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2011-005458

Klamath County, Oregon



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Fee: \$47.00

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

JPMORGAN CHASE BANK, NATIONAL
ASSOCIATION, SUCCESSOR IN INTEREST
FROM THE FDIC AS RECEIVER OF
WASHINGTON MUTUAL BANK F/K/A
WASHINGTON MUTUAL BANK, F.A., its
successors in interest and/or assigns,

Plaintiff,

v.

UNKNOWN HEIRS OF D. DAVID RHINE;
MARGARET A. RHINE A/K/A MARGARET
A. GIBSON; MATTHEW RHINE; MICHAEL
RHINE; OREGON DEPARTMENT OF
HUMAN SERVICES; and Occupants of the
Premises,

Defendants.

Case No. 1101391CV

NOTICE OF LIS PENDENS

Pursuant to ORS 93.740, the undersigned states:

1.

As Plaintiff, JPMorgan Chase Bank, National Association, successor in interest from the FDIC
as Receiver of Washington Mutual Bank F/K/A Washington Mutual Bank, F.A., has filed an action in
the Circuit Court for Klamath County, State of Oregon;

2.

The defendants are Unknown Heirs of D. David Rhine; Margaret A. Rhine a/k/a Margaret A.
Gibson; Matthew Rhine; Michael Rhine; Oregon Department of Human Services; and Occupants of the
Premises described in the complaint herein;

*After Recording
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 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:

THE SOUTHERLY 40 FEET OF LOTS 554 AND 555 IN BLOCK 120
OF MILLS ADDITION TO THE CITY OF KLAMATH FALLS,
ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN
THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY,
OREGON.

and more commonly known as 815 Division St., Klamath Falls, Oregon 97601.

DATED this 20th day of April, 2011.

ROUTH CRABTREE OLSEN, P.S.

By

CF
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 28th day of
April, 2011, by Chris Fowler.

Janelle D Keithley
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

477436

I.D. TAG NO.

136-2007-008322

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Dale	Middle David	Last Rhine	Suffix Jr	Death Date April 02, 2007			
	Sex Male		Age 60 years		Social Security Number		County of Death Washington			
	Birthdate July 27, 1946		Birthplace Litchfield, Connecticut				Was Decedent Ever in U.S. Armed Forces? No			
	Residence: -- Unknown					City/Town Unknown				
	Residence County Unknown			State or Foreign Country Guatemala		Zip Code + 4 99999		Inside City Limits? No		
	Marital Status at Time of Death Divorced			Spouse's Name Prior to First Marriage						
	Father's Name Dale D Rhine					Mother's Name Prior to First Marriage Gussie Knight				
	Informant's Name Jacob Tanzer		Telephone Number Not Available		Relationship to Decedent Brother in law		Mailing Address 4405 SW Warrens Way, Portland, OR 97221			
	Place of Death Other - Ironwood Holistic Care Home				Facility Name					
	Location of Death 11216 NW Blackhawk Drive				City/Town or Location of Death Portland		State Oregon		Zip Code + 4 97229	
	Method of Disposition Cremation		Place of Disposition Aloha Crematory				Location (City/Town and State) Aloha, Oregon			
	Name and Complete Address of Funeral Facility Autumn Funerals & Cremations, Inc. 12639 SW Winterview Drive, Tigard, Oregon 97224									
	Date of Disposition TBD		Funeral Director's Signature /S/ Rosemary E. Meier				OR License Number CO-3786			
	Registrar's Signature /S/ Carolyn E. Hallford				Date Received April 12, 2007		Local File Number 2284			
	Amendment									
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? Yes		Autopsy? No		Were autopsy findings available to complete the cause of death?			Time of Death 02:15 AM		
	CAUSE OF DEATH IMMEDIATE CAUSE ↓ Lung cancer							Approximate Interval: Onset to Death not stated		
	a.									
	b.									
	c.									
	d.									
	Other significant conditions contributing to death									
	Manner of Death Natural		If Female				Did tobacco use contribute to death? Probably			
	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 Aleksandra Simic 1441 SW Clay St APT 104, Portland, Oregon 97201									
	Name and Title of Attending Physician If Other than Certifier						Date Signed April 11, 2007			
	Medical Certifier /S/ Aleksandra Simic				Title of Certifier M.D., M.E.		License Number MD24152			
	Amendment									

EXP

A



20110200275

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 01, 2011

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