2011-004493
Klamath County, Oregon
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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

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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): TONY
2 MIDDLE: ALLEN
3 LAST (Family): PEREGRINA SR
AKA ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST):
4 DATE OF BIRTH mm/dd/ccyy: 06/02/1938
5 AGE Yrs: 70
IF UNDER ONE YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
6 SEX: M
9 BIRTH STATE/FOREIGN COUNTRY: CA
10 SOCIAL SECURITY NUMBER: [redacted]
11 EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12 MARITAL STATUS (at Time of Death): DIVORCED
7 DATE OF DEATH mm/dd/ccyy: 09/23/2008
8 HOUR (24 Hours): 2245
13 EDUCATION — Highest Level/Degree (see worksheet on back): HS GRADUATE
14/15 WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes see worksheet on back) [ ] YES [X] NO
16 DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): WHITE
17 USUAL OCCUPATION — Type of work for most of life DO NOT USE RETIRED: CARPENTER
18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): CARPENTRY
19 YEARS IN OCCUPATION: 46

USUAL RESIDENCE

20 DECEDENT'S RESIDENCE (Street and number or location): 478 - 165 LAKE FOREST DRIVE
21 CITY: SUSANVILLE
22 COUNTY/PROVINCE: LASSEN
23 ZIP CODE: 96130
24 YEARS IN COUNTY: 5
25 STATE/FOREIGN COUNTRY: CA

INFORMANT

26 INFORMANT'S NAME, RELATIONSHIP: PATRICIA SIVESIND, FRIEND
27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, zip): 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: ANTONIO
32 MIDDLE: MEDINA
33 LAST: PEREGRINA
34 BIRTHPLACE: SPAIN
35 NAME OF MOTHER — FIRST: LEORA
36 MIDDLE: -
37 LAST (Maiden): ALLENBAUGH
38 BIRTH STATE: TN

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39 DISPOSITION DATE mm/dd/ccyy: 09/25/2008
40 PLACE OF FINAL DISPOSITION: RES) PATRICIA SIVESIND 478 - 165 LAKE FOREST DRIVE, SUSANVILLE, CA 96130
41 TYPE OF DISPOSITION(S): CR/RES
42 SIGNATURE OF EMBALMER: [redacted]
43 LICENSE NUMBER
44 NAME OF FUNERAL ESTABLISHMENT: ROSE CHAPEL MORTUARY
45 LICENSE NUMBER: FD 899
46 SIGNATURE OF LOCAL REGISTRAR: [redacted]
47 DATE mm/dd/ccyy: 09/25/2008

PLACE OF DEATH

101 PLACE OF DEATH: FEATHER RIVER HOSPITAL
102 IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
103 IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104 COUNTY: BUTTE
105 FACILITY ADDRESS OF LOCATION WHERE FOUND (Street and number or location): 5974 PENTZ ROAD
106 CITY: 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 cause. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
(A) RESPIRATORY FAILURE — (A7) 24 HRS
(B) ACUTE RENAL FAILURE — (B7) 18 DAYS
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
(C) SEPSIS — (C7) 18 DAYS
(D) — (D7)

Time Interval Between Onset and Death
108 DEATH REPORTED TO CORONER? [X] YES [ ] NO — REFERRAL NUMBER: D08-1283
109 BIOPSY PERFORMED? [ ] YES [X] NO
110 AUTOPSY PERFORMED? [ ] YES [X] NO
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): NO
113A IF FEMALE, PREGNANT IN LAST YEAR? [ ] 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
Decedent Attended Since (A) mm/dd/ccyy: 09/06/2008
Decedent Last Seen Alive (B) mm/dd/ccyy: 09/23/2008
115 SIGNATURE AND TITLE OF CERTIFIER: [redacted]
116 LICENSE NUMBER: G75104
117 DATE mm/dd/ccyy: 09/25/2008
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: ERIC ROY STOKMANIS M.D. 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
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120 INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121 INJURY DATE mm/dd/ccyy
122 HOUR (24 Hours)
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: [redacted]
127 DATE mm/dd/ccyy
128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

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

INFORMATIONAL DOCUMENT
NOT A VALID IDENTITY
TO ESTABLISH IDENTITY

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

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
(Rev) 11/08

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EXHIBIT A

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

CDPH California Department of Public Health

American Banknote Company
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE