903
MY COMMISSION EXPIRES OCT 31, 2001

UNIT / APT / SPC#

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.

June 23, 1999
DATE OF SERVICE

1:35 a.m. ☐ p.m. ☒
TIME OF SERVICE

Pave Shuck
SIGNATURE

or not found
PRINTED IN OREGON

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