



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:

NOTICE OF LIS PENDENS - 1

ROUTH
CRABTREE
OLSEN, P.S.

13555 SE 36th St., Ste 300
Bellevue, WA 98006
Telephone: 425.458.2121
Facsimile: 425.458.2131

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:

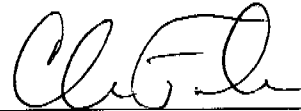
LOT 4 IN BLOCK 2 OF TRACT 1131, THE WADES, ACCORDING
TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF
THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

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

DATED this 30th day of March, 2011.

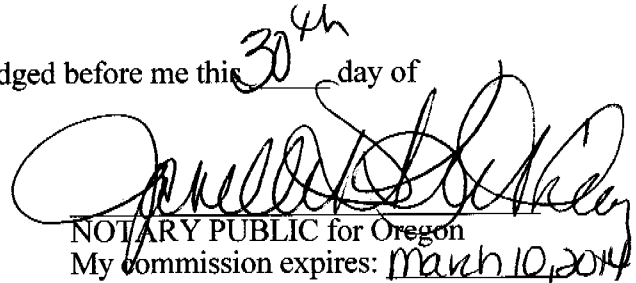
ROUTH CRABTREE OLSEN, P.S.

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



STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

3052008165258

CERTIFICATE OF DEATH

3200804001741

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT — FIRST (Given) TONY		3 LAST (Family) PEREGRINA SR	
2 MIDDLE ALLEN		4 DATE OF BIRTH mm/dd/yyyy 06/02/1938	
5 AGE Yrs 70		6 SEX M	
AKA ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)			
9 BIRTH STATE/FOREIGN COUNTRY CA		10 SOCIAL SECURITY NUMBER [REDACTED]	
11 EVER IN U.S. ARMED FORCES? ☒ YES ☐ NO ☐ UNK		12 MARITAL STATUS (at Time of Death) DIVORCED	
13 EDUCATION — Highest Level/Degree (check box) HS GRADUATE		14/15 WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER? (If yes, see worksheet on back) ☐ YES ☒ NO	
16 USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED CARPENTER		17 DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) WHITE	
18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CARPENTRY		19 YEARS IN OCCUPATION 46	
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		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		28 NAME OF SURVIVING SPOUSE — FIRST -	
29 MIDDLE -		30 LAST (Waived Name) -	
31 NAME OF FATHER — FIRST ANTONIO		32 MIDDLE MEDINA	
33 LAST PEREGRINA		34 BIRTH DATE 9/23/1938	
35 NAME OF MOTHER — FIRST LEORA		36 MIDDLE ALLENBAUGH	
37 LAST ALLENBAUGH		38 BIRTH STATE IN	
39 DISPOSITION DATE mm/dd/yyyy 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 FD 899		44 NAME OF FUNERAL ESTABLISHMENT ROSE CHAPEL MORTUARY	
45 LICENSE NUMBER FD 899		46 SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
47 DATE 09/25/2008		48 SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
101 PLACE OF DEATH FEATHER RIVER HOSPITAL		102 IF HOSPITAL, SPECIFY ONE ☒ IP ☐ ER/OP ☐ DA ☐ HA ☐ HO ☐ LT ☐ Other	
103 COUNTY BUTTE		104 CITY PARADISE	
105 FACILITY ADDRESS OR LOCATION WHERE RECORD (Street and number or location) 5974 PENTZ ROAD		106 CITY PARADISE	
107 CAUSE OF DEATH RESPIRATORY FAILURE		108 DEATH REPORTED TO CORONER? ☒ YES ☐ NO	
109 ACUTE RENAL FAILURE		110 BIOPSY PERFORMED? ☐ YES ☒ NO	
111 SEPSIS		112 AUTOPSY PERFORMED? ☐ YES ☒ NO	
113 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		114 USED IN DETERMINING CAUSE? ☐ YES ☒ NO	
115 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		116 IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☒ NO ☐ UNK	
117 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 Decedent Last Seen Alive 09/06/2008 09/23/2008		118 SIGNATURE AND TITLE OF CERTIFIER ERIC ROY STOKMANIS M.D.	
119 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 5974 PENTZ ROAD, PARADISE, CA 95969		120 INJURED AT WORK? ☐ YES ☒ NO ☐ UNK	
121 INJURY DATE mm/dd/yyyy 09/06/2008		122 HOUR (24 Hours) 165	
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/yyyy 09/25/2008	
128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]		129 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]	
STATE REGISTRAR		CENSUS TRACT	

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:

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

DATE ISSUED
FEB 11 2011

EXHIBIT

