

Returned at Counter

2025-003438
Klamath County, Oregon



00341599202500034380060069

05/08/2025 10:06:14 AM

Fee: \$107.00

After Recording Return to:
Michael P. Rudd
Brandsness, Brandsness & Rudd, P.C.
411 Pine Street
Klamath Falls, OR 97601

AFFIDAVIT OF MAILING NOTICE OF DEFAULT

STATE OF OREGON)
) ss.
County of Klamath)

I, Michael P. Rudd, under oath state as follows:

1. Attached hereto as Exhibit A is a true and correct copy of the Notice of Default pertaining to the contract described herein (Contract).

2. The Contract contains a “forfeiture remedy” as defined in ORS 93.905(2).

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

1776 Washburn, LLC
c/o Tory Powless, Agent for Service
1776 Washurn Way
Klamath Falls, OR 97603

Tory Powless
4738 Sturdivant Avenue
Klamath Falls, OR 97603

Tory Powless
1776 Washburn Way
Klamath Falls, OR 97603

Tory Powless
5660 Sunset Ridge Road
Klamath Falls, OR 97601

Tory Powless
223 N. Spring Street
Klamath Falls, OR 97601

4. Attached as Exhibit B is a copy of the Certified Mail Receipts for each of the addresses named in item 3 above.

5. I make this declaration as attorney for and on behalf of James F. Gansberg and Jeannette L. Gansberg, Trustees of the Aliquando Trust.

Dated this 6th day of May, 2025.

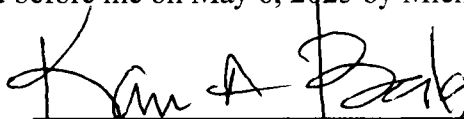


Michael Rudd, OSB# 934181

Attorney for James F. Gansberg and Jeannette L. Gansberg,
Trustees of the Aliquando Trust

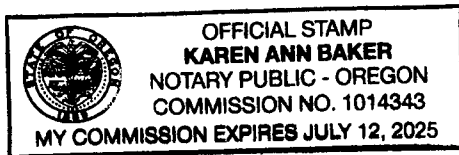
Email: mike@brandsnessrudd.com

This instrument was acknowledged before me on May 6, 2025 by Michael P. Rudd.



Notary Public for Oregon

My commission expires: 7-12-2025



NOTICE OF DEFAULT

Via First-Class Mail; Certified Mail/Return Receipt

1776 Washburn, LLC
c/o Tory Powless, Agent for Service
1776 Washburn Way
Klamath Falls, OR 97603

Tory Powless
4738 Sturdivant Avenue
Klamath Falls, OR 97603

Tory Powless
1776 Washburn Way
Klamath Falls, OR 97603

Tory Powless
5660 Sunset Ridge Road
Klamath Falls, OR 97601

Tory Powless
223 N. Spring Street
Klamath Falls, OR 97601

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.* Contract of Sale (Contract) between James F. Gansberg and Jeannette L. Gansberg, Trustees of the Aliquando Trust, as Sellers, and 1776 Washburn, LLC, an Oregon limited liability company, and Tory B. Powless, individually, as Purchasers, a memorandum of which was recorded on September 6, 2022, as Document 2022-010826, Official Records of Klamath County, Oregon.

2. *Property.* The property which is the subject of the contract is known as 1776 Washburn Way, Klamath Falls, OR 97603, and is more particularly described on the attached Exhibit A.

3. *Nature of Default.* The default consists of Purchasers' failure to make monthly payments for November 2024, and January, February, March and April 2025, and that was due on the first day of each month. The further default is Purchasers' failure to pay real property taxes.

4. *Amount of Default.* The amount of default is \$295,964.39, plus interest rate of 7% per annum from April 10, 2025, until paid, plus unpaid real property taxes with the current balance due of \$14,328.61.

5. *Date Contract Will Be Forfeited.* The Contract will be forfeited if the default is not cured by midnight on July 8, 2025.

6. *How to Cure Default.* Default to be cured if by July 8, 2025, the following occurs:

6.1 The sum of \$295,964.39, plus interest rate of 7% percent per annum from April 10, 2025, until paid, is *received* on account of the Contract by AmeriTitle.

6.2 The additional sum of \$14,328.61 is *received* on account of this matter by the Klamath County Tax Collector.

6.3 The additional sum of \$2,494.20 is received on account of this matter by Michael P. Rudd. This sum consists of the following:

6.3.1 Late charges of \$399.20

6.3.2 Recording Fees of \$95.00

6.3.3 Attorney Fees of \$2,000.00

6.4 The additional sum of \$1,996.00 each, as the monthly installment due on the first day of each month, plus taxes owing, is *received* on account of the Contract by AmeriTitle.

7. *Name and Address of Escrow Agent.*

AmeriTitle
404 Main Street, Suite 1
Klamath Falls, OR 974601

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

Michael P. Rudd
Brandsness, Brandsness & Rudd P.C.
411 Pine Street
Klamath Falls, OR 97601

9. *Date Notice Mailed.* This notice is being deposited in first-class mail to the last known address of the following persons or their legal representatives on May 6, 2025.

1776 Washburn, LLC	Tory Powless
c/o Tory Powless, Agent for Service	4738 Sturdivant Avenue
1776 Washurn Way	Klamath Falls, OR 97603
Klamath Falls, OR 97603	

Tory Powless	Tory Powless
1776 Washburn Way	5660 Sunset Ridge Road
Klamath Falls, OR 97603	Klamath Falls, OR 97601

Tory Powless
223 N. Spring Street
Klamath Falls, OR 97601

IMPORTANT CONSUMER NOTICE

UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or a copy of a judgment against the consumer and a copy of such verification or judgment will be mailed to you. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This is an attempt to collect a debt. Any information obtained will be used for that purpose.

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 \$4.85 4.85

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$3.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.01 1.01

Total Postage and Fees \$9.96 9.96

Sent To TORY DOWLESS

Street and Apt. No., or PO Box No. 1776 WASHBURN WAY

City, State, ZIP+4® KLAMATH FALLS, OR 97601

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 \$4.85 4.85

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$3.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.01 1.01

Total Postage and Fees \$9.96 9.96

Sent To TORY DOWLESS

Street and Apt. No., or PO Box No. 4738 STEWART AVE

City, State, ZIP+4® KLAMATH FALLS, OR 97603

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 \$4.85 4.85

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$3.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.01 1.01

Total Postage and Fees \$9.96 9.96

Sent To TORY DOWLESS

Street and Apt. No., or PO Box No. 233 N. SPRING STREET

City, State, ZIP+4® KLAMATH FALLS, OR 97601

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 \$4.85 4.85

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$3.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.01 .73

Total Postage and Fees \$9.96 9.68

Sent To 1776 WASHBURN, LLC / DOWLESS

Street and Apt. No., or PO Box No. 1776 WASHBURN WAY

City, State, ZIP+4® KLAMATH FALLS, OR 97603

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 \$4.85 4.85

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$3.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.01 1.01

Total Postage and Fees \$9.96 9.96

Sent To TORY DOWLESS

Street and Apt. No., or PO Box No. 5660 SUNSET RIDGE ROAD

City, State, ZIP+4® KLAMATH FALLS, OR 97601

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