Timothy T. Chamberlain Sheriff



Earl D. Mordan, Jr. Chief Deputy

**Plaintiff** M & T BANK

VS.

Defendant

KRISTEN D FODNESS

Attorney for the Plaintiff:

KML LAW GROUP, P.C. 701 MARKET STREET PHILADELPHIA, PA 19106 Sheriff's Sale Date:

Wednesday, November 9, 2016

Writ of Execution No.: 2016CV792

Advance Sheriff Costs: \$1,350.00

Location of the real estate: 39 EAST WALNUT STREET, MILLVILLE, PA 17846

#### **Sheriff Costs**

Distribution Costs		
	Total Sheriff Costs	\$2,163.94
Surcharge		\$110.00
Tax Claim Search	·	\$5.00
Notary Fee		\$10.00
Copies		\$5.00
Distribution Form		\$25.00
Service Mileage		\$16.00
Service		\$150.00
Web Posting		\$100.00
Transfer Tax Form		\$25.00
Solicitor Services		\$100.00
Sheriff's Deed		\$35.00
Sheriff Automation Fund	•	\$50.00
Prothonotary, Acknowledge Deed		\$10.00
Press Enterprise Inc.		\$1,411.44
Posting Handbill		\$15.00
Mailing Costs		\$24.00
Levy		<b>\$</b> 15.00
Docketing	•	\$15.00
Crying Sale		\$10.00
Advertising Sale Bills & Copies		\$17.50
Advertising Sale (Newspaper)		\$15.00

#### D

Recording Fees \$68.00 **Total Distribution Costs** \$68.00 Grand Total: \$2,231.94

Sheriff's poundage cost will be calculated according to the current law and added to the Sheriffs' costs after the sale.

#### COLUMBIA COUNTY SHERIFF'S OFFICE

SHERIFF'S REAL ESTATE FINAL COST SHEET

M&T BANK	VS	KRISTEN F	ODNESS	
NO. 141-2016	ED	NO.	792-2016	)D
DATE/TIME OF SALE:	NOVEMBER 9	_		
BID PRICE (INCLUDES	COST)	\$ 223/ \$ 44,	,94	
POUNDAGE – 2% OF BI	D	s <u> </u>	64	
TRANSFER TAX – 2% O	F FAIR MKT	\$		
MISC. COSTS		\$		1
TOTAL AMOUNT NEED	ED TO PURCH	ASE	9	2276,58
PURCHASER(S):				
ADDRESS:				
NAMES(S) ON DEED: PURCHASER(S) SIGNAT		) din		Jek .
тот	AL DUE:		\$	2276,58
LES	S DEPOSIT:		\$	1350,00
DOV	WN PAYMENT:	:	9	S
ТОТ	AL DUE IN 8 E	DAYS	9	926,58

#### COLUMBIA COUNTY REGISTER AND RECORDER RECEIPT

Inv Number: 210735 Invoice Date: 01/25/2017 3:23:17 PM RECEIPT Reg/Drw ID: 0102 Customer: Last Change: Receipt By: WALK-IN By: B\$L SHERIFF Chg # Charge / Payment / Fee Description Amount Inst # / Inst Date Municipality 1 DEED \$72.00 201700652 MILLVILLE BORO Grantor - FODNESS, KRISTEN D 01/25/17 3:23:19 PM Grantee - M & T BANK Consideration -\$2,276.58 Tax Basis -\$0.00 Return Via - MAIL Fees Summary: STATE WRIT TAX JCS/ACCESS TO JUSTICE \$0.50 \$35.50 AFFORDABLE HOUSING \$15.50 RECORDING FEES - RECORDER \$15.50 RECORDER IMPROVEMENT FUND \$3.00 COUNTY IMPROVEMENT FUND \$2.00 Inst Info: SHERIFF'S DEED **TOTAL CHARGES** \$72.00 **PAYMENTS** CHECK: 7680 - SHERIFF \$68.00 CHECK: 7683 - SHERIFF \$4.00 **TOTAL PAYMENTS** \$72.00 **AMOUNT DUE** \$72.00 PAYMENT ON INVOICE (\$72.00)**BALANCE DUE ON INVOICE** \$0.00

SUITE 5000, MELLON INDEPENDENCE CENTER 701 MARKET ST. PHILADELPHIA, PA 19106 (215) 627-1322 info@kmllawgroup.com

220.BANK / firstrust.com

3-7380/2360

01/23/2017

PAY TO THE ORDER OF

**MEMO** 

SHERIFF OF COLUMBIA COUNTY

\$\*\*44.64

FORTY-FOUR AND 64 / 100 -

158157/ Fodness

Sheriff's Office PO Box 380 Bloomsburg PA, 17815

6. MORTGAGE CASH ACCOUNT VOID AFTER 180 DAYS

#### KML LAW GROUP, P.C.

January 16, 2017

Fax#: 570-389-5625 Attn: Real Estate SHERIFF OF COLUMBIA COUNTY Sheriff's Office PO Box 380 Bloomsburg, PA 17815

RF.:

KRISTEN D. FODNESS

39 East Walnut Street a/k/a 39 Walnut Street

Millville, PA 17846

Sale Date: November 09, 2016 Docket #: 2016-CV-792

Dear Sheriff:

Please provide a status of the recording of the Sheriff's Deed. We have checked with the Recorder of Deeds Office and the deed is not yet recorded. Settlement was made with your office on November 16, 2016. If the Sheriff's Deed has not yet been recorded, please record the deed to M&T BANK as soon as possible. Thank you.

Mess. KML LAW GROUP, P.C. Post Sale/Deeds Department Deeds@kmllawgroup.com Barb Groark, Legal Assistant (215) 825-6314 (215) 825-644] Fax BGroark@kmllawgroup.com SHERIFF'S RESPONSE: The Sheriff's Deed will not be processed until we receive: Realty Transfer Tax Affidavits Settlement Funds in the amount of \$ An Assignment of Bid Grantce Letter Other The Sheriff's Deed will be/was sent for record on:

#### KML LAW GROUP, P.C.

Suite 5000 - BNY Mellon Independence Center 701 Market Street Philadelphia, PA 19106-1532 www.kmllawgroup.com

January 23, 2017

SHERIFF OF COLUMBIA COUNTY Real Estate Division Sheriff's Office PO Box 380 Bloomsburg, PA 17815

RE: KRISTEN D. FODNESS

39 East Walnut Street a/k/a 39 Walnut Street

Millville, PA

Sale Date: November 09, 2016

Docket #: 2016-CV-792

Book, Writ

To The Sheriff:

Enclosed please find a check in the amount of \$44.64, representing payment for Sheriff's costs for the above-referenced sale. If you require anything further from our office, please contact me directly at <a href="PostSale@kmllawgroup.com">PostSale@kmllawgroup.com</a> or 215-825-6344.

Thank you in advance for your time and attention to this matter.

Sincerely,

KML LAW GROUP, P.C. Robert M. Miller, Legal Assistant Post Sale Department 215-825-6344 (Direct Phone) rmiller@kmllawgroup.com

85504

KML LAW GROUP, P.C.

SUITE 5000, MELLON INDEPENDENCE CENTER 701 MARKET ST. PHILADELPHIA, PA 19106 (215) 627-1322 info@kmilawgroup.com FERSTRUST 800.220.BANK / firstrust.com

3-7380/2360 11/16/2016

PAY TO THE ORDER OF

**МЕМО** 

SHERIFF OF COLUMBIA COUNTY

\$ \*\*881.94

EIGHT HUNDRED EIGHTY-ONE AND 94/100~

~~~~~~DOLLARS

Sheriff's Office PO Box 380 Bloomsburg PA, 17815

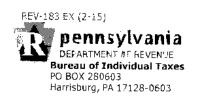
6.M@RTGAGE CASH ACCOUNT VOID AFTER 180 DAYS

158157/ Fodness

"OOB55046" 122360738014 80 00082795"

#### SHERIFF'S SALE COST SHEET

| •                                 | vs. todness                                             |            |
|-----------------------------------|---------------------------------------------------------|------------|
| NOED NO                           |                                                         |            |
| DOCKET/RETURN                     | \$15.00                                                 |            |
| SERVICE PER DEF.                  | \$ 150.00                                               |            |
| LEVY (PER PARCEL                  | \$15.00                                                 |            |
| MAILING COSTS                     | \$ 24100                                                |            |
| ADVERTISING SALE BILLS & COPIE    |                                                         |            |
| ADVERTISING SALE (NEWSPAPER)      | \$15.00                                                 |            |
| MILEAGE                           | \$ 3400 16.00                                           |            |
| POSTING HANDBILL                  | \$15.00                                                 |            |
| CRYING/ADJOURN SALE               | \$10.00                                                 |            |
| SHERIFF'S DEED                    | \$35.00                                                 |            |
| TRANSFER TAX FORM                 | \$25.00                                                 |            |
| DISTRIBUTION FORM                 | \$25.00                                                 |            |
| COPIES                            | \$ \$\sigma_2\co                                        |            |
| NOTARY                            | \$ 10.00                                                |            |
| TOTAL *******                     | ********* § 377,50                                      |            |
| WED BOSTNIC                       | <b>\$150.00</b>                                         |            |
| WEB POSTING PRESS ENTERPRISE INC. | \$150.00<br>\$ <i>14][</i> 544                          |            |
| SOLICITOR'S SERVICES              | \$100.00                                                |            |
| TOTAL *******                     | ********* \$ 1661,44                                    |            |
| 191112                            | * <del>100//-</del>                                     |            |
| PROTHONOTARY (NOTARY)             | \$10.00                                                 |            |
| RECORDER OF DEEDS                 | \$ <u>68,60</u><br>************************************ |            |
| TOTAL *******                     | ********* \$ <u>78,</u> <u>00</u>                       | :          |
| REAL ESTATE TAXES:                |                                                         |            |
| BORO, TWP & COUNTY 20             | \$                                                      |            |
| SCHOOL DIST. 20_                  | \$                                                      |            |
| DELINQUENT 20                     | \$ S,00                                                 |            |
| TOTAL *******                     | **** \$ <b>5,00</b>                                     |            |
| MUNICIPAL FEES DUE:               |                                                         |            |
| CELLIED 20                        | \$                                                      |            |
| WATER 20                          | \$                                                      |            |
| TOTAL *******                     | \$<br>\$_<br>**********                                 |            |
|                                   | \$_160,00                                               |            |
| SURCHARGE FEE (DSTE)              | \$_160,00                                               |            |
| MISC                              | \$                                                      |            |
|                                   | \$_<br>*********** \$ -6-                               |            |
| TOTAL *******                     | *******                                                 |            |
| TOTAL COSTS (C                    | PENING BID)                                             | \$ 2231,94 |



## REALTY TRANSFER TAX STATEMENT OF VALUE

See reverse for instructions.

| RECORDI        | ER'S USE ONLY |
|----------------|---------------|
| State Tax Paid |               |
| Book Number    |               |
| Page Number    |               |
| Date Recorded  | ,             |

Complete each section and file in duplicate with Recorder of Deeds when (1) the full value/consideration is not set forth in the deed, (2) the deed is without consideration or by gift, or (3) a tax exemption is claimed. If more space is needed, please attach additional sheets. A Statement of Value (SOV) is not required if the transfer is wholly exempt from tax based on family relationship or public utility easement. However, it is recommended that a SOV accompany all documents filed for recording.

| A. CORRESPONDENT - All i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nquiries                  | may be di                                               | rected to the follo                            | owing person:                    | ····                              |                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------|------------------------------------------------|----------------------------------|-----------------------------------|-------------------------|--|
| Name<br>KML Law Group, P.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                         |                                                |                                  | Telepho                           | ne Number:<br>527-1322  |  |
| Mailing Address<br>701 Market Street, Suite 5000 BNY Inde                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | pendence C                | enter                                                   | City<br>Philadelphia                           |                                  | State PA                          | ZIP Code<br>19106-1532  |  |
| B. TRANSFER DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                         |                                                |                                  | !                                 | .L                      |  |
| Date of Acceptance of Document 11/14/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 016                       |                                                         |                                                |                                  | <del></del>                       |                         |  |
| Grantor(s)/Lessor(s) SHERIFF OF COLUMBIA COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | ephone Number: Grantee(s)/Lessee(s) 0-389-5622 M&T BANK |                                                |                                  | ne Number:<br>17-1322             |                         |  |
| Mailing Address<br>Sheriff's Office,PO Box 380                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·                         |                                                         | Mailing Address One Fountain Pla               | aza,                             |                                   |                         |  |
| City<br>Bloomsburg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State<br>PA               | ZIP Code<br>17815                                       | City                                           | Buffalo                          | State<br>NY                       | ZIP Code<br>14203       |  |
| C.REAL ESTATE LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                                                         | . \                                            |                                  | i                                 |                         |  |
| Street Address<br>39 East Walnut Street a/k/a 39 Walnu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | t Street                  |                                                         | City, Township, Borough<br>Millville – Borough |                                  |                                   |                         |  |
| County<br>Columbia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | School                    | District                                                |                                                | Tax Parcel Numb<br>24-01B024-01  |                                   |                         |  |
| D.VALUATION DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                         |                                                |                                  | <u>.</u>                          |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | Wastra                                                  | nsaction part of an a                          | assignment or re                 | location?                         | OY O                    |  |
| Actual Cash Consideration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | +0                        | Consideration                                           |                                                | 3. Total Considera<br>=\$2,231.9 | ation                             |                         |  |
| County Assessed Value<br>\$20,658.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5. Comm                   | non Level Ratio                                         | Factor                                         |                                  | 6. Computed Value<br>=\$76,228.02 |                         |  |
| E. EXEMPTION DATA - Refe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | r to insti                | ructions for                                            | r exemption statu                              | us.                              |                                   |                         |  |
| 1a. Amount of Exemption Claimed<br>\$76,228.02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1b. Per                   | centage of Grant                                        | tor's Interest in Real Esta<br>100%            |                                  | of Grantor's Inter<br>100         |                         |  |
| 2. Check Appropriate Box Below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | for Exer                  | nption Clai                                             | med.                                           |                                  |                                   | · <del>·</del> -· · · · |  |
| Will or intestate succession.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | ^. <del>(</del>                                         | Name of Decedent)                              |                                  | (Estate File I                    | Number)                 |  |
| <ul><li>Transfer to a trust. (Attach compl</li><li>Transfer from a trust. Date of tra</li><li>If trust was amended attach a co</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nsfer into t              | f trust agreem<br>he trust                              | ent identifying all ben                        | eficiaries.)                     |                                   |                         |  |
| Transfer between principal and ag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                         |                                                | ncv/straw party ad               | reement )                         |                         |  |
| Transfers to the commonwealth, tion. (If condemnation or in lieu or in lie | the U.S. ar<br>of condemn | nd instrumenta<br>ation, attach                         | alities by gift, dedication.)                  | on, condemnation                 | or in lieu of co                  | indemna-                |  |
| ransfer from mortgagor to a hole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | der of a mo               | r <b>tgage</b> in defa                                  | ault. (Attach copy of m                        | ortgage and note                 | /assignment.)                     |                         |  |
| Corrective or confirmatory deed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                         |                                                | cted or confirmed.)              | )                                 |                         |  |
| Statutory corporate consolidation  Other (Please explain exemption)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | r division. (Att                                        | ach copy of articles.)                         |                                  |                                   |                         |  |
| Code (Fiedd explain exemption)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ciaimeu.)                 |                                                         |                                                |                                  |                                   |                         |  |
| Under penalties of law, I declare th<br>to the best of my knowledge and be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | elief, it is              | examined th<br>true, correct                            | nis statement, inclu-<br>t and complete.       | ding accompany                   | ing informat                      | on, and                 |  |
| Signature of Correspondent or Responsible Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | irty >                    |                                                         |                                                |                                  | Date                              |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | <del></del>                                             |                                                | //                               | 1616                              |                         |  |

Timothy T. Chamberlain Sheriff



Earl D. Mordan, Jr. Chief Deputy

| M & T BAN<br>vs.<br>FODNESS | IK<br>, KRISTEN D                                              |                                        |               | <b>Case N</b><br>20160 |              |
|-----------------------------|----------------------------------------------------------------|----------------------------------------|---------------|------------------------|--------------|
|                             | SERVICE C                                                      | OVER SHE                               | ET            |                        | ··· · · ·    |
| Service De                  | tailsi                                                         |                                        |               |                        |              |
| Category:                   | Real Estate Sale - Posting - Sale Bill                         | ************************************** |               | Zone:                  |              |
| Manner:                     | < Not Specified >                                              | Expires:                               |               | Warrant:               |              |
| Notes:                      | SALE DATE & TIME: 11/09/2016 AT 9:00 AM<br>SHERIFF'S SALE BILL |                                        |               |                        |              |
| Serve To:                   |                                                                | Final Servi                            |               |                        |              |
| Name:                       | (POSTING)                                                      | Served:                                | Personally Ad | ult In Charge          | osted) Other |
| Primary<br>Address:         | 39 EAST WALNUT STREET<br>MILLVILLE, PA 17846                   | Adult In<br>Charge:                    | <u> </u>      |                        |              |
| Phone:                      | DOB:                                                           | Relation:                              | <u></u>       |                        |              |
| Alternate<br>Address:       |                                                                | Date:                                  | 10/5/14       | Time:                  | 1533         |
| Phone:                      |                                                                | Deputy:                                | 5             | Mileage:               |              |
| Attorney / (                | Originator:                                                    |                                        |               |                        |              |
| Name:                       | KML LAW GROUP, P.C.                                            | Phone:                                 |               |                        |              |
| Service Att                 | empts:                                                         |                                        |               |                        |              |
| Date:                       |                                                                |                                        |               |                        | :            |
| Time:                       |                                                                |                                        |               |                        |              |
| Mileage:                    |                                                                |                                        |               |                        |              |
| Deputy:                     |                                                                |                                        |               |                        | ·.           |
| Service Att                 | empt Notes:                                                    |                                        |               |                        |              |
| 1.                          |                                                                |                                        |               |                        |              |
| 2.                          |                                                                |                                        |               |                        | · .          |
|                             |                                                                |                                        |               |                        |              |
| 3.                          |                                                                |                                        |               |                        |              |
| 3.<br>4.                    |                                                                |                                        |               |                        |              |

2016CV792

39 EAST WALNUT STREET, MILLVILLE, PA 17846

Timothy T. Chamberlain Sheriff



Earl D. Mordan, Jr. Chief Deputy

| M & T BA | NK               |
|----------|------------------|
| VS.      |                  |
| KRISTEN  | <b>D FODNESS</b> |

Case Number 2016CV792

#### SHERIFF'S RETURN OF SERVICE

10/05/2016 03:55 PM - DEPUTY KEVIN DENT, BEING DULY SWORN ACCORDING TO LAW, STATES SERVICE WAS PERFORMED BY POSTING A TRUE COPY OF THE REQUESTED HANDBILL UPON THE REAL ESTATE LOCATED AT 39 EAST WALNUT STREET, MILLVILLE, PA 17846:

KEVIN DENT, DEPUTY

SO ANSWERS,

October 06, 2016

TIMOTHY T. CHAMBERLAIN, SHERIFF

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
MISTY CHAPMAN
NOTARY Public
BLOOMSBURG TOWN, COLUMBIA COUNTY
My Commission Expires Jun 8, 2020

Affirmed and subscribed to before me this

TH day of O

OCTOBER

2016

Noto Chapman

Plaintiff Attorney: KML LAW GROUP, P.C., 701 MARKET STREET, PHILADELPHIA, PA 19106

NOTARY

Timothy T. Chamberlain Sheriff



Earl D. Mordan, Jr. Chief Deputy

M & T BANK vs. KRISTEN D FODNESS

Case Number 2016CV792

#### SHERIFF'S RETURN OF SERVICE

04:47 PM - DEPUTY KEVIN DENT, BEING DULY SWORN ACCORDING TO LAW, SERVED THE REQUESTED NOTICE OF SALE, WRIT OF EXECUTION AND DEBTOR'S RIGHTS BY "PERSONALLY" HANDING A TRUE COPY TO A PERSON REPRESENTING THEMSELVES TO BE THE DEFENDANT, TO WIT: KRISTEN D FODNESS AT 39 EAST WALNUT STREET, MILLVILLE PA 17820;

KEVIN DENT, DEPUTY

SO ANSWERS,

September 01, 2016

1ST

day of

SEPTEMBER

TIMOTHY T. CHAMBERLAIN, SHERIFF

Affirmed and subscribed to before me this

OOMMONWEALTH OF PENSYLVANIA

Notarial Seal

Sarah Jane Klingarman, Notary Public

Town of Bicomsburg, Columbia County

Town of Bicomsburg, Columbia County

My Commission Expires Oct. 4, 2015

Plaintiff Attorney: KML LAW GROUP, P.C., 701 MARKET STREET, PHILADELPHIA, PA 19106

2016

Timothy T. Chamberlain Sheriff



Earl D. Mordan, Jr.
Chief Deputy

| M & T BAN<br>vs.<br>FODNESS | IK<br>, KRISTEN D                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Category:<br>Manner:        | Real Estate Sale - Sale Notice<br>< Not Specified >              | Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Notes:                      | SALE DATE & TIME: 11/09/2016 AT<br>PLAINTIFF NOTICE OF SHERIFF'S | 9:00 AM<br>SALE AND DEBTOR'S R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Name:                       | KRISTEN D FODNESS                                                | Final Servi<br>Served:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - construction of a contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d. 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| Primary<br>Address:         | 39 EAST WALNUT STREET<br>MILLVILLE, PA 17820                     | Adult In<br>Charge:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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FODNESS, KRISTEN D

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39 EAST WALNUT STREET, MILLVILLE, PA 17820

Timothy T. Chamberlain Sheriff



Earl D. Mordan, Jr. Chief Deputy

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39 EAST WALNUT STREET, MILLVILLE, PA 17820

Timothy T. Chamberlain Sheriff



Earl D. Mordan, Jr.
Chief Deputy

| SERVICE COVER SHEET  Service Details:  Category: Real Estate Sale - Sale Notice  Manner: < Not Specified > Expires: Warrant:  Notes: SALE DATE & TIME: 11/09/2016 AT 9:00 AM PLAINTIFF NOTICE OF SHERIFF'S SALE AND DEBTOR'S RIGHTS  Serve To:  Name: Connie Crawford Served: Primary 2227 Valley Road Adult in Charge: Posted Other Primary 2227 Valley Road Bloomsburg, PA 17815  Phone: 570-437-2153 DOB: Relation:  Atternate Address:  Date: \$\int \frac{5}{11/6} \tag{1} \tag{1} \tag{1} \tag{1} \tag{2} \tag{5} \tag{1} \tag{1} \tag{1} \tag{1} \tag{2} \tag{5} \tag{1} \tag{1} \tag{1} \tag{1} \tag{2}                                           | M & T BAI   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                  |                                            | Number                                |
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| Service Details:  Category: Real Estate Sale - Sale Notice  Manner: <a href="Notice-steep">Not Specified</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Category: Real Estate Sale - Sale Notice  Manner:   Not Specified > Expires: Warrant:   Warrant:    Notes: SALE DATE & TIME: 11/09/2016 AT 9.00 AM PLAINTIFF NOTICE OF SHERIFF'S SALE AND DEBTOR'S RIGHTS  Serve 10: Final Service: Personally - Adult In Charge - Posted - Other Primary    Name: Connie Crawford   Served: Personally - Adult In Charge - Posted - Other Primary    Address:   Date: Stille   Time:    Alternate   Address:   Date: Stille   Time:    Alternate   Address:   Deputy:   Mileage:    Attorney / Originator:    Name: KML LAW GROUP, P.C.   Phone:    Service Attempts:    Date:   Mileage:    Deputy:   Service Attempt Notes:    1.   2.    3.    4.   5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Manner: < Not Specified > Expires: Warrant:  Notes: SALE DATE & TIME: 11/09/2016 AT 9:00 AM PLAINTIFF NOTICE OF SHERIFF'S SALE AND DEBTOR'S RIGHTS  Serve To: Final Service:  Name: Connie Crawford Served: Personally Adult in Charge Posted Other Primary 2227 Valley Road Adult in Charge:  Phone: 570-437-2153 DOB: Relation:  Alternate Address: Date: \$\frac{5}{1}/\pho\$ Time: \$\frac{1}{6}35\$  Phone: Deputy: \$\frac{5}{1}/\pho\$ Mileage:  Attorney / Originator:  Name: KML LAW GROUP, P.C. Phone:  Service Attempts:  Date: 1635  Service Attempts:  Service Attempt Notes:  1.  2.  3.  4.  5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Manner: < Not Specified > Expires: Warrant:  Notes: SALE DATE & TIME: 11/09/2016 AT 9:00 AM PLAINTIFF NOTICE OF SHERIFF'S SALE AND DEBTOR'S RIGHTS  Serve To: Name: Connie Crawford Served: Personally Adult in Charge Posted Other Primary Address: Bloomsburg, PA 17816 Charge:  Phone: 570-437-2153 DOB: Relation:  Alternate Address: Date: \$\int 51 \left  \text{b} \text{ Time: } \left  \int 635  Phone: Deputy: 5 Mileage:  Date: Time: Mileage: Deputy: Service Attempts Notes:  1. 2. 3. 4. 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Category:   | : Real Estate Sale - 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| PLAINTIFF NOTICE OF SHERIFF'S SALE AND DEBTOR'S RIGHTS  Serve to:  Name: Connie Crawford Served: Personally Adult In Charge Posted Other Primary Address: Bloomsburg, PA 17815 Charge:  Phone: 570-437-2153 DOB: Relation:  Alternate Address:  Date: \$\int_{\begin{subarray}{c} \frac{1}{6} \] \$\int_{\begin{subarray}{c} \frac{1}{ | Manner:     | < Not Specified >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Expires:                                              |                  | Warrant:                                   |                                       |
| Name: Connie Crawford  Primary Address: Bloomsburg, PA 17815  Phone: 570-437-2153  DOB: Relation:  Atternate Address: Date: \$\int \sigma_1 \precedit{\beta} \precedit{\beta} \rightarrow  Address:  Date: \$\int \sigma_1 \precedit{\beta} \rightarrow  Address:  Deputy: \$\int \text{Mileage:}  Atternate Address:  Atternate Address:  Phone:  Deputy: \$\int \text{Mileage:}  Deputy: \$\int \text{Mileage:}  Date: \$\int \sigma_1 \precedit{\beta} \rightarrow  Mileage:  Deputy:  Service Attempt Notes:  1.  2.  3.  4.  5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                                                                                                                                                      |                                                       | RIGHTS           |                                            |                                       |
| Primary 2227 Valley Road Adult In Charge:  Phone: 570-437-2153 DOB: Relation:  Alternate Address: Date: \$\int 51 \right  b Time: 1\int 35\$  Phone: Deputy: \$\int Mileage: Mileage: Attempts: Date: Time: Mileage: Deputy: \$\int Service Attempt Notes: 1. 2. 3. 4. 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                                                                                                                                                                      | Final Servi                                           | ce:              |                                            |                                       |
| Address: Bloomsburg, PA 17815  Phone: 570-437-2153  DOB: Relation:  Alternate Address: Deputy: 5 Mileage:  Attorney/Originator:  Name: KML LAW GROUP, P.C. Phone:  Service Attempts: Deputy: Service Attempt Notes:  1. 2. 3. 4. 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                         | Served: ¿                                             | Personally · Adu | ılt İn Charge                              | Posted · Other                        |
| Alternate Address:  Date: \$\left(\frac{1}{2}\left(\frac{1}{2}\right) \text{ Time: } \left(\frac{1}{2}\right) \text{ Time: } \left(\frac{1}{2}\right) \text{ Mileage: } \text{  Deputy: \$\int \text{ Mileage: } \text{  Phone: } \text{  Phone: } \text{  Phone: } \text{  Phone: } \text{  Service Attempt Notes: }   1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Address:  Phone:  Deputy:  Mileage:  Attorney / Originator:  Name:  KML LAW GROUP, P.C.  Phone:  Service Attempts:  Deputy:  Service Attempt Notes:  1.  2.  3.  4.  5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Attorney / Originator:  Name: KML LAW GROUP, P.C. Phone:  Service Attempts:  Date: Time: Mileage: Deputy:  Service Attempt Notes:  1. 2. 3. 4. 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | the second secon | t tite in a superior of the su | Date:                                                 | 8/31/1b          | Time:                                      | 1635                                  |
| Name: KML LAW GROUP, P.C. Phone:  Service Attempts:  Date: Time: Mileage: Deputy:  Service Attempt Notes:  1.  2.  3.  4.  5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Phone:      | And the second s | to consideration of the second control of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Deputy:                                               | 5                | Mileage:                                   |                                       |
| Service Attempts:  Date: Time: Mileage: Deputy:  Service Attempt Notes:  1. 2. 3. 4. 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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2227 VALLEY ROAD, BLOOMSBURG, PA 17815

Timothy T. Chamberlain Sheriff



Earl D. Mordan, Jr.
Chief Deputy

| M & T BAN<br>vs.<br>FODNESS | IK<br>, KRISTEN D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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COLUMBIA COUNTY TAX (

2016CV792

PO BOX 380, BLOOMSBURG, PA 17815

Timothy T. Chamberlain Sheriff



Earl D. Mordan, Jr. Chief Deputy

| M & T BAN<br>vs.<br>FODNESS | NK<br>S, KRISTEN D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |                                                |                                       | Number<br>6CV792                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Notes:                      | SALE DATE & TIME: 11/09/2016 AT 9:00 AM<br>PLAINTIFF NOTICE OF SHERIFF'S SALE AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DEBTOR'S R                                      | NGHTS                                          |                                       | The second secon |
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| Attorney /                  | Originator:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 | ,                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name:                       | KML LAW GROUP, P.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Phone:                                          |                                                | · · · · · · · · · · · · · · · · · · · |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Service Att                 | tempts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 |                                                | nos.                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date:                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | Walder-to-to-to-to-to-to-to-to-to-to-to-to-to- |                                       | The second secon |
| Time:                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mileage:                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | ·                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Deputy:                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Service Att                 | empt Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | mmmed kassississississississississississississi |                                                |                                       | i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1.                          | er i come e contrata en estado (1000), porte particular por estado en albabacida de la proportión (1000), porte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Danamartiner Series (1999)                      |                                                | ana a sa <b>arangan</b> a ay a salah  | and the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2.                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3.                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | <u></u> .                                      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4.                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                | , <del></del>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5.                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6.                          | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

DOMESTIC RELATIONS OF

2016CV792

11 WEST MAIN STREET, 2ND FLOOR, BLOOMSBURG, P NO EXPIRATION

#### STATE OF PENNSYLVANIA COUNTY OF COLUMBIA

} SS

Paula J. Ream being duly sworn according to law deposes and says that Press Enterprise is a newspaper of general circulation with its principal office and place of business at 3185 Lackawanna Avenue, Bloomsburg, County of Columbia and State of Pennsylvania, and was established on the 1st day of March, 1902, and has been published daily, continuously in said Town, County and State since that day and on the attached notice October 19, 26 and November 2, 2016 that the affiant is one of the officers or publisher or designated agent of the owner or publisher of said newspaper in which legal advertisement was published; that neither the affiant nor Press Enterprise is interested in the subject matter of said notice and advertisement and that all of the allegations in the foregoing statement as to time, place, and character of publication are true.

| all of the allegations in the foregoing statement as to time, place, and character of publication ar true.                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                           |
| Sworn and subscribed to before me thisday of                                                                                                                                              |
| Sworn and subscribed to before me thisday ofday of                                                                                                                                        |
| COMMONWEALTH OF PENNSYLVANIA  NOTARIAL SEAL  Karen M. Beach, Notary Public  Scott Twp.: Columbia County  My Commission Expires May 13, 2018  MEMBER, PENNSYLVANIA ASSOCIATION OF NOTABLES |
| And now,                                                                                                                                                                                  |
| fee for this affidavit have been paid in full.                                                                                                                                            |
| ***************************************                                                                                                                                                   |

## PRESS \* ENTERPRISE

3185 Lackawanna Ave Bloomsburg, PA 17815

Classifieds: (570) 784-6151 Toll Free: 888-231-9767 ext 1299

Fax: (570) 784-6152

Proof of Ad 08/30/16

Ad ID:

1083814

Description:

Fodness Sheriff Sale

**Run Dates:** 

10/19/16 to 11/02/16

Class: Agate Lines:

258

Blind Box:

Account:

Name:

TIM CHAMBERLAIN - COLUM COUNTY SHER Company:

Address:

PO BOX 380

**BLOOMSBURG, PA 17815** 

Telephone: (570) 389-5622

Total Ad Cost **Amount Paid**  \$1,411.44

\$0.00

Publication Press Enterprise Start

Stop 10/19/16 11/02/16 inserts

Cost \$1,411,44

#### SHERIFFS SALE By Virtue of a Wint of Execution (Mort No. 2016CV792

Issued out of the Court of Common Pleas of Columbia County, Pennsylvania and to mo directed, I will expose the following described property at public sale at the Columbia County Courthouse in the Town of Bicomsburg, Courth of Columbia, Commonwealth of Pennsylvania of March 1998 (1998). The March 1998 (1998) and March 1998 (1998) and March 1998 (1998) and March 1998 (1998) and March 1998 (1998) after the date of distribution will be on file in the Shealf's Office no later than thirty (30) days after the date of the sale of any property sole hercounder, and destribution of the proceeds will be made in accordance with the schedule bin (10) days after said fring, unless exceptions are filed with the Shealf's Office pror thereto.

ALL THAT CERTAIN LOT OR PIECE OF LAND studie in the Borough of Milhalle, County of Columbia, Currincy would be presented as follows: BLCIMMNO as a rebase set in this sourcher's side of Wighart Suese and at the northerst content of land new or former of the sourch set at distance of Sa33 Ment of Smet, Central Smet ALL THAT CERTAIN LOT OR PIECE OF LAND situate in the Borough of Milmile, County

ALL THAT CERTAIN PIECE PARCEL OR LOT OF LAND studie in the Borough of Millville, County of Columbia, Commonwealth of Poinsylvania, bounded and described as fol

County of Columbia, Commissionsellit of Perinsylvania, bounded and described as kel-toms, to visit.

BEGIANING at a point on the southern able of Walnut Street at the rootheast conter of times of Hearlier L. Bredhenner, more known as Hearlier L. Williams, (Instrument No. 2003/20-07). There along the southern side of Walnut Street, North 58 degrees 49 monthes 30 seconas East, 16 feet to a point on the southern ade Walnut Street at 20 northwest conner of lands of James 3, and Mane L. Reynolds, [Dead Book 280 page 81]. There along Birds of James 3, and Marie E. Reynolds, South 31 regrees 10 min pennenties 30 seconds East, 64-65 feet to a point, There directly thanks of an uniperined rilley. South 68 degrees 49 minutes 30 seconds West, 16-00 feet to lands of Hearlier L. Breit-berner, now incomm as Headen L. Williams, There along and Headen L. Williams, North 31 degrees 10 minutes 30 seconds West, 64-65 feet to the piece of heginning as shown on a seketic dated July 28, 2008, by Grangewide Surveying Consultains as Lot No. 1 Being a portion of sin a regiment alley which researched in the adjuning land reserving of a distance of 64-65. Land Marie E. Reynolds, and along the estatern edge of the placel a distance of 64-65. Rest for the benefit of the said James 3. Reynolds and Marie E. Reynolds, their and assigns.

assignis. TAX PARCEL # 24-018-024-01,000 BEING KNOANN AS: 39 East Walmit Street a/A/a 39 Walmut Street Milkyllo PA 17846

PROPERTY ADDRESS: 39 EAST WALNUT STREET, MILLVILLE, PA 17846 UPI / IAX PARCLL NUMBER: 24018 02401.000

Sexced and taken into execution to be sold as the property of KRISTEN D FODNESS in sort of M & T 8AAK.

TERMS OF SALE: MINIMUM PAYMENT AT TIME OF SALE. The greater of ten (10%) percent of the bad price or coasts (opening bid at sale). Minimum payment is to be paid in cast, pertiled check or casher's check at time of sale. REMARNING BALANCE OF BID PRICE: Any remaining amount of the hid price is to be paid within eight (8) days after the sale in cash, pertiled check or casher's check. MPDCHARN NOTICE FOR HAULBE. TO PAY THE BID PRICE: MACCORDANCE WITH THEST LIMING SAMY PERSULL IN STARCUS PHANCALC CONSIDENCES TO THE URDUR. DO NOT UPD UNITESS FUNDS ARE AWAILABLE. FOR PAYMENT WITHIN THE PRESCRIBED TIME PERSON. If the successful backer tasts to pay the bad price sage to the above true in the Schediff cash or sale of the property, or to reset the property at the biddler's risk and maintain an action against the bioder lot beach for beach of contract, in the case of dealth at sures, paid by the biddler will be considered forfered, but will be applied against any damages recoverable. The default might biddler will be responsible for any attorney less notured by the sharff in connection with any action against the bidder in which the bidder is found liable for damages. If proceeds are payable to the Planntff, the proceeds check will be papable to the Planntff, unlies the CALIMBIA County Stroit's Office recovers advance written notice otherwise, signed by an dufforized representation of the planntff. TERMS OF SALE: MINIMUM PAYMENT AT TIME OF SALE. The greater of ten (10%)

#### KML LAW GROUP, P.C.

Suite 5000 BNY Mellon Independence Center
701 Market Street
Philadelphia, PA 19106
www.kmllawgroup.com

November 11, 2016

SHERIFF OF COLUMBIA COUNTY Real Estate Division Sheriff's Office PO Box 380 Bloomsburg, PA 17815

RE: M&T BANK vs. KRISTEN D. FODNESS

Sale Book/Writ No.: /

Docket Number: 2016-CV-792

Sale Date: 11/09/2016

Property Address: 39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846

To the Sheriff:

Enclosed are Transfer Tax Affidavits and an Assignment of Bid with regard to the above-captioned matter. Please deed the property to:

M&T BANK One Fountain Plaza Buffalo, NY 14203

If funds are required to settle with the Sheriff and they are not enclosed, please email the cost sheet to the below email address. Please notify our office when the deed is recorded.

#### KML LAW GROUP, P.C.

Hectianna Martinez, Legal Assistant FC Special Services/Post Sale 215-825-6384 (Direct Phone) (Fax) hmartinez@kmllawgroup.com

| Enclosed; (if applicable)                       |  |
|-------------------------------------------------|--|
| Sheriff's Costs Sheet showing Balance Due of \$ |  |
| KML Check Number                                |  |
| Scttlement Amount(s) \$                         |  |
| Loan Type FILA                                  |  |
| VAN ALCOICANA                                   |  |

#### KML LAW GROUP, P.C.

SUITE 5000 BNY MELLON INDEPENDENCE CENTER
701 MARKET STREET
PHILADELPHIA, PA. 19106
WWW.KMLLAWGROUP.COM

October 11, 2016

SHERIFF OF COLUMBIA COUNTY Sheriff's Office PO Box 380 Bloomsburg, PA 17815

RE: No. 2016-CV-792

KRISTEN D. FODNESS

Real Estate Division:

The above case may be sold on November 09, 2016. It has been properly served in accordance with Rule 3129.

Very truly yours,

KML Law Group, P.C.

Michelle Clarkson Legal Assistant

### IN THE COURT OF COMMON PLEAS OF Columbia COUNTY

M&T BANK One Fountain Plaza Buffalo, NY 14203

Plaintiff

VS.

KRISTEN D. FODNESS

Mortgagor(s) and Record Owner(s)

39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846

Defendant(s)

CIVIL DIVISION

CIVIL ACTION - LAW

ACTION OF MORTGAGE FORECLOSURE

No.: 2016-CV-792

**DOCUMENT: AFFIDAVIT PURSUANT TO RULE 3129** 

CODE:

FILED ON BEHALF OF:

M&T BANK

#### ATTORNEY FOR PLAINTIFF:

KML Law Group, P.C. Suite 5000 – BNY Mellon Independence Center 701 Market Street Philadelphia, PA 19106 (215) 627-1322 Firm State I.D. #23-217969

#### KML LAW GROUP, P.C.

Suite 5000

BNY Mellon Independence Center

701 Market Street

Philadelphia, PA 19106-1532

215-627-1322

3129@kmllawgroup.com

Attorney for Plaintiff

M&T BANK

One Fountain Plaza Buffalo, NY 14203

Plaintiff

VS.

KRISTEN D. FODNESS

Mortgagor(s) and Record Owner(s)

39 East Walnut Street a/k/a 39 Walnut Street

Millville, PA 17846

(X)

Defendant(s)

158157FC CF: 07/05/2016 SD: 11/09/2016 S105,552.70

IN THE COURT OF COMMON PLEAS

of Columbia County

CIVIL ACTION - LAW

ACTION OF MORTGAGE FORECLOSURE

No. 2016-CV-792

#### CERTIFICATE OF SERVICE PURSUANT TO Pa.R.C.P. 3129.2 (c) (2)

Michelle Clarkson, an employee of KML Law Group, P.C., counsel for Plaintiff, hereby certifies that service on the Defendants of the Notice of Sheriff Sale was made by:

Personal Service by the Sheriff's Office/competent adult. Copy of return attached.

| IF | SERVIO | CE WAS ACCOMPLISHED BY <u>COURT ORDER</u> .                                                      |
|----|--------|--------------------------------------------------------------------------------------------------|
| (  | )      | Ordinary mail by Sheriff's Office to Attorney for Defendant(s) of record.                        |
| (  |        | Acknowledgment of Sheriff's Sale by Attorney for Defendant(s). Proof of acknowledgment attached  |
|    |        | attached (Pa. R.C.P. 440(a)(i)).                                                                 |
| (  | )      | Ordinary mail by KML Law Group, P.C. to Attorney for Defendant(s) of record. Proof of mailing is |
| (  |        | Certified mail by Sheriff's Office.                                                              |
| (  | )      | Certified mail by KML Law Group, P.C. Copy of Certified Mail Receipt attached.                   |

Premises was posted by Sheriff's Office/competent adult. Copy of return attached.

( ) Certified Mail & ordinary mail by Sheriff's Office. Copy of return attached.

( ) Certified Mail & ordinary mail by KML Law Group, P.C. Copy of Certified Mail Receipt attached.

( ) Published in accordance with court order. Copy of publication attached.

Pursuant to the attached Affidavit under Rule 3129, service on all lienholders (if any) has been made by ordinary mail KML Law Group, P.C. Copies of proofs of mailing attached.

The undersigned understands that the statements herein are subject to the penalties provided by 18 Pa. C.S.A. Section 4904.

DATED: October 11, 2016

BY: Michelle Clarkson

Respectfully submitted,

Legal Assistant

KML Law Group, P.C.



#### IN THE COMMON PLEAS COURT OF COLUMBIA COUNTY PENNSYLVANIA

| M&T BANK; et seq.                                                                                                                                                                                                                                                                                                                                                                        | CASE and/or DOCKET No.: 2016-CV-792                |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|--|--|--|--|
| Plaintiff (Petitioner)                                                                                                                                                                                                                                                                                                                                                                   | Sheriff's Sale Date: 11/9/2016                     |  |  |  |  |  |
| v.                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |  |  |  |  |  |
| KRISTEN D. FODNESS; et al.                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
| Defendant (Respondent)                                                                                                                                                                                                                                                                                                                                                                   |                                                    |  |  |  |  |  |
| ARRIDAVI                                                                                                                                                                                                                                                                                                                                                                                 | ;<br>f of service                                  |  |  |  |  |  |
| BITIDAG                                                                                                                                                                                                                                                                                                                                                                                  | TO GLAVICE                                         |  |  |  |  |  |
| TYPE OF PROCESS: NOTICE OF SALE                                                                                                                                                                                                                                                                                                                                                          |                                                    |  |  |  |  |  |
| I, JEFFREY CLOHESSY, certify that I am eighteen years of age or older and that I am not a party to the action nor an employee nor relative of a party, and that I served KRISTEN D. FODNESS the above process on the 4 day of October, 2016, at 4:30 o'clock, PM, at 39 EAST WALNUT STREET A/K/A 39 WALNUT STREET MILLVILLE, PA 17846. County of Columbia, Commonwealth of Pennsylvania: |                                                    |  |  |  |  |  |
| Manner of Service:                                                                                                                                                                                                                                                                                                                                                                       |                                                    |  |  |  |  |  |
| By handing a copy to the Defendant(s)                                                                                                                                                                                                                                                                                                                                                    |                                                    |  |  |  |  |  |
| Description, Approximate Age <u>36-40</u> Height <u>5'3</u> Weight <u>120</u> Race <u>WHITE</u> S Military Status: No T. Yes Branch:                                                                                                                                                                                                                                                     |                                                    |  |  |  |  |  |
| Commonwealth/State of Pe                                                                                                                                                                                                                                                                                                                                                                 |                                                    |  |  |  |  |  |
| ) SS:                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |  |  |  |  |  |
| County of Berks                                                                                                                                                                                                                                                                                                                                                                          |                                                    |  |  |  |  |  |
| Before me, the undersigned notary public, this day, personally, appearedaccording to law, deposes the following:                                                                                                                                                                                                                                                                         | Jeffrey Clokessy to me known, who being duly sworn |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |  |  |  |  |  |
| I hereby swear or affirm that the facts set forth in the foregoing Affidavit of Service                                                                                                                                                                                                                                                                                                  | are true and correct.                              |  |  |  |  |  |
| 1 20 6                                                                                                                                                                                                                                                                                                                                                                                   | ·                                                  |  |  |  |  |  |
| NOW all                                                                                                                                                                                                                                                                                                                                                                                  | Subscribed and sworn to before me                  |  |  |  |  |  |
| (Signature of Afriant)                                                                                                                                                                                                                                                                                                                                                                   | this <u>5</u> day of <u>0.67</u>                   |  |  |  |  |  |
| Ella Number 150157EC                                                                                                                                                                                                                                                                                                                                                                     |                                                    |  |  |  |  |  |
| File Number:158157FC  Case ID #:4704804                                                                                                                                                                                                                                                                                                                                                  | Notary Public                                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL         |  |  |  |  |  |

Eric M. Afflerbach, Notary Public Washington Township, Berks County My Commission Expires November 18, 2017

| PS Form <b>3877</b> , February 2002 (Page 1 of 2)         | Total Number of Pieces Total Number Listed by Sendar Received at                             | 8.                                       | 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0. | ζn' | 4. | <b>3</b>                                                  | 2.                                                                                                                            |                                                                                | Article Number                                                                                  | Name and Address of Sander<br>KMIL LAW GROUP, P.C.<br>SUITE 5000<br>701 MARKET STREET<br>PHILADELPHIA, PA<br>19106-1532                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ge 1 of 2) Complete by Typewriter, Ink, or Ball Point Pen | Total Number of Pleases Postmaster, Per (Name of receiving employee) Received at Post Office | 1006 1006 100 100 100 100 100 100 100 10 | SE CONTINUES OF SECOND |    |     |    | Harrisburg, PA 17105-2675                                 | PA DEPARTMENT OF PUBLIC WELFARE -<br>Bureau of Child Support Enforcement<br>Health and Welfare Bldg Room 432<br>P.O. Box 2675 | DOMESTIC RELATIONS OF COLUMBIA<br>COUNTY<br>PO Box 380<br>Bloomsburg, PA 17815 | Addressee (Name, Street, City, State, & ZIP Code)                                               | Check type of mail or service;  Certified  CoD  Recorded Delivery (International)  Required  Required  Signature Confirmation  Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| nk, or Ball Point Pen                                     |                                                                                              |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |     |    |                                                           | Millville, PA 17846                                                                                                           | TENANTS/OCCUPANTS 39 East Walnut Street                                        | Postage Fee                                                                                     | Affix Stamp Here (If issued as a (If issued as a certificate of mailing, or for additional copies of this bill) nation (Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                           | See Privacy Act Statement on Reverse                                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |     |    | ZIP 19106 \$ 001.46°<br>02 1W<br>0001391829 SEP. 29. 2016 | U.S. POSTAGE >PITNEY BOWES                                                                                                    | PANTS<br>treet                                                                 | Handling Actual Value Insured Due Sender DC SC SC Charge if Registered Value if COD Fee Fee Fee | les de la constant de |
|                                                           |                                                                                              | ļ                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |     |    | 16                                                        |                                                                                                                               |                                                                                | Fee Fee                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

KRISTEN D. FODNESS

158157FC Columbia County

Sale Date: 11/09/2016

#### KML LAW GROUP, P.C.

Suite 5000 -- BNY Mellon Independence Center 701 Market Street Philadelphia, PA 19106 215-825-6320 Attorney for Plaintiff

M&T BANK One Fountain Plaza Buffalo, NY 14203

Plaintiff

VS.

KRISTEN D. FODNESS Mortgagor(s) and Record Owner(s)

39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846

Defendant(s)

IN THE COURT OF COMMON PLEAS

of Columbia County

CIVIL ACTION - LAW

ACTION OF MORTGAGE FORECLOSURE

Term No. 2016-CV-792

#### **AFFIDAVIT PURSUANT TO RULE 3129**

M&T BANK. Plaintiff in the above action, by and through an authorized employee of its attorneys, KML Law Group, P.C., sets forth as of the date the praecipe for the writ of execution was filed the following information concerning the real property located at:

> 39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846

1. Name and address of Owner(s) or Reputed Owner(s):

KRISTEN D. FODNESS 39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846

2. Name and address of Defendant(s) in the judgment:

KRISTEN D. FODNESS 39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846

3. Name and last known address of every judgment creditor whose judgment is a record lien on the property to be sold:

> DOMESTIC RELATIONS OF COLUMBIA COUNTY PO Box 380 Bloomsburg, PA 17815

PA DEPARTMENT OF PUBLIC WELFARE - Bureau of Child Support Enforcement Health and Welfare Bldg. - Room 432 P.O. Box 2675 Harrisburg, PA 17105-2675

| 4. Name and address of the last recorded holder of every mortgage of record:                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Name and address of every other person who has any record interest in or record lien on the property and whose interest may be affected by the sale:                                                                                      |
| 6. Name and address of every other person of whom the plaintiff has knowledge who has any record interest in the property which may be affected by the sale.                                                                                 |
| 7. Name and address of every other person of whom the plaintiff has knowledge who has any interest in the property which may be affected by the sale.  TENANTS/OCCUPANTS 39 East Walnut Street a/k/a 39 Walnut Street                        |
| Millville, PA 17846  I verify that the statements made in this affidavit are true and correct to the best of my personal knowledge or information and belief. I understand that false statements herein are made subject to the penalties of |
|                                                                                                                                                                                                                                              |

DATED: October 11, 2016

KML Law Group, P.C. BY: Michelle Clarkson

Legal Assistant

#### COUNTY OF COLUMBIA TAX CLAIM BUREAU PO BOX 380 BLOOMSBURG PA 17815

#### REAL ESTATE TAX CERTIFICATION Fee: \$5.00 Cer

Date: 09/16/2016

Cert. NO: 25630

FODNESS KRISTEN D PO BOX 725 MILLVILLE PA 17846

District: MILLVILLE BORO Deed: 20100 -5739 Location: 39 E WALNUT ST Parcel Id:24 -01B-024-01,000

Assessment: 20,658 Balances as of 09/16/2016

YEAR TAX TYPE TAXES DUE TAX AMOUNT PENALTY DISCOUNT

PAID

BALANCE

#### **COLUMBIA COUNTY SHERIFF**

#### TAX CERTIFICATION

# MADISON TWP/MILLVILLE BORO/COLUMBIA COUNTY CONNIE CRAWFORD, TAX COLLECTOR

570-437-2153

#### ccrawford2227@hotmail.com

| Date: <u>08-31-16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Name: KRISTEN D. FODNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |
| Property Location: 39 EAST WALNUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ST AKA 39 WALNAT ST     |
| MILLVILLE PA 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |
| Columbia County Parcel #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |
| 2016 County Taxes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |
| Twp/ Boro/Co:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| N <del>ot Paid</del> Paid Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date Paid               |
| Discount \$ (274.36) Face \$ 381.99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Penalty \$ Bank Pa      |
| Discount \$ \( \begin{align*} \text{Not Paid} & Paid \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (After 06/30) **/#/0/40 |
| School Taxes: (Millville Area School District)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |
| 2016 School: Not Paid Paid P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date Paid 08-26-16 M& 7 |
| Discount \$ (777.68 Face \$ 793.53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Penalty \$ Bank to      |
| School Taxes: (Millville Area School District)   2016 School:   Not Pald   Paid   Pa | (After 10/31) 1 4/1 84  |
| Interim Taxes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date Paid               |
| Twp/Boro/Co: Not Paid Paid<br>Discount \$ Face \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Penalty \$              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |
| School: Not Paid Paid D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ate Paid                |
| Discount \$ Face \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Penalty \$              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |
| Connie transford                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 08131-16                |
| Tax Collector's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date Verified           |

My fee for Tax Certification is \$20.00

Payable to: Connie Crawford, TC

2227 Valley Rd., Bloomsburg, PA 17815

#### KML Law Group, P.C.

Suite 5000 - BNY Independence Center 701 Market Street Philadelphia, PA 19106-1532 (215) 627-1322 Attorney for Plaintiff

M&T BANK

One Fountain Plaza Buffalo, NY 14203 Plaintiff

vs.

KRISTEN D. FODNESS

Mortgagor(s) and Record Owner(s)
39 East Walnut Street a/k/a 39 Walnut Street

Millville, PA 17846

Defendant(s)

IN THE COURT OF COMMON PLEAS

of Columbia County

CIVIL ACTION - LAW

ACTION OF MORTGAGE FORECLOSURE

Docket No. 2016-CV-792

THIS LAW FIRM IS A DEBT COLLECTOR AND WE ARE ATTEMPTING TO COLLECT A DEBT. THIS NOTICE IS SENT TO YOU IN AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED FROM YOU WILL BE USED FOR THAT PURPOSE.

#### NOTICE OF SHERIFF'S SALE OF REAL PROPERTY

TO:

FODNESS, KRISTEN D.

#### **KRISTEN D. FODNESS**

39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846

Your house at 39 East Walnut Street a/k/a 39 Walnut Street, Millville, PA 17846 is scheduled to be sold at Sheriff's Sale on Nov. 95 2016, at 9:00 AM, in Sheriff's Office, Courthouse, Bloomsburg, PA to enforce the court judgment of \$105,552.70 obtained by M&T BANK against you.

#### NOTICE OF OWNER'S RIGHTS YOU MAY BE ABLE TO PREVENT THIS SHERIFF'S SALE

To prevent this Sheriff's Sale you must take immediate action:

- 1. The sale will be cancelled if you pay to M&T BANK, the back payments, late charges, costs and reasonable attorney's fees due. To find out how much you must pay call:

  215-825-6329 or 1-866-413-2311 or email <a href="mailto:homeretention@kmllawgroup.com">homeretention@kmllawgroup.com</a> (KML File Number 158157FC). Para informacion en espanol puede communicarse con Loretta al 215-825-6344.
- 2. You may be able to stop the sale by filing a petition asking the Court to strike or open judgment, if the judgment was improperly entered. You may also ask the Court to postpone the sale for good cause.
- You may also be able to stop the sale through other legal proceedings.

# SHERIFF'S SALE

By Virtue of a Writ of Execution (Mortgage Foreclosure)
No. 2016CV792

Issued out of the Court of Common Pleas of Columbia County, Pennsylvania and to me directed, I will expose the following described property at public sale at the Columbia County Courthouse in the Town of Bloomsburg, County of Columbia, Commonwealth of Pennsylvania on:

WEDNESDAY, NOVEMBER 09, 2016 AT 9:00 O'CLOCK A.M.

All parties in interest and claimants are further notified that a proposed schedule of distribution will be on file in the Sheriff's Office no later than thirty (30) days after the date of the sale of any property sold hereunder, and distribution of the proceeds will be made in accordance with the schedule ten (10) days after said filing, unless exceptions are filed with the Sheriff's Office prior thereto.

ALL THAT CERTAIN LOT OR PIECE OF LAND situate in the Borough of Millville, County of Columbia,

Commonwealth of Pennsylvania, bounded and described as follows:

BEGINNING at a rebar set in the southerly side of Walnut Street and at the northeast corner of land now or formerly of J. Hugh and Diane E. Palmer; Thence along the south side of said Walnut Street, North 59 degrees 34 minutes 19 seconds East a distance of 58.33 feet to a rebar set at the corner of a 16 foot alley; Thence along the westerly line of said alley South 28 degrees 40 minutes 41 seconds East a distance of 111.82 feet to a rebar set in line of other lands of William J. and M. Marlene Diehi, which other lands are herein conveyed to Grantee; Thence along said other lands of Diehl, South 68 degrees 38 minutes 3 seconds West a distance of 70.06 feet to a stone in line of lands now or formerly of J. Hugh and Diane E. Palmer; Thence along lands of Palmer North 22 degrees 21 minutes 57 seconds West a distance of 101.74 feet to the place of beginning. This description was prepared from a draft survey of Frank E. Beishline, R.S., dated June 4, 1990 and designated as Parcel No. 1 theteof.

The within conveyance is under and subject to restrictions and covenants which shall run with the land and inure to the benefit of Columbia County Farmers National Bank, its successors and assigns with respect to ownership of adjoining premises, namely Parcels 2 and 3 described in Columbia County Record Book 452, Page 748, and premises described in Columbia County Record Book 452, page 754.

ALL THAT CERTAIN PIECE PARCEL OR LOT OF LAND situate in the Borough of Millville, County of Columbia, Commonwealth of Pennsylvania, bounded and described as follows, to wit:

BEGINNING at a point on the southern side of Walnut Street at the northeast corner of lands of Heather L. Bredbenner, now known as Heather L. Williams, (Instrument No. 200304044); Thence along the southern side of Walnut Street, North 58 degrees 49 minutes 30 seconds East, 16 feet to a point on the southern side Walnut Street at the northwest corner of lands of James J. and Marie E. Reynolds. (Deed Book 280

page 81), Thence along lands of James J. and Marie E. Reynolds, South 31 degrees 10 minutes 30 seconds East, 64.65 feet to a point; Thence through lands of an unopened alley, South 58 degrees 49 minutes 30 seconds West, 16.00 feet to lands of Heather L. Bredbenner, now known as Heather L. Williams; Thence along said Heather L. Williams, North 31 degrees 10 minutes 30 seconds West, 64.65 feet, to the place of beginning, as shown on a sketch dated July 28, 2008, by Orangeville Surveying Consultants, as Lot No. 1.

Being a portion of an unopened alley which reverted to the adjoining land owners.

Excepting and reserving a 3 foot access easement that runs along other land of James J, and Marie E. Reynolds, and along the eastern edge of this parcel a distance of 64.65 feet for the benefit of the said James J. Reynolds and Marie E. Reynolds, their and assigns.

TAX PARCEL # 24-0/B-024-01,000

BEING KNOWN AS: 39 East Walnut Street a/k/a 39 Walnut Street, Millville PA 17846

PROPERTY ADDRESS: 39 EAST WALNUT STREET, MILLVILLE, PA 17846

UPI / TAX PARCEL NUMBER: 24-01B-024-01.000

Seized and taken into execution to be sold as the property of KRISTEN D FODNESS in suit of M & T BANK.

TERMS OF SALE: MINIMUM PAYMENT AT TIME OF SALE: The greater of ten (10%) percent of the bid price or costs (opening bid at sale). Minimum payment is to be paid in cash, certified check or cashier's check at time of sale. REMAINING BALANCE OF BID PRICE: Any remaining amount of the bid price is to be paid within eight (8) days after the sale in cash, certified check or cashier's check. IMPORTANT NOTICE FOR FAILURE TO PAY BID PRICE: FAILURE TO PAY THE BID PRICE IN ACCORDANCE WITH THESE TERMS MAY RESULT IN SERIOUS FINANCIAL CONSEQUENCES TO THE BIDDER. DO NOT BID UNLESS FUNDS ARE AVAILABLE FOR PAYMENT WITHIN THE PRESCRIBED TIME PERIOD. If the successful bidder failts to pay the bid price as per the above terms, the Sheriff may elect to either sue the bidder for the balance due without a resale of the property, or to resell the property at the bidder's risk and maintain an action agiainst the bidder for breach of contract. In the case of default all sums paid by the bidder will be considered forfeited, but will be applied against any damages recoverable. The defaulting bidder will be responsible for any attorney fees incurred by the sheriff in conneciton with any action against the bidder in which the bidder is found liable for damages. If proceeds are payable to the Plaintiff, the proceeds check will be payable to Plaintiff, unless the Columbia County Sheriff's Office receives advance written notice otherwise, signed by an authorized representation of the plaintiff.

Attorney for the Plaintiff: KML LAW GROUP, P.C. PHILADELPHIA, PA

TIMOTHY T. CHAMBERLAIN, Sheriff COLUMBIA COUNTY, Pennsylvania

#### PRAECIPE FOR WRIT OF EXECUTION - (MORTGAGE FORECLOSURE) P.R.C.P 3180-3183

KML Law Group, P.C. Suite 5000 - BNY Independence Center 701 Market Street Philadelphia, PA 19106 215-627-1322 Attorney for Plaintiff

M&T BANK One Fountain Plaza Buffalo, NY 14203

Plaintiff

- .....

vs.

KRISTEN D. FODNESS Mortgagor(s) and Record Owner(s) 39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846

Defendant(s)

IN THE COURT OF COMMON PLEAS

of Columbia County

CIVIL ACTION - LAW

ACTION OF MORTGAGE FORECLOSURE

2016-CV-792

#### PRAECIPE FOR WRIT OF EXECUTION

#### TO THE PROTHONOTARY:

Issue Writ of Execution in the above matter:

Amount Due
\$105,552.70

Monthly Interest from
8/2/2016 to Date of
Sale at 5.2500%

(Costs to be added)

| $_{\mathrm{By}}$                  | By:_ |
|-----------------------------------|------|
| KML LAW GROUP, P.C.               | -    |
| Michael McKeever Pa. ID 56129     |      |
| Lisa Lee Pa. ID 78020             |      |
| David Fein Pa. ID 82628           |      |
| Thomas Puleo Pa. ID 27615         |      |
| Jill P. Jenkins Pa. ID 306588     |      |
| /Alyk L. Oflazian Pa. ID 312912   |      |
| ✓ Matthew K. Fissel Pa. ID 314567 |      |
| Rebecca A. Solarz Pa. ID 315936   |      |
| Nora C. Viggiano Pa. ID 320864    |      |
| Attorneys for Plaintiff           |      |

# No. 2016-CV-792 IN THE COURT OF COMMON PLEAS

M&T BANK

ς.

KRISTEN D. FODNESS
(Mortgagor(s) and Record Owner(s))
39 East Walnut Street a/k/a 39 Wainut Street
Millville, PA 17846

PRAECIPE FOR WRIT OF EXECUTION (Mortgage Foreclosure)

KML Law Group, P.C. Attorney for Plaintiff

KML Law Group, P.C.
Suite 5000 – BNY Independence Center 701 Market Street
Philadelphia, PA 19106
215-627-1322

#### WRIT OF EXECUTION – (MORTGAGE FORECLOSURE) P.R.C.P. 3180-3183 AND Rule 3257

M&T BANK One Fountain Plaza

| Buffalo, NY 14203                                                                                                                        | In the Court of Common Pleas of<br>Columbia County                        |              |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------|--|--|--|
| vs.                                                                                                                                      | Columbia County                                                           |              |  |  |  |
| KRISTEN D. FODNESS 39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846                                                      | No. 2016-CV-792<br>2016 - ED-141<br>WRIT OF EXECUTION                     |              |  |  |  |
| Commonwealth of Pennsylvania: (MORTGAGE FORECLOSURE)                                                                                     |                                                                           |              |  |  |  |
| County of Columbia                                                                                                                       |                                                                           |              |  |  |  |
| To the Sheriff of Columbia County, Pennsylvania                                                                                          |                                                                           |              |  |  |  |
| To satisfy the judgment, interest and costs in the above matter you are directed to levy upon and sell the following described property: |                                                                           |              |  |  |  |
| PREMISES: 39 East Walnut Street a/k/a 39 Walnut Street                                                                                   | et Millville, PA 17846                                                    |              |  |  |  |
| See Exhibit "A" attached                                                                                                                 |                                                                           |              |  |  |  |
|                                                                                                                                          | AMOUNT DUE                                                                | \$105,552.70 |  |  |  |
|                                                                                                                                          | Monthly Interest From 8/2/2016 Through Date of Sale                       |              |  |  |  |
|                                                                                                                                          | (Costs to be added)                                                       |              |  |  |  |
| Dated: 81212010                                                                                                                          | Prothonotary, Common Pleas Court of Columbia County, Pennsylvania  Deputy | ISS          |  |  |  |

Proth & Clerk of Sev. Courts My Com. Ex. 1st Monday in 2020 No. 2016-CV-792

# IN THE COURT OF COMMON PLEAS

# **M&T BANK**

V.S.

# KRISTEN D. FODNESS

Mortgagor(s) Mortgagor(s) Street Walnut Street a/k/a 39 Walnut Street A/k/a 39 Walnut Street Millville, PA 17846

WRIT OF EXECUTION

(Mortgage Foreclosure) INTEREST from REAL DEBT

\$105,552.70

PROTHY COSTS PAID:

SHERIFF

Office of Judicial Support STATUTORY COSTS DUE PROTHY

Judg. Fec

KML Law Group, P.C. Attorney for Plaintiff KML Law Group, P.C. Suite 5000 – BNY Independence Center 701 Market Štreet Philadelphia, PA 19106 (215) 627-1322 KML Law Group, P.C. Suite 5000 – BNY Independence Center 701 Market Street Philadelphia, PA 19106 215-627-1322 Attorney for Plaintiff

141

M&T BANK

One Fountain Plaza Buffalo, NY 14203

IN THE COURT OF COMMON PLEAS

Plaintiff

of Columbia County

VS.

KRISTEN D. FODNESS

(Mortgagor(s) and Record Owner(s))

39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846

Defendant(s)

CIVIL ACTION - LAW

ACTION OF MORTGAGE FORECLOSURE

No. 2016-CV-792

#### **AFFIDAVIT PURSUANT TO RULE 3129**

M&T BANK, Plaintiff in the above action, by counsel, KML Law Group, P.C., sets forth as of the date the praecipe for the writ of execution was filed the following information concerning the real property located at:

39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846

1.Name and address of Owner(s) or Reputed Owner(s):

KRISTEN D. FODNESS 39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846

2. Name and address of Defendant(s) in the judgment:

KRISTEN D. FODNESS 39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846

3. Name and last known address of every judgment creditor whose judgment is a record lien on the property to be sold:

DOMESTIC RELATIONS OF COLUMBIA COUNTY PO Box 380 Bloomsburg, PA 17815

PA DEPARTMENT OF PUBLIC WELFARE - Bureau of Child Support Enforcement Health and Welfare Bldg. - Room 432 P.O. Box 2675 Harrisburg, PA 17105-2675

| 4. Name and address of the last recorded holder of every mortgage of record:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 5. Name and address of every other person who has any record interest in or record lien on the property and whos may be affected by the sale:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e interest |
| 6. Name and address of every other person of whom the plaintiff has knowledge who has any record interest in th which may be affected by the sale.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e property |
| 7. Name and address of every other person of whom the plaintiff has knowledge who has any interest in the proper may be affected by the sale.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | rty which  |
| I verify that the statements made in this affidavit are true and correct to the best of my information and b understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unfalsification to authorities.  By:  KML LAW GROUP, P.C.  Michael McKeever Pa. ID 56129  Lisa Lee Pa. ID 78020  David Fein Pa. ID 82628  Thomas Puleo Pa. ID 27615  Jill P. Jenkins Pa. ID 306588  Alyk L. Oflazian Pa. ID 312912  Matthew K. Fissel Pa. ID 314567  Rebecca A. Solarz Pa. ID 315936  Nora C. Viggiano Pa. ID 320864  Lauren B. Karl Pa. ID 88209  Matthew J. McClelland Pa. ID 319482  Attorneys for Plaintiff |            |

24-018-024-01,000 Millville Buro

# REAL ESTATE OUTLINE

ED# 2016 ED 141

| DATE RECEIVED DOCKET AND INDEX  201           | 014<br>6 CV 792                                                |  |  |
|-----------------------------------------------|----------------------------------------------------------------|--|--|
| CHECK FOR PROPER                              | INFO.                                                          |  |  |
| WRIT OF EXECUTION                             | _ X                                                            |  |  |
| COPY OF DESCRIPTION                           | _X_                                                            |  |  |
| WHEREABOUTS OF LKA                            | ×                                                              |  |  |
| NON-MILITARY AFFIDAVIT                        |                                                                |  |  |
| NOTICES OF SHERIFF SALE                       | X                                                              |  |  |
| WAIVER OF WATCHMAN                            | <u>**</u>                                                      |  |  |
| AFFIDAVIT OF LIENS LIST                       | <u>X</u>                                                       |  |  |
| CHECK FOR \$1,350.00 OR                       | <u>x</u> ck# <u>848932</u>                                     |  |  |
| **IF ANY OF ABOVE IS MISSING DO NÓT PROCEED** |                                                                |  |  |
| SALE DATE POSTING DATE                        | N31, 94~ TIME 9:00                                             |  |  |
| ADV. DATES FOR NEWSPAPER                      | 1 <sup>ST</sup> WEEK 2 <sup>ND</sup> WEEK 3 <sup>RD</sup> WEEK |  |  |

# SHERIFF'S DEPARTMENT COLUMBIA COUNTY

| SHERIFF SERVIC                                                    | E INSTRUCTIONS                                                                                                                                  |                                    |                         |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------|
| PLAINTIFF/S/<br>M&T BANK                                          |                                                                                                                                                 | COURT NUMBER<br>2016-CV-792        | 3                       |
| DEFENDANT/S/<br>KRISTEN D. FODNES                                 | SS                                                                                                                                              | TYPE OF <u>WRIT</u> C              | OR COMPLAINT<br>UTION   |
| SERVE                                                             | NAME OF INDIVIDUAL, COMPANY, CORPORA<br>KRISTEN D. FODNESS                                                                                      | ATION, ETC., TO SERVICE            |                         |
|                                                                   | ADDRESS (Street or Road, Apartment No., City, Boro, Twp., State and ZIP Code) 39 East Walnut Street a/k/a 39 Walnut Street, Millville, PA 17846 |                                    |                         |
| AT                                                                |                                                                                                                                                 |                                    |                         |
| PLEASE POST                                                       | OR OTHER INFORMATION THAT WILL ASSIST II  HANDBILL                                                                                              | N EXPEDITING SERVICE:              |                         |
| SIGNATURE OF ATTORNE<br>KML Law Gro                               | ^                                                                                                                                               | TELEPHONE NUMBER<br>(215) 825-6344 | DATE<br>August 24, 2016 |
| ADDRESS OF ATTORNEY                                               |                                                                                                                                                 |                                    |                         |
| KML Law Gro<br>Suite 5000 – N<br>701 Market St<br>Philadelphia, F | Mellon Independence Center<br>reet                                                                                                              |                                    |                         |

KML Law Group, P.C. Suite 5000 – BNY Independence Center 701 Market Street Philadelphia, PA 19106 215-627-1322 Attorney for Plaintiff

M&T BANK One Fountain Plaza Buffalo, NY 14203

Plaintiff

vs.

IN THE COURT OF COMMON PLEAS

KRISTEN D. FODNESS Mortgagor(s) and Record Owner(s) 39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846

Defendant(s)

of Columbia County

CIVIL ACTION - LAW

ACTION OF MORTGAGE FORECLOSURE

NO. 2016-CV-792

#### CERTIFICATION AS TO THE SALE OF REAL PROPERTY

Plaintiff, by counsel, hereby certifies that it has complied with the provisions of Act 91 of 1983 and/or the real property in question is not subject to the Act.

| By:_ M A > 1                        |
|-------------------------------------|
| KML LAW GROUP, P.C.                 |
| Michael McKeever Pa. ID 56129       |
| Lisa Lee Pa. 1D 78020               |
| David Fein Pa. 1D 82628             |
| Thomas Puleo Pa. 1D 27615           |
| Jill P. Jenkins Pa. ID 306588       |
| Alyk L. Oflazian Pa. ID 312912      |
| Matthew K. Fissel Pa. ID 314567     |
| Rebecca A. Solarz Pa. ID 315936     |
| Nora C. Viggiano Pa. 1D 320864      |
| Lauren B. Karl Pa. ID 88209         |
| Matthew J. McClelland Pa. ID 319482 |
| Attorneys for Plaintiff             |

KMI. Law Group, P.C. Suite 5000 - BNY Independence Center 701 Market Street Philadelphia, PA 19106 215-627-1322 Attorney for Plaintiff

M&T BANK One Fountain Plaza Buffalo, NY 14203

Plaintiff

vs.

KRISTEN D. FODNESS

Mortgagor(s) and Record Owner(s)

39 East Walnut Street a/k/a 39 Walnut Street Millville, PA 17846

Defendant(s)

IN THE COURT OF COMMON PLEAS

of Columbia County

CIVIL ACTION - LAW

ACTION OF MORTGAGE FORECLOSURE

No. 2016-CV-792

### **WAIVER OF WATCHMAN**

Any Deputy Sheriff levying upon or attaching any property under within Writ may leave same without a watchman, in custody of whoever is found in possession, (after notifying such person of such levy or attachment,) without liability on the part of such Deputy or the Sheriff to any Plaintiff herein for any loss, destruction or removal of any such property before Sheriff's Sale thereof.

| By: MM M & M                        |
|-------------------------------------|
| KML LAW GROUP, P.C.                 |
| Michael McKeever Pa. ID 56129       |
| Lisa Lee Pa. ID 78020               |
| David Fein Pa. 1D 82628             |
| Thomas Puleo Pa. ID 27615           |
| Jill P. Jenkins Pa. ID 306588       |
| /, Alyk L. Oflazian Pa. ID 312912   |
| Matthew K. Fissel Pa. ID 314567     |
| Rebecca A. Solarz Pa. ID 315936     |
| Nora C. Viggiano Pa. ID 320864      |
| Lauren B. Karl Pa. ID 88209         |
| Matthew J. McClelland Pa. ID 319482 |
| Attorneys for Plaintiff             |

ALL THAT CERTAIN LOT OR PIECE OF LAND situate in the Borough of Millville, County of Columbia, Commonwealth of Pennsylvania, bounded and described as follows:

**BEGINNING** at a rebar set in the southerly side of Walnut Street and at the northeast corner of land now or formerly of J. Hugh and Diane E. Palmer;

Thence along the south side of said Walnut Street, North 59 degrees 34 minutes 19 seconds East a distance of 58.33 feet to a rebar set at the corner of a 16 foot alley;

Thence along the westerly line of said alley South 28 degrees 40 minutes 41 seconds East a distance of 111.82 feet to a rebar set in line of other lands of William J. and M. Marlene Diehi, which other lands are herein conveyed to Grantee;

Thence along said other lands of Diehl, South 68 degrees 38 minutes 3 seconds West a distance of 70.06 feet to a stone in line of lands now or formerly of J. Hugh and Diane E. Palmer;

Thence along lands of Palmer North 22 degrees 21 minutes 57 seconds West a distance of 101.74 feet to the place of beginning. This description was prepared from a draft survey of Frank E. Beishline, R.S., dated June 4, 1990 and designated as Parcel No. 1 theteof.

The within conveyance is under and subject to restrictions and covenants which shall run with the land and inure to the benefit of Columbia County Farmers National Bank, its successors and assigns with respect to ownership of adjoining premises, namely Parcels 2 and 3 described in Columbia County Record Book 452, Page 748, and premises described in Columbia County Record Book 452, page 754.

ALL THAT CERTAIN PIECE PARCEL OR LOT OF LAND situate in the Borough of Millville, County of Columbia, Commonwealth of Pennsylvania, bounded and described as follows, to wit:

BEGINNING at a point on the southern side of Walnut Street at the northeast corner of lands of Heather L. Bredbenner, now known as Heather L. Williams, (Instrument No. 200304044);

Thence along the southern side of Walnut Street, North 58 degrees 49 minutes 30 seconds East, 16 feet to a point on the southern side Walnut Street at the northwest corner of lands of James J. and Marie E. Reynolds, (Deed Book 280 page 81),

Thence along lands of James J. and Marie E. Reynolds, South 31 degrees 10 minutes 30 seconds East, 64.65 feet to a point;

Thence through lands of an unopened alley, South 58 degrees 49 minutes 30 seconds West, 16.00 feet to lands of Heather L. Bredbenner, now known as Heather L. Williams;

Thence along said Heather L. Williams, North 31 degrees 10 minutes 30 seconds West, 64.65 feet, to the place of beginning, as shown on a sketch dated July 28, 2008, by Orangeville Surveying Consultants, as Lot No. 1.

Being a portion of an unopened alley which reverted to the adjoining land owners.

Excepting and reserving a 3 foot access easement that runs along other land of James J. and Marie E. Reynolds, and along the eastern edge of this parcel a distance of 64.65 feet for the benefit of the said James J. Reynolds and Marie E. Reynolds, their and assigns.

TAX PARCEL # 24-01B-024-01,000

BEING KNOWN AS: 39 East Walnut Street a/k/a 39 Walnut Street, Millville PA 17846

Columbia County
Columbia County Sheriff
35 West Main Street
PO Box 380
Bloomsburg PA 17815



US SMALL BUSINESS ADMINISTRATION PHILADELPHIA DISTRICT OFFICE 900 MARKET STREET

PHILADELPHIA PA 19107-4214

**Print Your Documents** 

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DEPARTMENT OF REVENUE COMMONWEALTH OF PA

DEPARTMENT 281230 Tracking #: 71901140006000087695

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HARRISBURG PA 17105

8/30/2016

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PHILADELPHIA DISTRICT OFFICE US SMALL BUSINESS

ADMINISTRATION

900 MARKET STREET

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2016ED141

Postage

5.1300

HARRISBURG PA 17105

KML LAW GROUP, P.C.

FRSTRUST 800220.BANK / firstrust.com

3-7380/2360

SHERIFF OF COLUMBIA COUNTY

ONE THOUSAND THREE HUNDRED FIFTY AND XX / 100 -

PAY TO THE ORDER OF

Sheriff's Office PO Box 380

Bloomsburg PA, 17815

158157/ Fodness

# E B B 1 B 00 1

#236073801# 80 00082795#

MEMO

MORTGAGE CASH ACCOUNT VOID AFTER 180 DAYS

\$\*\*1,350.00

AUTHORIZED SIGNATURE

∄

~ DOLLARS