2011-004493
Klamath County, Oregon

00100052201100044930030039

04/07/2011 02:54:36 PM Fee: $47.00

1689647
Chase Home Finance
grantee
Unknown Heirs of Tony
Allen Peregrina
grantor

IN THE CIRCUIT COURT FOR THE STATE OF OREGON
IN AND FOR THE COUNTY OF KLAMATH

CHASE HOME FINANCE LLC, its successors in interest and/or assigns,

Plaintiff,

v.

UNKNOWN HEIRS OF TONY ALLEN PEREGRINA; JOHN PEREGRINA; JEFF PEREGRINA; HALLI REYNOLDS; TOBIN PEREGRINA; OREGON DEPARTMENT OF HUMAN SERVICES; and Occupants of the Premises,

Defendants.

Case No. 1101049CV

NOTICE OF LIS PENDENS

Pursuant to ORS 93.740, the undersigned states:

1.

As Plaintiff, Chase Home Finance LLC, has filed an action in the Circuit Court for Klamath County, State of Oregon;

2.

The defendants are Unknown Heirs of Tony Allen Peregrina; John Peregrina; Jeff Peregrina; Halli Reynolds; Tobin Peregrina; Oregon Department of Human Services; and Occupants of the Premises described in the complaint herein;

Return to:

ROUTH CRABTREE OLSEN, P.S.
13555 SE 36th St., Ste 300
Bellevue, WA 98006
Telephone: 425.458.2121
Facsimile: 425.458.2131

F

3.

The object of the action is a Deed of Trust Foreclosure;

4.

The Grantor is deceased and a copy of the death certificate is attached as exhibit "A".

5.

The description of the real property to be affected is:

LOT 4 IN BLOCK 2 OF TRACT 1131, THE WADES, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

and more commonly known as 5014 Bly Mountain Cutoff Road, Bonanza, Oregon 97623.

DATED this 30th day of March, 2011.

ROUTH CRABTREE OLSEN, P.S.

By _____
Chris Fowler, OSB # 052544
Attorneys for Plaintiff
13555 SE 36th Street, Ste 300
Bellevue, WA 98006
(503) 517-9776, Fax (425) 974-1649
cfowler@rcolegal.com

The foregoing instrument was acknowledged before me this 30th day of March, 2011, by Chris Fowler.

_____
NOTARY PUBLIC for Oregon
My commission expires: March 10, 2014

OFFICIAL SEAL
JANELLE D KEITHLEY
NOTARY PUBLIC – OREGON
COMMISSION NO. 447355
MY COMMISSION EXPIRES MARCH 10, 2014

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

3052008165258
STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11(REV 1/04)

3200804001741
LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1 NAME OF DECEDENT — FIRST (Given)	2 MIDDLE	3 LAST (Family)
TONY	ALLEN	PEREGRINA SR

AKA ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)

4 DATE OF BIRTH mm/dd/ccyy	5 AGE Yrs	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6 SEX
06/02/1938	70					M

9 BIRTH STATE/FOREIGN COUNTRY	10 SOCIAL SECURITY NUMBER	11 EVER IN U.S. ARMED FORCES?	12 MARITAL STATUS (at Time of Death)	7 DATE OF DEATH mm/dd/ccyy	8 HOUR (24 Hours)
CA	[redacted]	[X] YES [ ] NO [ ] UNK	DIVORCED	09/23/2008	2245

13 EDUCATION — Highest Level/Degree (see worksheet on back)	14/15 WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes see worksheet on back)	16 DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	[ ] YES _____ [X] NO	WHITE

17 USUAL OCCUPATION — Type of work for most of life DO NOT USE RETIRED	18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19 YEARS IN OCCUPATION
CARPENTER	CARPENTRY	46

USUAL RESIDENCE

20 DECEDENT'S RESIDENCE (Street and number or location)
478 - 165 LAKE FOREST DRIVE

21 CITY	22 COUNTY/PROVINCE	23 ZIP CODE	24 YEARS IN COUNTY	25 STATE/FOREIGN COUNTRY
SUSANVILLE	LASSEN	96130	5	CA

INFORMANT

26 INFORMANT'S NAME, RELATIONSHIP	27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
PATRICIA SIVESIND, FRIEND	478 - 165 LAKE FOREST DRIVE, SUSANVILLE, CA 96130

SPOUSE AND PARENT INFORMATION

28 NAME OF SURVIVING SPOUSE — FIRST	29 MIDDLE	30 LAST (Maiden Name)
-	-	-

31 NAME OF FATHER — FIRST	32 MIDDLE	33 LAST	34 BIRTHPLACE
ANTONIO	MEDINA	PEREGRINA	SPAIN

35 NAME OF MOTHER — FIRST	36 MIDDLE	37 LAST (Maiden)	38 BIRTH STATE
LEORA	-	ALLENBAUGH	TN

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39 DISPOSITION DATE mm/dd/ccyy	40 PLACE OF FINAL DISPOSITION	
09/25/2008	RES) PATRICIA SIVESIND 478 - 165 LAKE FOREST DRIVE, SUSANVILLE, CA 96130	

41 TYPE OF DISPOSITION(S)	42 SIGNATURE OF EMBALMER	43 LICENSE NUMBER
CR/RES	[redacted]	

44 NAME OF FUNERAL ESTABLISHMENT	45 LICENSE NUMBER	46 SIGNATURE OF LOCAL REGISTRAR	47 DATE mm/dd/ccyy
ROSE CHAPEL MORTUARY	FD 899	[redacted]	09/25/2008

PLACE OF DEATH

101 PLACE OF DEATH	102 IF HOSPITAL, SPECIFY ONE	103 IF OTHER THAN HOSPITAL, SPECIFY ONE
FEATHER RIVER HOSPITAL	[X] IP [ ] ER/OP [ ] DOA	[ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other

104 COUNTY	105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	106 CITY
BUTTE	5974 PENTZ ROAD	PARADISE

CAUSE OF DEATH

107 CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the underlying DO NOT ABBREVIATE

		Time Interval Between Onset and Death	108 DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(A) RESPIRATORY FAILURE	(A?) 24 HRS	[X] YES [ ] NO REFERRAL NUMBER D08-1283
Sequentially list conditions, if any, leading to the cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B) ACUTE RENAL FAILURE	(B?) 18 DAYS	109 BIOPSY PERFORMED? [ ] YES [X] NO
	(C) SEPSIS	(C?) 18 DAYS	110 AUTOPSY PERFORMED? [ ] YES [X] NO
	(D)	(D?)	111 USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
CEREBROVASCULAR ACCIDENT WITH RIGHT PARIETAL WITH RIGHT HEMI PARESIS; DEEP VEIN THROMBOSIS CREST SYNDROME

113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)	113A IF FEMALE, PREGNANT IN LAST YEAR?
NO	[ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115 SIGNATURE AND TITLE OF CERTIFIER	116 LICENSE NUMBER	117 DATE mm/dd/ccyy
Decedent Attended Since	Decedent Last Seen Alive	[redacted]	G75104	09/25/2008
(A) mm/dd/ccyy	(B) mm/dd/ccyy	118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	ERIC ROY STOKMANIS M.D.	
09/06/2008	09/23/2008	5974 PENTZ ROAD, PARADISE, CA 95969		

CORONER'S USE ONLY

119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	120 INJURED AT WORK?	121 INJURY DATE mm/dd/ccyy	122 HOUR (24 Hours)
MANNER OF DEATH [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined	[ ] YES [ ] NO [ ] UNK		

123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125 LOCATION OF INJURY (Street and number, or location, and city, and ZIP)

126 SIGNATURE OF CORONER / DEPUTY CORONER	127 DATE mm/dd/ccyy	128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
[redacted]		

STATE REGISTRAR	A	B	C	D	E		FAX AUTH. #	CENSUS TRACT
						012008000901858		

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.
MARK B HORTON, MD, MSPH, Director and State Registrar of Vital Records
by:

DATE ISSUED FEB 11 2011

LINETTE T SCOTT, MD, MPH, DEPUTY DIRECTOR
HEALTH INFORMATION AND STRATEGIC PLANNING DIVISION
This copy not valid unless prepared on engraved border displaying seal and signature of the Deputy Director

I0026165

EXHIBIT A

(Rev) 11/08

THE GREAT SEAL OF THE STATE OF CALIFORNIA EUREKA

CDPH California Department of Public Health PublicHealth

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE