

After Recording Return to:
Willard L. Ransom
Sorenson, Ransom, Ferguson & Clyde, LLP
133 NW D Street
Grants Pass, OR 97526

AmeriTitle
MTC112093AM

AFFIDAVIT OF MAILING NOTICE OF DEFAULT

STATE OF OREGON, County of Josephine) ss.

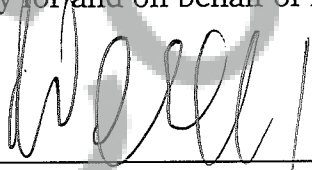
I, WILLARD L. RANSOM, under oath, state as follows:

1. Attached as Exhibit A is a true and correct copy of the Notice of Default pertaining to the contract described therein (Contract).
2. The Contract contains a "forfeiture remedy" as defined in ORS 93.905(2).
3. The Notice of Default was mailed on June 21, 2016, by both first-class and by certified mail with return receipt requested to the following persons at the last-known address indicated.

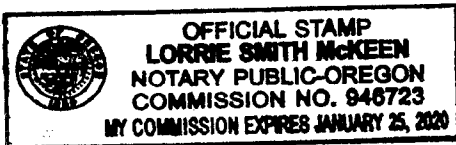
Sarah Ann Johnson
522 S. Park Avenue
Chiloquin, OR 97624

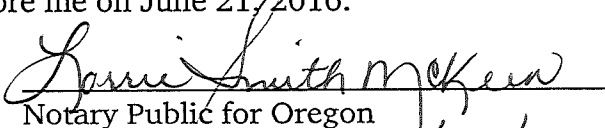
Unknown Occupants
522 S. Park Avenue
Chiloquin, OR 97624


4. Attached as Exhibit B are copies of the Certified Mail Receipts for each of the addresses named in item 3 above.
5. I make this affidavit as attorney for and on behalf of RONALD L. YOUNG and THOMAS LEE YOUNG, Contract Seller.


Willard L. Ransom, OSB No. 031372
Sorenson, Ransom, Ferguson & Clyde, LLP
Attorneys for Seller


This instrument was acknowledged before me on June 21, 2016.




Notary Public for Oregon
My commission expires: 1/25/2020


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent Sarah Johnson <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery 6-27-16</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Unknown Occupants 522 S Park Avenue Chiloquin, OR 97624</p>	
 9590 9403 0691 5196 4920 38	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <small>(over \$500)</small></p>
<p>2. Article Number (Transfer from service label) 7015 0640 0001 9450 3366</p>	
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7015 0640 0001 9450 3373

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage \$</p> <p>Total Postage and Fees \$</p>	
<p>Sent To <i>SM/YOUNG</i></p> <p>Sarah Ann Johnson</p> <p>Street and Apt. No., or PO Box No. <i>522 S. Park Ave.</i></p> <p>City, State, ZIP+4® <i>Chiloquin, OR 97624</i></p>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 0640 0001 9450 3366

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage \$</p> <p>Total Postage and Fees \$</p>	
<p>Sent To <i>SM/YOUNG</i></p> <p>Unknown Occupants</p> <p>Street and Apt. No., or PO Box No. <i>522 S. Park Avenue</i></p> <p>City, State, ZIP+4® <i>Chiloquin, OR 97624</i></p>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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<p>1. Article Addressed to:</p> <p>Sarah Ann Johnson 522 S Park Ave. Chiloquin, OR 97624</p>	
 9590 9403 0691 5196 4920 21	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <small>Restricted Delivery</small></p>
<p>2. Article Number (Transfer from service label) 7015 0640 0001 9450 3373</p>	
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

NOTICE OF DEFAULT

This Notice of Default is given with respect to the contract described below, which contains a forfeiture remedy, pursuant to the provisions of ORS 93.905-93.940.

1. *Description of Contract.* Land Sale Contract (Contract) between RONALD L. YOUNG and THOMAS LEE YOUNG, as Seller, and SARAH ANN JOHNSON, as Buyer; a memorandum of which was recorded on November 4, 2014 as Document Number 2014-011541, Official Records of Klamath County, Oregon.

2. *Property.* The property which is the subject of the Contract is known as 522 S. Park Avenue, Chiloquin, Oregon, and is more particularly described as follows:

Lots 38 and 39 of PONDEROSA PARK, according to the Official plat thereof on file in the office of the County Clerk of Klamath County, Oregon

3. *Nature of Default.* The default consists of failure to pay the following amounts:

3.1 since December 4, 2014, only seven payments have been made on the obligation in varying amounts, which total \$2,465; through June 4, 2016, nineteen (19) monthly installments of \$520.00 each, plus collection escrow fees of \$10.00 each, were due, for a total sum due of \$10,070; the result is that Buyer has defaulted in payment of minimum monthly payments in the amount of \$7,605 through June 4, 2016;

3.2 real property taxes due to Klamath County, Oregon, in the amount of \$1,202.15, including interest through July 15, 2016, are due and unpaid;

3.3 reimbursement of \$250 to Seller for attorney fees for a demand letter to Buyer incurred as a result of Buyer's default; and

3.4 late charges of \$26 each for installments not paid within 15 days of the due date, incurred for unpaid or late paid installments from December 4, 2014 through June 4, 2016, inclusive; total unpaid late charges of \$494.00, to date.

4. *Amount of Default.* The amount of the default is \$8,349.00 owed to Seller and \$1,232.98 due Klamath County for real property taxes and accrued interest owing as of the date of this notice, for a total monetary default of \$9,581.98 as of the date of this notice.

5. *Date Contract Will Be Forfeited.* The Contract will be forfeited if the defaults are not cured by August 25, 2016.

6. *How to Cure Default.* The default will be cured if by August 25, 2016, the following occur:

6.1 The sum of \$7,605.00 is *received* on account of the Contract Seller by AmeriTitle Collection Escrow, the *escrow agent* identified in paragraph 7 below.

6.2 The following sums are *received* by Klamath County on or before the dates set out below to pay in full the real property taxes for the 2015-2016 tax year, plus accrued interest to the date payment is *received*:

\$1,232.98, including interest through July 15, 2016, if received on or before that date;

\$1,248.39, including interest through August 15, 2016, if received on or before that date; or

\$1,263.80, including interest through September 15, 2016, received on or before the August 25, 2015.

6.3 The additional sum of \$1,115.00 is *received* on account of this matter by Willard L. Ransom, the *attorney for Seller* identified in paragraph 8 below. This sum consists of the following:

6.2.1 Title Report	\$ 296.00
6.2.2 Recording fees	\$ 57.00
6.2.3 Attorney Fees	\$ 750.00
6.2.4 Certified Mailing	\$ 12.00

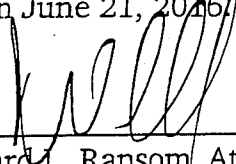
6.4 The additional sum of \$520.00 each, for the monthly installments and collection escrow fees due July 4, 2016 and August 4, 2016; all of which will accrue prior to the final cure date set out above and must be received by the escrow agent on or before August 25, 2016. If the defaults are fully cured prior to any of the due dates of the monthly installments set forth in this section 6.4, only those additional monthly installments, reserve payments and service fees due at the time the defaults are fully cured must be paid.

7. The collection escrow agent for the Contract, to whom the payment under paragraph 6.1 and 6.4 above is to be made, is AmeriTitle Collection Escrow, 300 Klamath Avenue, Klamath Falls, Oregon, 97601, Escrow Account No. 101797.

8. *Name and Address of Attorney for Seller.*

Willard L. Ransom
Sorenson, Ransom, Ferguson & Clyde, LLP
133 NW D Street
Grants Pass, OR 97526

9. *Date Notice Mailed.* This notice is being deposited in both first-class and certified mail with return receipt requested, on June 21, 2016.



Willard L. Ransom, Attorney for Seller

Unofficial
Copy