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

BANK OF AMERICA, N.A., its successors in
interest and/or assigns,

Plaintiff,

v.

UNKNOWN HEIRS OF LINDA K. SADLER;
JAMES AHEARN; UNITED STATES OF
AMERICA; OREGON DEPARTMENT OF
HUMAN SERVICES; and Occupants of the
Premises,

Defendants.

Case No. 1101058CV

NOTICE OF LIS PENDENS

Pursuant to ORS 93.740, the undersigned states:

1.

As Plaintiff, Bank of America, N.A., has filed an action in the Circuit Court for Klamath
County, State of Oregon;

2.

The defendants are Unknown Heirs of Linda K. Sadler; James Ahearn; United States of
America; Oregon Department of Human Services; and Occupants of the Premises described in the
complaint herein;

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3.

The object of the action is 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 13, BLOCK 18, SECOND ADDITION TO KLAMATH RIVER
ACRES, ACCORDING TO THE OFFICIAL PLAT THEREOF ON
FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH
COUNTY, OREGON.

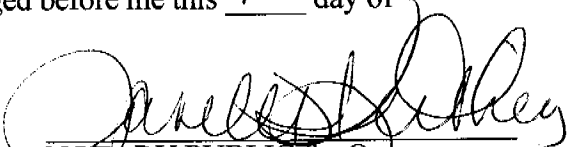
and more commonly known as 9714 Ben Kerns Road, Klamath Falls, Oregon 97601.

DATED this 7th day of April, 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 7th day of April, 2011, by Chris Fowler.


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



CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

568948
I.D. TAG NO.

136-2010-004681
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Linda	Middle Kay	Last Sadler	Suffix	Death Date February 23, 2010
	Sex Female	Age 67 years	Social Security Number			County of Death Klamath	
	Birthdate December 29, 1942		Birthplace Fort Smith, Arkansas			Was Decedent Ever in U.S. Armed Forces? No	
	Residence: 9714 Ben Kerns Road					City/Town Klamath Falls	
	Residence County Klamath		State or Foreign Country Oregon		Zip Code + 4 97601	Inside City Limits? Yes	
	Marital Status at Time of Death Widowed		Spouse's Name Prior to First Marriage William Lee Sadler				
	Father's Name James E. Duke				Mother's Name Prior to First Marriage Opal M. Craig		
	Informant's Name James Ahearn		Telephone Number Not Available	Relationship to Decedent Son	Mailing Address 9714 Ben Kerns Road, Klamath Falls, OR 97601		
	Place of Death Hospital-Emergency Room/Outpatient		Facility Name Sky Lakes Medical Center				
	Location of Death 2865 Daggett Avenue		City/Town or Location of Death Klamath Falls		State Oregon	Zip Code + 4 97601	
	Method of Disposition Cremation		Place of Disposition Eternal Hills Crematory		Location (City/Town and State) Klamath Falls, Oregon		
	Name and Complete Address of Funeral Facility Eternal Hills Funeral Home 4711 Highway 39, Klamath Falls, Oregon 97603						
	Date of Disposition TBD		Funeral Director's Signature <i>Eleanor L. Olson</i>			Electronically Signed OR License Number FS-0518	
	Registrar's Signature <i>/S/ Lisa C Avila</i>		Date Received March 01, 2010		Local File Number 109		
	Amendment						

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? No		Autopsy? No		Were autopsy findings available to complete the cause of death?		Time of Death 0320
	CAUSE OF DEATH						Approximate Interval: Onset to Death
	IMMEDIATE CAUSE ↓ Unknown Natural Causes						Minutes
	a. Due to (or as a consequence of) ↓						Years
	b. Chronic Obstructive Pulmonary Disease						Years
	c. Due to (or as a consequence of) ↓ Tobacco Use Disorder						Years
	d. Due to (or as a consequence of) ↓						
	Other significant conditions contributing to death						
	Manner of Death Natural		If Female			Did tobacco use contribute to death? Yes	
	Date of Injury	Time of Injury	Place of Injury			Injury at Work?	
	Location of Injury						
	Describe how injury occurred					If transportation injury, specify.	
	Name and Address of Certifier Sarah Ann Lamanuzzi 2074 S Sixth Street, Klamath Falls, Oregon 97603						Date Signed February 25, 2010
	Name and Title of Attending Physician If Other than Certifier						
	Medical Certifier <i>/S/ Sarah Ann Lamanuzzi</i>			Title of Certifier		License Number MD26745	
Amendment							

XHIBIT

A



45-2CC (01/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: **February 25, 2011**

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE