

11-90721

2011-011117

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

ONEWEST BANK, FSB, its successors in  
interest and/or assigns,

Plaintiff,

v.

UNKNOWN HEIRS AND DEVISEES OF  
ANNA LUCILLE GOUDY, DECEASED;  
LUCILLE A. GOUDY; DONALD L. DETROIT;  
JOHN F. DETROIT; OREGON DEPARTMENT  
OF HUMAN SERVICES; UNITED STATES  
OF AMERICA; Occupants of the Premises,

Defendants.

Case No. 1103326CV

NOTICE OF LIS PENDENS

Pursuant to ORS 93.740, the undersigned states:

1.

As Plaintiff, One West Bank, FSB, has filed an action in the Circuit Court for Klamath County,  
State of Oregon;

2.

The defendants are Unknown Heirs and Devisees of Anna Lucille Goudy, deceased; Lucille A.  
Goudy; Donald L. Detroit; John F. Detroit; Oregon Department of Human Services; United States of  
America; Occupants of the Premises described in the complaint herein;

NOTICE OF LIS PENDENS - 1

ROUTH  
CRABTREE  
OLSEN, P.C.

after Rec. 82  
621 SW Alder St., Ste. 800  
Portland, OR 97205-3623  
Telephone: 503.977.7840  
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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 3, Block 3, Sunnyland, according to the official plat thereof on file in the Office of the County Clerk of Klamath County, Oregon. More accurately described as: Lot 3 in Block 3 of SUNNYLAND, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

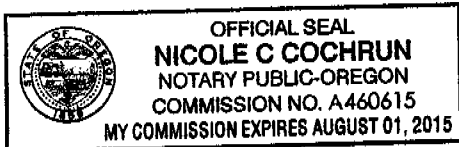
and more commonly known as 1621 Austin Street, Klamath Falls, Oregon 97603.


DATED this 29<sup>th</sup> day of September, 2011.

ROUTH CRABTREE OLSEN, P.C.

By   
Chris Fowler  
Attorneys for Plaintiff  
621 SW Alder St., Suite 800  
Portland, OR 97205  
(503) 517-9776, Fax (425) 974-1649  
cfowler@rcolegal.com

The foregoing instrument was acknowledged before me this 29<sup>th</sup> day of September, 2011, by Chris Fowler.



  
NOTARY PUBLIC for Oregon  
My commission expires: 8-1-15

# CERTIFICATION OF VITAL RECORD

571883

I.D. TAG NO.

## OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2011-006675

STATE FILE NUMBER

Legal Name First Anna Middle Lucille Last Goudy Suffix		Death Date March 03, 2011	
Sex Female	Age 91 years	Social Security Number	
Birthdate May 30, 1919	Birthplace Klamath Agency, Oregon	County of Death Klamath	
Residence 1621 Austin Street Klamath		City/Town Klamath Falls	Was Decedent Ever in U.S. Armed Forces? No
Marital Status at Time of Death Widowed	State or Foreign Country Oregon	Zip Code + 4 97603	Inside City Limits? Yes
Father's Name Henry Albert Dillstrom		Mother's Name Prior to First Marriage May	
Informant's Name John F. Detroit		Relationship to Decedent Son	Mailing Address 4780 S Camino Lome Alta, Vail, AZ 85641
Place of Death Other - Adult Foster Care Home - Hospice		Facility Name	
Location of Death 4605 Memory Lane		City/Town or Location of Death Klamath Falls	State Oregon
Method of Disposition Cremation	Place of Disposition Pyramid Cremations	Zip Code + 4 97603-8830	
Name and Complete Address of Funeral Facility Davenport's Chapel of The Good Shepherd 2680 Memorial Drive, Klamath Falls, Oregon 97601		Location (City/Town and State) Klamath Falls, Oregon	
Date of Disposition March 04, 2011	Funeral Director's Signature /s/ William F Davenport		
Registrar's Signature /s/ Lisa C Avila	Date Received March 08, 2011	OR License Number CO-3104	
Amendment		Local File Number 774	

Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?	Time of Death 1730
CAUSE OF DEATH IMMEDIATE CAUSE a. Renal Failure - Ischemia			Approximate Interval: Onset to Death 48 hrs
Due to (or as a consequence of) ↓ b. Ischemic Limb			2-3 weeks
Due to (or as a consequence of) ↓ c. CHF			4-5 yrs
Due to (or as a consequence of) ↓ d. Other significant conditions contributing to death Diabetes; HIN;			
Manner of Death Natural	If Female		Did tobacco use contribute to death? No
Date of Injury	Time of Injury	Place of Injury	Injury at Work?
Describe how injury occurred			If transportation injury, specify.
Name and Address of Certifier Jonathan Neal 2074 S Sixth Street, Klamath Falls, Oregon 97601			
Name and Title of Attending Physician [If Other than Certifier]		Date Signed March 07, 2011	
Medical Certifier /s/ Jonathan Neal	Title of Certifier P.A.	License Number PA01080	
Amendment			



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: August 10, 2011

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT OREGON STATE SEAL AND BORDER

