

MITC 89528

2011-013409

Klamath County, Oregon



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

FEDERAL NATIONAL MORTGAGE  
ASSOCIATION, its successors in interest and/or  
assigns,

Plaintiff,

v.

UNKNOWN HEIRS OF WENDY M.  
POWLESS; KEGAN POWLESS; BRON  
POWLESS; PAUL C. POWLESS AS  
GENERAL GUARDIAN OF BRON  
POWLESS; PAUL C. POWLESS; and  
Occupants of the Premises,

Defendants.

Case No. 1104418CV

NOTICE OF LIS PENDENS

Pursuant to ORS 93.740, the undersigned states:

1.

As Plaintiff, Federal National Mortgage Association, its successors in interest and/or assigns,  
has filed an action in the Circuit Court for Klamath County, State of Oregon;

2.

The defendants are Unknown Heirs and Devisees of Wendy M. Powless; Kegan Powless; Bron  
Powless; Paul C. Powless as General Guardian of Bron Powless; and Occupants of the Premises  
described in the complaint herein;

NOTICE OF LIS PENDENS - 1

ROUTH  
CRABTREE  
OLSEN, P.C.

621 SW Alder St., Ste. 800  
Portland, OR 97205-3623  
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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 99 Buena Vista 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 925 California Avenue, Klamath Falls, Oregon 97601.

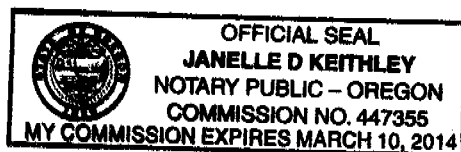
DATED this 28<sup>th</sup> day of November, 2011.

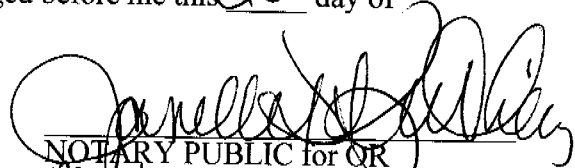
ROUTH CRABTREE OLSEN, P.C.

By

  
Chris Fowler  
Attorneys for Plaintiff  
621 SW Alder St., Suite 800  
Portland, OR 97205  
(503) 459-0140, Fax (425) 974-1649  
cfowler@rcolegal.com

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of  
November, 2011, by Chris Fowler.



  
NOTARY PUBLIC for OR  
Multnomah County  
My commission expires: March 10, 2014

# CERTIFICATION OF VITAL RECORD

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

527127  
I.D. TAG NO.

136-2009-019148  
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Wendy	Middle Marie	Last Powless	Suffix	Death Date August 10, 2009	
	Sex Female	Age 36 years	Social Security Number			County of Death Klamath		
	Birthdate		Birthplace Klamath Falls, Oregon			Was Decedent Ever in U.S. Armed Forces? No		
	Residence: 925 California Street			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 Married		Spouse's Name Prior to First Marriage Paul Powless					
	Father's Name Edward Wicks			Mother's Name Prior to First Marriage				
	Informant's Name Donna Wicks		Telephone Number Not Available	Relationship to Decedent Mother	Mailing Address 4849 Wocus Road, Klamath Falls, OR 97601			
	Place of Death Other - Sister's Residence - Hospice		Facility Name					
	Location of Death 2029 Leroy Street		City/Town or Location of Death Klamath Falls			State Oregon	Zip Code + 4 97601	
TO BE COMPLETED BY MEDICAL CERTIFIER	Method of Disposition Burial		Place of Disposition Eternal Hills		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 August 13, 2009		Funeral Director's Signature Travis D Sandusky		Electronically Signed	OR License Number CO-3705		
	Registrar's Signature /s/ Angelica Molina		Date Received August 14, 2009		Local File Number 436			
	Amendment							
	Was case referred to Medical Examiner? No		Autopsy? No		Were autopsy findings available to complete the cause of death?		Time of Death 1720	
	CAUSE OF DEATH IMMEDIATE CAUSE ↓ Gastric carcinoma					Approximate Interval: Onset to Death 8 months		
	a. Due to (or as a consequence of) ↓							
	b. Due to (or as a consequence of) ↓							
	c. Due to (or as a consequence of) ↓							
Other significant conditions contributing to death								
Manner of Death Natural		If Female Not pregnant within 1 year of death			Did tobacco use contribute to death? No			
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 Jon Gregory McKellar 2300 Clairmont Dr, Klamath Falls, Oregon 97601								
Name and Title of Attending Physician if Other than Certifier					Date Signed August 12, 2009			
Medical Certifier /s/ Jon Gregory McKellar			Title of Certifier M.D.		License Number MD11585			
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: February 18, 2011

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

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

EXHIBIT A