

**AFFIDAVIT OF MAILING NOTICE OF SALE  
OF TRUST DEED FORECLOSURE**

03 DEC 4 AM 9:22

State of Oregon, County of Klamath  
Recorded 12/04/03 9:22 a m  
Vol M03 Pg 88725-28  
Linda Smith, County Clerk  
Fee \$ 36.00 # of Pgs 4

STATE OF OREGON, County of Deschutes ) ss:

I, **John A. Berge**, being first duly sworn, depose and say:

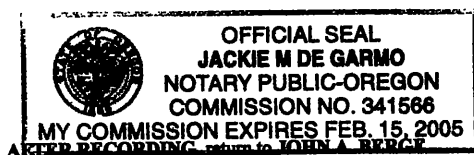
That I am the Successor Trustee under a Trust Deed between Jon B. Hall, Sole and Separate Property, as Grantor, and Running Y Resort, Inc., as Beneficiary, recorded January 10, 1997, in Volume M97, at page 747, Klamath County, Oregon, Microfilm Records, and covering the property described in the attached **NOTICE OF SALE**.

I hereby certify that I mailed, by first class mail and by certified mail, return receipt requested, a copy of the attached **NOTICE OF SALE** to the persons listed below, on the date and to the address indicated, which was the last known address to the Successor Trustee and the Beneficiary, by placing said **NOTICE** in a sealed envelope, with postage fully paid thereon, and depositing the same in the United States Mail:

<u>Date:</u>	<u>Person:</u>	<u>Address:</u>
8/27/2003	Jon B. Hall	5252 Reeder Road, Klamath Falls, OR 97603
8/27/2003	Running Y Ranch Resort Owners' Association	c/o Jane Allen Eagle Crest, PO Box 1215, Redmond, OR 97756
8/27/2003	Klamath County Tax Collector	PO Box 340, Klamath Falls, OR 97601
8/27/2003	Andy Brandsness	Brandsness Brandsness & Rudd PC, 411 Pine St, Klamath Falls, OR 97601
11/24/2003	District Director of Internal Revenue	Attn: Chief Special Procedures Staff 915 Second Ave, M/S W245, Seattle WA 98174

  
JOHN A. BERGE, OSB 87166

**SUBSCRIBED AND SWORN TO** before me this 2nd day of December, 2003, by  
John A. Berge.



  
NOTARY PUBLIC for Oregon

at:

BRYANT, LOVLIE & JARVIS, PC  
ATTORNEYS AT LAW, ESTABLISHED 1915

591 SW Mill View Way PO Box 1151 Bend, Oregon 97709-1151 (541) 382-4331 fax (541) 389-3386 www.bryantlovlienjarvis.com  
24 SW Fifth Street Madras, Oregon 97741 (541) 475-2757 fax (541) 475-2962

## NOTICE OF SALE

John A. Berge, Successor Trustee under the Trust Deed described below, hereby elects to sell pursuant to Oregon Revised Statutes Sections 86.705 to 86.795, the real property described below at **2:00 p.m. on December 19, 2003**, at the front steps of the Klamath County Courthouse, 316 Main Street, Klamath Falls, Oregon.

All obligations of performance which are secured by the Trust Deed hereinafter described are in default for reasons set forth below and the beneficiary declares all sums due under the note secured by the trust deed described herein immediately due and payable.

**GRANTOR:** JON B. HALL, Sole and Separate Property

**BENEFICIARY:** RUNNING Y RESORT, INC.

**TRUST DEED RECORDED:** January 10, 1997, in Volume M97, at page 747, Microfilm Records of Klamath County, Oregon.

**PROPERTY COVERED BY TRUST DEED:** Lot 131 of Running Y Resort, Phase 2 Plat, Klamath County, Oregon. Together with all and singular the tenements, hereditaments and appurtenances and all other rights thereunto belonging or in anywise now or hereafter appertaining, and the rents, issues and profits thereof and all fixtures now or hereafter attached to or used in connection with said real estate.

**DEFAULT:** Failure to pay:

1. Sixty-six regular installment payments due at \$775.38 each for a total of \$51,175.08, plus interest to February 1, 1998, in the amount of \$42,977.61;
2. Late charges of \$2,519.28 for any installment more than 15 days delinquent;
3. Real property taxes paid by Running Y Resort, Inc. in the amount of \$4,530.05 plus interest;
4. R & R Fees in the amount of \$75.00;
5. Maintenance Fees in the amount of \$5,598.98;
6. Late charges for past due Maintenance Fees in the amount of \$3,136.88;
7. Other - Trustee's Sale Guarantee: \$540.00.

**SUM OWING ON OBLIGATION SECURED BY TRUST DEED:** Principal balance of \$61,518.65 with interest at 12.5 percent per annum from February 1, 1998, until paid.

Notice is given that any person named pursuant to Section 86.753, Oregon Revised Statutes, has the right to have the foreclosure proceeding dismissed and the trust deed reinstated by curing the above-described defaults, by payment of the entire amount due (other than such portions of principal as would not then be due had no default occurred), and by paying all costs and expenses actually incurred in enforcing the obligation and trust deed, together with trustee's and attorney's fees, at any time prior to five days before the date last set for the sale.

**JOHN A. BERGE**  
Successor Trustee

88727

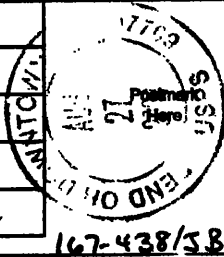
U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	• 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

167-438/53



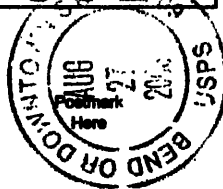
Sent To  
 Jon B. Hall  
 Street, Apt. No., or PO Box No. 5252 Reeder Rd  
 City, State, ZIP+4 Klamath Falls OR 97603  
 PS Form 3811, August 2001

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	• 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

167-438/53



Sent To  
 Klamath Co. Tax Collector  
 Street, Apt. No., or PO Box No. PO Box 340  
 City, State, ZIP+4 Klamath Falls OR 97601  
 PS Form 3811, August 2001

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	• 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

167-438/53



Sent To  
 Running Y KOA  
 c/o Jane Allen  
 Street, Apt. No., or PO Box No. PO Box 1215  
 City, State, ZIP+4 Redmond OR 97756  
 PS Form 3811, August 2001

Redmond OR 97756

**COMPLETE THIS SECTION**

Items 1, 2, and 3. Also complete Restricted Delivery if desired. name and address on the reverse card to the back of the mailpiece, front if space permits.

essed to:

Co. Tax Collector

x 340

th Falls OR 97601

ber  
m s

7002 2410 0004 7869 8284

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M

167-438/53

Items 1, 2, and 3. Also complete Restricted Delivery if desired. name and address on the reverse card to the back of the mailpiece, front if space permits.

essed to:

87 Ranch Resort

ers' Association

e Allen

Crear

A. Signature X <i>S. Marks</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Address
B. Received by (Printed Name) S. Marks		C. Date of Delivery 8-28-01
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number  
(Transfer from se

7002 2410 0004 7869 8277

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M

167-438/53

ATTORNEYS AT LAW, ESTABLISHED 1915

591 SW Mill View Way PO Box 1151 Bend, Oregon 97709-1151 (541) 382-4331 fax (541) 389-3386 [www.bryanilovljenjarvis.com](http://www.bryanilovljenjarvis.com)  
 24 SW Fifth Street PO Box 650 Madras, Oregon 97741 (541) 475-2757 fax (541) 475-2962

88728

7002 2410 0004 7869 8246

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Postmark Here

Sent To ANDY BRANSHNER  
Brandon Bransner & Rudd PC  
 Street, Apt. No.,  
 or PO Box No. 411 Pine St  
 City, State, ZIP+4 Kenneth Falls OR 97601

PS Form 3811, June 2002 See Reverse for Instructions

**COMPLETE THIS SECTION**

Items 1, 2, and 3. Also complete Restricted Delivery is desired. Write name and address on the reverse and return the card to you. Attach to the back of the mailpiece, if space permits.

Delivered to:

Brandon Bransner & Rudd PC  
1 St.  
Falls OR 97601

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☒ Address

B. Received by (Printed Name) Brandon Bransner C. Date of Delivery 8/26

D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

(Transfer from ser  
 PS Form 3811, August 2001

Domestic Return Receipt

7002 2410 0004 7869 8246

102595-02-M

167-438/3B

7003 0500 0004 1606 4017

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.29
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.34

Postmark Here

Sent To Order - Director of IRS  
Attn: Chief, Special Procedures Staff  
 Street, Apt. No.,  
 or PO Box No. 915 2nd Ave  
 City, State, ZIP+4 Seattle WA 98174

PS Form 3811, June 2002 See Reverse for Instructions

**COMPLETE THIS SECTION**

Items 1, 2, and 3. Also complete Restricted Delivery is desired. Write name and address on the reverse and return the card to you. Attach to the back of the mailpiece, if space permits.

Delivered to:

Director of IRS  
Chief, Special Procedures Staff  
2nd Ave, M/S 6245  
WA 98174

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Address

B. Received by (Printed Name) C. Date of Delivery 8/26

D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
 (Transfer from ser

7003 0500 0004 1606 4017

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M

167-438/3B

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