

200 JAN 12 PM 3:23

MTC 48720
PROOF OF SERVICE

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JEFFERSON STATE ADJUSTERS

STATE OF OREGON
COUNTY OF

Klamath

COURT CASE NO.

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"/> True Copy Notice | | | | |

For the within named: Trace L Pederson & Lisa L. Pederson

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

☒ SUBSTITUTE SERVICE: By delivering an Original or True Copy to Trace L Pederson, a person over the age of 14 who resides at the place of abode of the within named at said abode shown below for: Lisa L Pederson.

☐ 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.

State of Oregon, County of Klamath
Recorded 1/12/00, at 3:23 p.m.
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Linda Smith,
County Clerk Fee \$ 21.00

168 N 3rd

ADDRESS OF SERVICE

STREET

Chiloquin

CITY

OR

STATE

97624

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.

September 21, 1999

DATE OF SERVICE

11:20 a.m. ☒ p.m. ☐

TIME OF SERVICE

Jeffrey K. Hamar
SIGNATURE
Jeffrey K. Hamar

21/11
or not found
PRINTED IN OREGON