

After Recording Return to: MTC 112043AM
 Willard L. Ransom
 Sorenson, Ransom, Ferguson & Clyde, LLP
 133 NW D Street
 Grants Pass, OR 97526

2016-009363
Klamath County, Oregon
 09/01/2016 01:49:00 PM
 Fee: \$67.00

DECLARATION OF FORFEITURE

STATE OF OREGON, County of Josephine) ss.

I, RONALD L. YOUNG, in my individual capacity and in my capacity as the attorney-in-fact of THOMAS LEE YOUNG, under oath, state as follows:

1. This declaration pertains to that certain Land Sale Contract (Contract) between RONALD L. YOUNG, individually, and THOMAS LEE YOUNG, by and through his attorney-in-fact, RONALD L. YOUNG, as Seller, and SARAH ANN JOHNSON, as Buyer, a memorandum of which was recorded on November, 4, 2014, as Document No. 2014-011541, Records of Klamath County, Oregon, which covers that certain real property situated in Klamath County, Oregon, known as 522 S Park Avenue, Chiloquin, Oregon, 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.

2. An Affidavit of Mailing of Notice of Default, with a copy of the Notice of Default attached (Notice), is being recorded concurrently herewith. A copy of the Notice of Default and the Affidavit of Mailing are attached hereto and incorporated herein by reference.

3. The default described in the Notice was not cured within the time specified, as required by ORS 95.915.

4. The Contract is hereby declared forfeited.

5. I make this declaration as the Seller under the Contract.

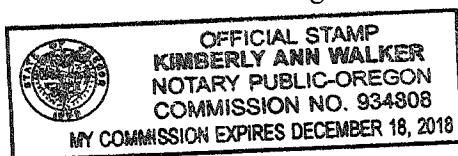
SELLER:

Ronald L. Young
 Ronald L. Young

Thomas Lee Young by and through his
 Thomas Lee Young, by and through his
 attorney-in-fact, Ronald L. Young *Attorney in Fact*
Ronald L. Young

STATE OF OREGON, County of Josephine) ss. August 24, 2016.

This instrument was acknowledged before me by Ronald L. Young, individually, and as attorney-in-fact for Thomas Lee Young.



Kimberly Ann Walker
 Notary Public for Oregon
 My Commission Expires: 12/18/18

SORENSEN, RANSOM & FERGUSON, LLP
 ATTORNEYS AT LAW
 133 NW "D" STREET
 GRANTS PASS, OREGON 97526
 PHONE: (541) 476-3883
 FAX: (541) 474-4495

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

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).

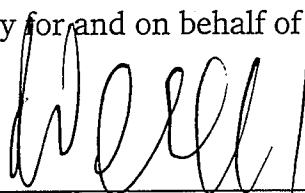
3. The Notice of Default was mailed on June 21, 2016, by both first-class and by certified mail with return receipt requested to the following persons at the last-known address indicated.

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

Unknown Occupants
522 S. Park Avenue
Chiloquin, OR 97624

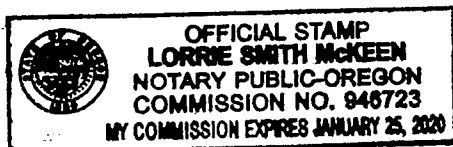
4. Attached as Exhibit B are copies of the Certified Mail Receipts for each of the addresses named in item 3 above.

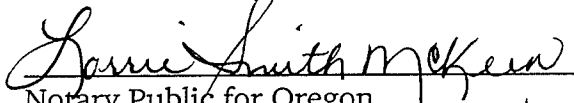
5. I make this affidavit as attorney for and on behalf of RONALD L. YOUNG and THOMAS LEE YOUNG, Contract Seller.




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	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Unknown Occupants 522 S Park Avenue Chiloquin, OR 97624</p>		<p>B. Received by (Printed Name) <u>Sarah Ann Johnson</u> C. Date of Delivery <u>6-27-16</u></p>	
<p>2. Article Number: (Transfer from service label) 7015 0640 0001 9450 3366</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p>Domestic Return Receipt</p>	

PS Form 3811, April 2015 PSN 7530-02-000-9053

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$
Total Postage and Fees \$

Sent To Sarah Ann Johnson
Street and Apt. No., or PO Box No. 522 S. Park Ave.
City, State, ZIP+4® Chiloquin, OR 97624

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE


Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$
Total Postage and Fees \$

Sent To Unknown Occupants
Street and Apt. No., or PO Box No. 522 S. Park Avenue
City, State, ZIP+4® Chiloquin, OR 97624

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Sarah Ann Johnson 522 S Park Ave. Chiloquin, OR 97624</p>		<p>B. Received by (Printed Name) <u>Sarah Ann Johnson</u> C. Date of Delivery <u>6/27/16</u></p>	
<p>2. Article Number: (Transfer from service label) 7015 0640 0001 9450 3373</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p>Domestic Return Receipt</p>	

PS Form 3811, April 2015 PSN 7530-02-000-9053

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

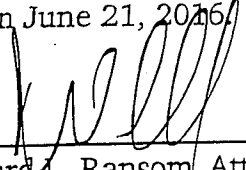
6.4 The additional sum of \$520.00 each, for the monthly installments and collection escrow fees due July 4, 2016 and August 4, 2016; all of which will accrue prior to the final cure date set out above and must be received by the escrow agent on or before August 25, 2016. If the defaults are fully cured 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