1691621 B 2011-005458 Klamath County, Oregon 1 05/03/2011 02:56:12 PM 2 3 4 5 6 IN THE CIRCUIT COURT FOR THE STATE OF OREGON IN AND FOR THE COUNTY OF KLAMATH 7 JPMORGAN CHASE BANK, NATIONAL ASSOCIATION, SUCCESSOR IN INTEREST Case No. 1101391CV 8 FROM THE FDIC AS RECEIVER OF WASHINGTON MUTUAL BANK F/K/A 9 NOTICE OF LIS PENDENS WASHINGTON MUTUAL BANK, F.A., its successors in interest and/or assigns, 10 Plaintiff. 11 v. 12 UNKNOWN HEIRS OF D. DAVID RHINE: MARGARET A. RHINE A/K/A MARGARET 13 A. GIBSON; MATTHEW RHINE; MICHAEL RHINE; OREGON DEPARTMENT OF 14 HUMAN SERVICES; and Occupants of the Premises. 15 Defendants. 16 Pursuant to ORS 93.740, the undersigned states: 17 18 1 19 As Plaintiff, JPMorgan Chase Bank, National Association, successor in interest from the FDIC 20 21 the Circuit Court for Klamath County, State of Oregon; 22 2. 23

as Receiver of Washington Mutual Bank, F.A., has filed an action in

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;

Rоитн CRABTREE OLSEN, P.S.

after Recordina Return to:

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

Fee: \$47.00

NOTICE OF LIS PENDENS - 1

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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 20 day of Apr 2011.

OFFICIAL SEAL

JANELLE D KEITHLEY NOTARY PUBLIC - OREGON

COMMISSION NO. 447355 MISSION EXPIRES MARCH 10, 2014 ROUTH CRABTREE OLSEN, P.S.

 $\mathbf{B}\mathbf{v}$

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 27 , 2011, by Chris Fowler.

NOTARY PUBLIC for Oregon

My commission expires: March 10,2014

CERTIFICATION OF VITAL RECORD

477436

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

136-2007-008322

I.D. TAG NO.	∖ CE	RTIFICALE OF I	JEAIH		STATE FILE NUMBER
Legal Name First Dale	Middle David	Rhine		Jr	Death Date April 02, 2007
Sex Male	Age 60 years Soci	al Security Number		County of Death Washingto	
Birthdate July 27, 1946	Birthplace	Connecticut		Was De	cedent Ever in ned Forces? NO
Residence: Unknown			City/Town Unknown		
Residence County	State or Fo	reign Country	Zio Code + 4 99999		nside City Limits?
Unknown Marital Status at Time of Death Divorced		Guatemala lame Prior to First Marriag	le :		No :
Father's Name Dale D Rhine		Mo G	ther's Name Prior to Fi iussie Knight	rst Marriage	
Informant's Name Jacob Tanzer	Telephone Number Not Available	Relationship to Deco	edent Mailing Addres	s Warrens Wa	v. Portland, OR 97221
Place of Death Other - Ironwood Holis		Facility Name			
Location of Death 11216 NW Blackhawk		City/Town or Location of Portland	Death	State Oregon	Zip Code + 4 97229
Method of Disposition Cremation	Place of Disposition Aloha Crematory			Aloha, Ore	vn and State) Jon
Name and Complete Address of Fu Autumn Funerals & Cr	ineral Facility emations, Inc.	12639 SW Wi	nterview Drive,	Tigard, Orec	on 97224
Date of Disposition TBD	Funeral Director's Signat				nse Number CO-3786
Registrar's Signature	S/Carolyn E. Hallford	D	ate Received April 12, 2007	Local Fi	e Number 2284
Was case referred to Medical Exam	niner? Autopsy? No	Were autopsy findi	ngs available to comple	ete the cause of dea	02:15 AM
CAUSE OF DEATH					Approximate Intervenence Onset to Death
immediate cause Lung ca	ncer				not stated
Due to (or as a consequence of) ↓ b.					
Due to (or as a consequence of) \vee c.		- tall ()			
Due to (or as a consequence of) ♥ d.					
Other significant conditions contrib	uting to death				
Manner of Death Natural	If Female			Did tobacc Probat	o use contribute to death?
Date of Injury	Time of Injury Place of Inj	jury			Injury at Work?
Location of Injury				X - 3-1	
Describe how injury occurred			lf 	transportation injury	, specify.
Name and Address of Certifier Aleksandra Simic		1441 SW	Clay St APT 10		
Name and Title of Attending Physic	ian If Other than Certifier				11, 2007
Medical Certifler /S/ Alek	ksandra Simic	Title	of Certifier M.D., M.E.	. Y Y	nse Number D24152
Amendment				25 Y FB 15 - 18,71 E 18,15	





DATE ISSUED:





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.

February 01, 2011

A. Rocharl 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

