

Circuit Court of the State of Oregon
for the County of Washington
SMALL CLAIMS DEPARTMENT

FILED
SMALL CLAIMS DEPARTMENT
2002 AUG 21 AM 10:01

Name Randy Schumock Plaintiff(s)

Address 4465 SW Crestwood Drive
PORTLAND OR 97225 Phone 503-292-8600

Zip Code

CLAIM AND NOTICE OF CLAIM

No. 00231875C

VS
Name RE/MAX Equity Group, Inc. Defendant(s)

Address 7125 SW Hampton Street
Tigard, OR 97223 Phone 503-670-3000

Zip Code

registered agent:
CT Corporation Systems
for: Sacagawea Inc
388 State Street Suite 420
Salem, OR 97301
RE/MAX

I, Plaintiff, claim that on or about EQUITY GROUP INC, WASHINGTON County, Oregon, owes me the sum of \$ 2602.72

and this sum is still owing, for desk fee paid in advance and money
taken from the closing of a home after I terminated my
stay at their company.

State of Oregon

Washington COUNTY) ss

I, the above named Plaintiff, having been duly sworn, state that I have made the above claim and that it is true as I verily believe. I FURTHER CERTIFY THAT I HAVE MADE A BONA FIDE EFFORT TO COLLECT THIS CLAIM PRIOR TO FILING.

Signed: Randy Schumock

Subscribed and sworn to before me this 21 day of August, 2002

Notary Public for Oregon

Washington County Circuit Court
By [Signature]

My commission expires: _____

NOTICE TO DEFENDANT:
PLEASE READ CAREFULLY

I certify that the foregoing is a true copy of a claim filed against you
Washington County Circuit Court

Court Clerk

WITHIN 14 DAYS AFTER RECEIVING THIS NOTICE YOU MUST DO ONE OF THE FOLLOWING THINGS:

Pay the claim plus fees and services expenses paid by Plaintiff of \$ 81.00 + Service Fees OR
Demand a hearing, OR Demand a jury trial

IF YOU FAIL TO DO ONE OF THE ABOVE THINGS WITHIN 14 DAYS AFTER RECEIVING THIS
NOTICE, THEN UPON WRITTEN REQUEST FROM THE PLAINTIFF THE CLERK OF THE COURT
WILL ENTER A JUDGEMENT AGAINST YOU FOR THE AMOUNT CLAIMED PLUS FEES AND
SERVICE EXPENSES PAID BY THE PLAINTIFF.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, YOU SHOULD CONTACT THE CLERK OF THE COURT
IMMEDIATELY.

Washington County Courthouse • Small Claims Department • 150 N. First Ave, MS 37, Hillsboro, OR 97124 • PHONE 846-8888, ext 2354
ADA - 846-8767 - TTY - 846-4863

SC LS 10-99

White: Court

Yellow: Court w/Ret of Svc

Pink/Gold: Defendant(s)

Code: CM*

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF WASHINGTON
SMALL CLAIMS DEPARTMENT

RANDY SCHUMOCK

Plaintiff(s)

DEFENDANT'S ANSWER

vs,

Case No. C 023187 SC

RE/MAX EQUITY GROUP, INC.

Defendant(s)

Check only one of the alternatives listed. If either 1 or 3 is elected, you must also designate a or b. Unless this completed form is returned to the Court within 14 days from date of service, Plaintiff may request default judgment (Notice: READ REVERSE SIDE FOR NECESSARY INSTRUCTIONS)

I hereby admit the claim of Plaintiff, and

a. ☐ Proof of payment to the Plaintiff of the amount claimed plus filing & service cost is enclosed.

b. ☐ Proof of delivery of the personal property to the Plaintiff is enclosed.

☒ I deny the claim of Plaintiff, and I demand a hearing in the Small Claims Department. ENCLOSED IS THE REQUIRED DEFENDANT'S ANSWER FEE OF \$33.00 for claims of \$1500 and under or \$64.00 for claims \$5000 and under MAKE CHECKS PAYABLE TO: STATE OF OREGON

1. I deny the claim of the Plaintiff and wish to file a Counterclaim against the Plaintiff.

I am filing a Counterclaim in amount from \$0 to \$5000. The Claim and Counterclaim will be heard and decided at the same hearing, in the Small Claims Department. ENCLOSED IS THE REQUIRED DEFENDANTS ANSWER & COUNTERCLAIM FEE OF \$33.00 OR \$64.00.

☐ I am filing a Counterclaim in amount from \$5001 to \$10,000. The Claim and Counterclaim must be transferred to Circuit Court. ENCLOSED IS THE REQUIRED DEFENDANT'S ANSWER AND COUNTERCLAIM FEE OF \$102.00. SPECIAL INSTRUCTIONS WILL BE FURNISHED ON THE REVERSE SIDE OF YOUR COUNTERCLAIM FORM.

☐ I am filing a Counterclaim in amount over \$10,000. The Claim and Counterclaim must be transferred to Circuit Court. ENCLOSED IS A CHECK FOR THE REQUIRED DEFENDANT'S ANSWER AND COUNTERCLAIM FEE OF \$146.00. SPECIAL INSTRUCTION WILL BE FURNISHED ON THE REVERSE SIDE OF YOUR COUNTERCLAIM FORM.

a. ☐ I will personally appear to file the Counterclaim with the Clerk of the Circuit Court within 14 days from date of service of the claim. (Failure to appear will result in a denial of your counterclaim.)

b. ☐ Please mail me the form for a Counterclaim which must be filled out and filed with the clerk of the Circuit Court within 14 days from date of service of the claim. (Failure to file will result in a denial of your Counterclaim.)

THE COUNTERCLAIM MUST HAVE EXISTED ON THE DATE OF THE NOTICE OF PLAINTIFF'S CLAIM AND MUST ARISE OUT OF SAME TRANSACTION OR OCCURRENCE AS THE PLAINTIFF'S CLAIM.

4. ☐ I hereby demand a jury trial. THE AMOUNT OF THE CLAIM MUST EXCEED \$750 BEFORE YOU CAN MAKE THIS ELECTION. The appearance fee is \$91.00 plus the trial fee of \$100.00.

IF ONE OR MORE ARE ANSWERING EACH MUST SIGN.

Date 8/29/02

Defendant's Signature

VICE PRESIDENT, RE/MAX EQUITY GROUP, INC.

Mailing Address: 7125 SW HAMPTON PORTLAND, OR 97203

Phone: (503) 670-3000

MAIL YOUR ANSWER TO: Small Claims Department, Washington County, 150 N. 1st, Hillsboro, Oregon 97124
846-8888 Ext. 2354 - TTY - 846-4863 - ADA: 846-8767

Circuit Court of the State of Oregon
Washington County
150 NE T Avenue
Hillsboro, Oregon 97124

Attention: Small Claims Clerk

RE: Schumock v RE/MAX Equity Group, Inc.
Case # C023187SC

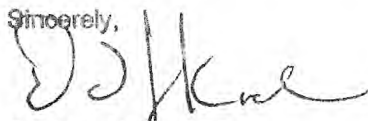
Dear Small Claims Clerk:

The Hearing Mediation for this case is scheduled for 1:20 PM on December 9th. I have a conflict at that time due to a longstanding obligation. I am President of the Oregon Association of Realtors® and I am to install the incoming President of the Portland Metropolitan Association of Realtors® at a luncheon meeting that day. This event cannot be changed at my request due to the difficulty in scheduling a facility as we enter the Holiday Season. I could be available at the Washington County Courthouse by 3:00 PM that same day.

I hereby request that the time of the Hearing Mediation be changed from 1:20 PM to 3:00 PM or later on December 9, 2002.

Thank you for your consideration.

Sincerely,



David J. Koch, CRB
Principal Broker, Vice President

Cc: Jim Hornolka

9-24-02
OK - Reset to 12/23/02 @ 1:20pm.
Claus

RE/MAX Equity Group, Inc.
7125 SW Hampton St, Portland, Oregon 97223
Office: (503) 670-3000, Fax: (503) 670-1138

Each Office Independently Owned and Operated



CERTIFICATION OF SERVICE

STATE OF OREGON)

SS.

COUNTY)

I hereby certify that the Notice of Claim and Claim appearing on the reverse were delivered to me for service on _____; that on the _____ day of _____, I served the Notice and Claim on the within named Defendant, _____ by delivering a copy of thereof prepared and certified by the Clerk of the Circuit Court to the within named Defendant at _____ o'clock, as follows, indicated by an "X".

- ☐ To said Defendant in person at _____
- ☐ By delivering said papers to _____ of said corporation.
- ☐ I was unable to find said Defendant at his usual place of abode; such service was therefore made on said defendant on said date by delivering said papers to: _____ a member of the family of said Defendant to wit: _____ a person over 14 years of age who was at such abode.
- ☐ I was unable to find said Defendant within the county after diligent search and inquiry.

All of said search was made within said _____ County.

Completed service to be returned to the Court and **not** the Plaintiff.

Process Server

<p>SE</p> <p>UNITED STATES POSTAL SERVICE</p> <p>SECTION</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p>
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <i>Patricia McDi...</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>CT Corporation Systems for: Sacagawea Inc 388 State Street Suite 420 Salem, OR 97301</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> COD</p> <p>4. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from serv...</p>	<p>7002 0460 0001 1289 7401</p>

2002 SEP -4 PM 12:31

FILED
 WASHINGTON JUDICIAL DEPARTMENT
 WASHINGTON COUNTY

Small Claims Department
Washington County Circuit Court
145 NE 2nd Avenue
Hillsboro, OR 97124

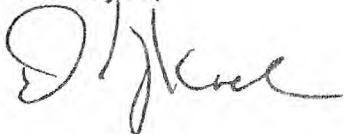
RE: Case # C023187SC

To Whom It Concerns:

Today we received a check for \$149.00 from Randy Schumock in payment of his small claims judgement in our favor.

Please remove this judgement against Mr. Schumock.

Thank you,



David J. Koch
Principal Broker, Vice President

Enclosure: A copy of Mr. Schumock's check.

Cc: Randy Schumock

STATE OF OREGON

County of Washington

This instrument was acknowledged before me on Feb. 7, 2002 by David J. Koch
as Vice President of RE/MAX Equity Group.

Debra A. Parker
Notary Public - State of Oregon

My commission expires: 9/7/05



RE/MAX equity group, Inc.
7125 SW Hampton St, Portland, Oregon 97223
Office: (503) 670-3000, Fax: (503) 670-1138

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