

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

In the Matter of Cancellation of)
Land Sale Contract 15664)
between Multnomah County, Oregon and) ORDER TO CANCEL CONTRACT
TIMOTHY HENDERSON) 93-283
upon Default of Payments and Performance)
of Covenants)

Upon advice of the Tax Title Unit of Multnomah County that the contract purchaser, TIMOTHY HENDERSON, by contract dated January 7, 1993, agreed to purchase from Multnomah County upon terms and conditions provided therein, the following tax foreclosed property:

POINT VIEW EXC PART IN ST, LOT 1, BLOCK 8; LOT 2, BLOCK 8

pursuant to authority of ORS 275.180, and that said purchaser is now in default of the terms of said contract in that purchaser failed to make monthly payments of \$550.90 since February 15, 1993 for a total of \$1,652.70.

It appearing to the Board that ORS 275.220 provides that upon such default or breach of said contract, the Board may cancel said contract:

NOW, THEREFORE, it is hereby ORDERED that the subject contract be and is declared CANCELLED.

IT IS HEREBY FURTHER ORDERED that the Multnomah County Tax Collector remove the above property from taxation and cancel all unpaid taxes in accordance with the provisions of ORS 275.240.

IT IS HEREBY FURTHER ORDERED that the MULTNOMAH COUNTY SHERIFF serve a certified copy of this order, as a summons is served, upon TIMOTHY HENDERSON at 1117 NE 60TH AVE PORTLAND, OR 97213 and a return of service be made upon such copy of the order.

Dated this 19th day of August, 1993.



BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

Henry C. Higgins
Henry C. Higgins
Acting County Chair

REVIEWED:
Laurence Kressel, County Counsel
for Multnomah County, Oregon

By *John D. B.*

STATE OF OREGON)
) SS
COUNTY OF MULTNOMAH)

On this 19th day of August, 1993, A.D., before me, a Notary Public in and for said County and State, Personally appeared H.C. (HANK) MIGGINS, personally known to me, Acting Chair of the Board of County Commissioners for Multnomah County, Oregon, authorized to sign official County documents and that the seal affixed to said instrument was signed and sealed on behalf of Multnomah County by authority of its Board of County Commissioners, and the said instrument to be the free act and deed of Multnomah County.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first in this, my certificate, written.



Carrie Anne Parkerson
Carrie Anne Parkerson
Notary Public for Oregon

My Commission Expires:
January 24, 1997

MULTNOMAH COUNTY OREGON

DEPARTMENT OF ENVIRONMENTAL SERVICES
DIVISION OF FACILITIES AND PROPERTY MANAGEMENT
TAX TITLE UNIT
2505 S.E. 11TH AVENUE
PORTLAND, OREGON 97202
(503) 248-3590



GLADYS McCOY
MULTNOMAH COUNTY CHAIR

file copy

NOTICE OF DEFAULT

APRIL 20, 1993

TIMOTHY HENDERSON
1117 NE 60TH AVE
PORTLAND, OR 97213

YOU ARE HEREBY NOTIFIED THAT YOU ARE IN **DEFAULT** UNDER CONTRACT #15664 RECORDED ON January 21, 1993, BOOK 2640, PAGE 2417 BETWEEN MULTNOMAH COUNTY AND TIMOTHY HENDERSON FOR THE PROPERTY LEGALLY DESCRIBED AS:

POINT VIEW EXC PART IN ST, LOT 1, BLOCK 8; LOT 2, BLOCK 8 (66570-2550) commonly known as 8124 N FESSENDEN ST.

THE NATURE OF THE **DEFAULT** IS THAT YOU HAVE FAILED TO MAKE MONTHLY PAYMENTS OF \$550.90 EACH FOR 3 MONTHS FOR A TOTAL OF \$1,652.70.

IN ORDER TO CURE THE **DEFAULT** YOU MUST PAY ALL PAYMENTS INCLUDING INTEREST DUE UNDER THE CONTRACT AS OF THE DATE OF THE PAYMENT.

PAYMENT TO CURE THE **DEFAULT** MUST BE MADE DIRECTLY TO THIS OFFICE AND MUST BE IN CASH.

IF THE **DEFAULT** IS NOT CURED BEFORE July 15, 1993, THIS CONTRACT WILL BE CANCELLED, AND EVERY RIGHT, OR INTEREST OF ANY PERSON IN THE PROPERTY WILL BE FORFEITED FOREVER TO THE COUNTY.

SINCERELY,

LAURENCE C. BAXTER
MANAGER, TAX TITLE UNIT

CC: TIMOTHY HENDERSON 8124 N FESSENDEN ST PORTLAND OR 97203

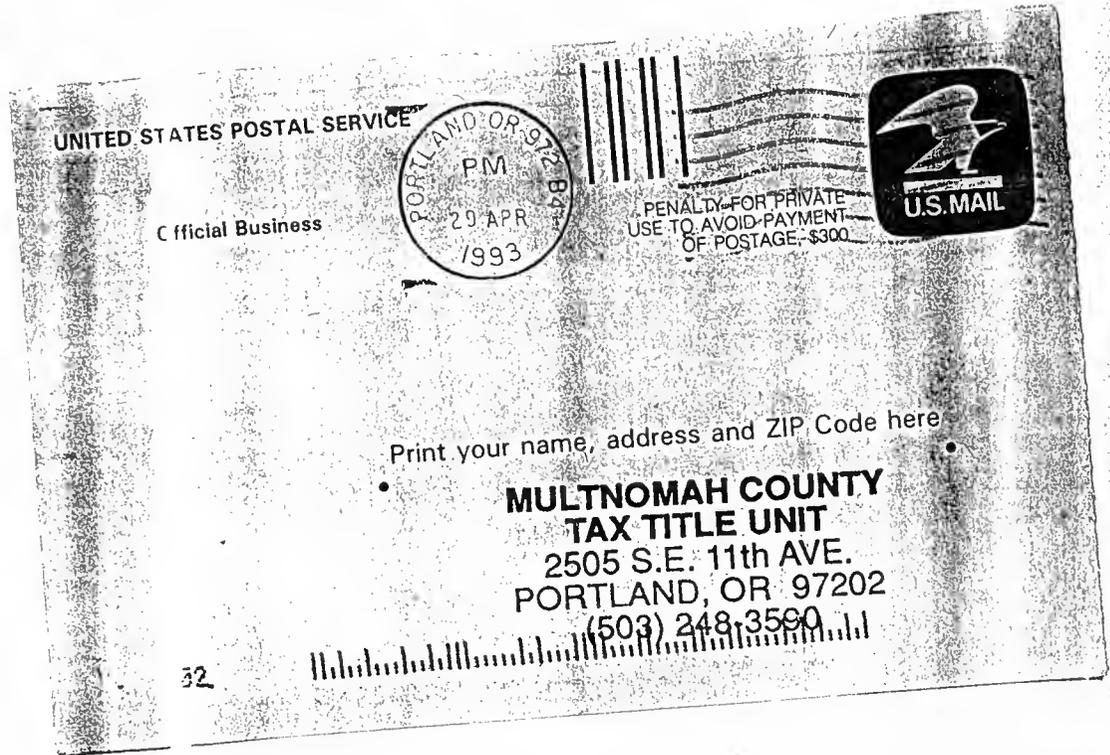
Page one of two

P. 371 085 050

 **Receipt for Certified Mail**
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

To <i>Timothy Henderson</i>	
Street and No. <i>1117 NE 60th Ave</i>	
City, State and ZIP Code <i>PORTLAND OR 97213</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS - 3500, June 1991



SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
*TIMOTHY HENDERSON
1117 NE 60TH AVE
PORTLAND OR 97213*

4a. Article Number
P 371 085 050

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery
4-29-93

5. Signature (Addressee)
Timothy Henderson

6. Signature (Agent)

8. Addressee's Address (ONLY if requested and fee is paid)

PS Form 3811, December 1991 U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

Fold at line over to the right of the envelope to the

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3 and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
TIMOTHY HENDERSON
8124 N FESSENDEN ST
PORTLAND OR 97203

4a. Article Number
P 371 085 051

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

5. Signature (Addressee)
Timothy Henderson

6. Signature (Agent)

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 *U.S. GPO: 1992-227-227-1000

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

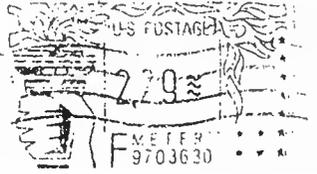


P 371 085 051
Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

CLATSOP COUNTY OREGON
 ENVIRONMENTAL SERVICES
 AND PROPERTY MANAGEMENT
 TAX TITLE
 111TH AVENUE
 SEASIDE, OREGON 97202

CERTIFIED MAIL

P 371 085 051



Sent to Timothy Henderson	
Street and No. 8124 N Fessenden St	
P.O., State and ZIP Code PORT OR 97203	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Handwritten: 203, Unpaid, 2093, 2093, TIMOTHY HENDERSON, 8124 N FESSENDEN ST, PORTLAND OR 97203

4.27
5.5