

**SHERIFF'S SALE COST SHEET**

MERS  
 NO. 43-05 ED NO. 1409-04 vs. 21015 JD DATE/TIME OF SALE Stayed

DOCKET/RETURN	\$15.00
SERVICE PER DEF.	\$ <u>210.00</u>
LEVY (PER PARCEL	\$15.00
MAILING COSTS	\$ <u>37.50</u>
ADVERTISING SALE BILLS & COPIES	\$17.50
ADVERTISING SALE (NEWSPAPER)	\$15.00
MILEAGE	\$ <u>8.00</u>
POSTING HANDBILL	\$15.00
CRYING/ADJOURN SALE	\$10.00
SHERIFF'S DEED	<del>\$35.00</del>
TRANSFER TAX FORM	<del>\$25.00</del>
DISTRIBUTION FORM	\$25.00
COPIES	\$ <u>7.00</u>
NOTARY	\$ <u>12.00</u>
TOTAL *****	\$ <u>362.00</u>

WEB POSTING	<sup>2424</sup> \$150.00
PRESS ENTERPRISE INC.	\$ <u>763.28</u>
SOLICITOR'S SERVICES	\$75.00
TOTAL *****	\$ <u>988.28</u>

PROTHONOTARY (NOTARY)	\$10.00
RECORDER OF DEEDS	\$
TOTAL *****	\$ <u>-0-</u>

REAL ESTATE TAXES:

BORO, TWP & COUNTY 20	\$
SCHOOL DIST. 20	\$
DELINQUENT 20	\$ <u>5.-</u>
TOTAL *****	\$ <u>5.00</u>

MUNICIPAL FEES DUE:

SEWER 20	\$
WATER 20	\$
TOTAL *****	\$ <u>-0-</u>

SURCHARGE FEE (DSTE)	\$ <u>150.00</u>
MISC. _____	\$
_____	\$
TOTAL *****	\$ <u>-0-</u>

TOTAL COSTS (OPENING BID) \$ 1505.28  
 1350.00

Due \$ 155.28

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER - SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES

PHILAN HALLINAN & SCHMIEG LLP  
ATTORNEY ESCROW ACCOUNT  
ONE PENN CENTER, SUITE 1400  
PHILADELPHIA, PA 19103-1814

COMMERCE BANK  
PHILADELPHIA, PA 19148

3-1800380

CHECK NO  
442185

07/26/2005

DATE	AMOUNT
07/26/2005	*****155.28

Pay ONE HUNDRED FIFTY FIVE AND 28/100 DOLLARS

Void after 90 days

To The  
Order  
Of  
Sheriff of Columbia County  
35 W Main Street  
Bloomsburg, PA 17815

*Travis S. Hallinan*

3-1800380  
07/26/2005

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE. RED IMAGE DISAPPEARS WITH HEAT.

⑈442185⑈ ⑆036001808136 150866 6⑈

Phone: 570-389-5622  
Fax: 570-389-5625

**COLUMBIA COUNTY  
SHERIFF'S OFFICE**

# Fax

**To:** Katherine Trautz

**From:** Sheriff Timothy T. Chamberlain

---

**Fax:**

**Date:** July 13, 2005

---

**Phone:**

**Pages:** 2

---

**Re:** Knorr foreclosure

**CC:**

---

**Urgent**     **For Review**     **Please Comment**     **Please Reply**     **Please Recycle**

---

**•Comments:** Costs due in the amt. of \$155.28. cost sheet attached

Law Offices  
**PHELAN HALLINAN & SCHMIEG, LLP**  
One Penn Center at Suburban Station  
1617 John F. Kennedy Boulevard  
Suite 1400  
Philadelphia, PA 19103-1814  
Main Fax: (215)563-5534  
Ph: (215)563-7000

Katherine Trautz  
Sale Department, Ext. 1493

Representing Lenders in  
Pennsylvania and New Jersey

July 13, 2005

Office of the Sheriff  
Columbia County Courthouse  
P.O. Box 380  
35 W. Main Street  
Bloomsburg, PA 17815

**Re: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.  
v. MATTHEW ALLEN KNORR A/K/A MATTHEW A. KNORR and JANET  
SUE KNORR A/K/A JANET S. KNORR  
No. 2004-CV-1409  
Premises: 295 TENNY STREET, BLOOMSBURG, PA 17815**

Dear Sir or Madam:

Please **STAY** the Sheriff's Sale of the above referenced property, which is scheduled for 7/13/05.

No funds have been received in consideration of the stay.

Very truly yours,

Katherine Trautz  
/kjm

**VIA TELECOPY 570-389-5625**

**Cc: MATTHEW ALLEN KNORR A/K/A MATTHEW A. KNORR  
JANET SUE KNORR A/K/A JANET S. KNORR  
21 NAUS WAY  
BLOOMSBURG, PA 17815**

SHERIFF'S SALE COST SHEET

MEERS vs. Matthew + Janet Knoff  
 NO. 43-05 ED NO. 1409-04 JD DATE/TIME OF SALE 7-13-05 1100

DOCKET/RETURN	\$15.00
SERVICE PER DEF.	\$ <u>210.00</u>
LEVY (PER PARCEL	\$15.00
MAILING COSTS	\$ <u>37.50</u>
ADVERTISING SALE BILLS & COPIES	\$17.50
ADVERTISING SALE (NEWSPAPER)	\$15.00
MILEAGE	\$ <u>8.00</u>
POSTING HANDBILL	\$15.00
CRYING/ADJOURN SALE	\$10.00
SHERIFF'S DEED	\$35.00
TRANSFER TAX FORM	\$25.00
DISTRIBUTION FORM	\$25.00
COPIES	\$ <u>7.00</u>
NOTARY	\$ <u>12.00</u>
TOTAL *****	\$ <u>447.00</u>

WEB POSTING	\$150.00
PRESS ENTERPRISE INC.	\$ <u>763.28</u>
SOLICITOR'S SERVICES	\$75.00
TOTAL *****	\$ <u>988.28</u>

PROTHONOTARY (NOTARY)	\$10.00
RECORDER OF DEEDS	\$ <u>42.50</u>
TOTAL *****	\$ <u>52.50</u>

REAL ESTATE TAXES:	
BORO, TWP & COUNTY 20	\$ <u>380.43</u>
SCHOOL DIST. 20	\$ _____
DELINQUENT 20	\$ <u>5.00</u>
TOTAL *****	\$ <u>385.43</u>

MUNICIPAL FEES DUE:	
SEWER 20	\$ <u>353.07</u>
WATER 20	\$ _____
TOTAL *****	\$ <u>353.07</u>

SURCHARGE FEE (DSTE)	\$ <u>150.00</u>
MISC. _____	\$ _____
_____	\$ _____
TOTAL *****	\$ <u>--0--</u>

TOTAL COSTS (OPENING BID) \$ 2376.28

COLUMBIA COUNTY SHERIFF'S OFFICE  
SHERIFF'S REAL ESTATE FINAL COST SHEET

MERS vs Matthew + Janet Knorr

NO. 43-05 ED NO. 1409-04 JD

DATE/TIME OF SALE: 7-13-05 1100

BID PRICE (INCLUDES COST) \$ \_\_\_\_\_

POUNDAGE - 2% OF BID \$ \_\_\_\_\_

TRANSFER TAX - 2% OF FAIR MKT \$ \_\_\_\_\_

MISC. COSTS \$ \_\_\_\_\_

TOTAL AMOUNT NEEDED TO PURCHASE \$ \_\_\_\_\_

PURCHASER(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAMES(S) ON DEED: \_\_\_\_\_

PURCHASER(S) SIGNATURE(S): \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

LESS DEPOSIT: \$ \_\_\_\_\_

DOWN PAYMENT: \$ \_\_\_\_\_

TOTAL DUE IN 8 DAYS \$ \_\_\_\_\_

SCOTT TOWNSHIP AUTHORITY

June 24, 2005

350 Tenny Street  
Bloomsburg, Pennsylvania 17815

Phone: (570) 784-6539 • Fax: (570) 784-6553

Sheriff of Columbia County  
Attention: Tim Chamberlin  
Court House – PO Box 380  
Bloomsburg, PA 17815

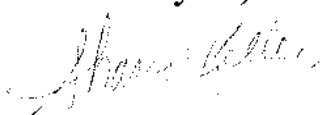
Reference: JD#1409JD2004  
Docket# 43ED2005  
Matthew & Janet Knorr  
Property Address – 295 Tenny St  
Bloomsburg, PA

Dear Tim:

I called today to check the status of the Sheriff's Sale that was to take place on June 8<sup>th</sup> and have been informed by Mr. Hartzell that it has been rescheduled for July 13<sup>th</sup>.

This is to inform you of the "correct" fees for the Knorr property located at 295 Tenny Street, Bloomsburg, Columbia County. The balance in question is the amount due up and including July 13<sup>th</sup> - \$353.07.

Thank you,

  
Sharon Keller  
Administrative Assistant

cc: File

Phone: 570-389-5622  
Fax: 570-389-5625

**COLUMBIA COUNTY  
SHERIFF'S OFFICE**

# Fax

**To:** Katherine

**From:** Sheriff Timothy T. Chamberlain

---

**Fax:**

**Date:** June 8, 2005

---

**Phone:**

**Pages:** 2

---

**Re:**

**CC:**

---

**Urgent**     **For Review**     **Please Comment**     **Please Reply**     **Please Recycle**

---

**•Comments:** The new sale date is July 13, 2005 at 11:00 am



Law Offices  
**PHELAN HALLINAN & SCHMIEG, LLP**  
One Penn Center at Suburban Station  
1617 John F. Kennedy Boulevard  
Suite 1400  
Philadelphia, PA 19103-1814  
Main Fax: (215)563-5534  
Ph: (215)563-7000

Katherine Trautz  
Sales Department, Ext. 1493

Representing Lenders in  
Pennsylvania and New Jersey

June 8, 2005

Office of the Sheriff  
Columbia County Courthouse  
P.O. Box 380  
35 W. Main Street  
Bloomsburg, PA 17815

**Re: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.  
v. MATTHEW ALLEN KNORR A/K/A MATTHEW A. KNORR and JANET  
SUE KNORR A/K/A JANET S. KNORR  
No. 2004-CV-1409  
Premises: 295 TENNY STREET, BLOOMSBURG, PA 17815**

Dear Sir or Madam:

Please **POSTPONE** the Sheriff's Sale of the above referenced property, which is scheduled for 6/8/05. Please relist the property for a date at least 30 days from now.

Please advise as soon as possible of the new sale date.

Very truly yours,

Katherine Trautz  
/kjm

**VIA TELECOPY 570-389-5625**

**Cc: MATTHEW ALLEN KNORR A/K/A MATTHEW A. KNORR  
JANET SUE KNORR A/K/A JANET S. KNORR  
21 NAUS WAY  
BLOOMSBURG, PA 17815**

*NEW SALE DATE  
July 13, 2005  
11:00 AM*

**SCOTT TOWNSHIP AUTHORITY**

**350 Tenny Street**

**Bloomsburg, PA 17815**

**Phone# (570) 784-6639 ~ Fax# (570) 784-6553**

**\*\*\*\*\*NEW E-MAIL ADDRESS\*\*\***

**stablmpa@jlink.net**

\*\*\*\*\*

**FAX COVER SHEET**

**Date: June 6, 2005**

**To: Sheriff – Timothy T Chamberlin**

**From: Sharon Keller – Administrative Assistant**

**Fax: 570-389-5625**

***I'm very sorry that you are receiving this information so late. I'm very short handed.***

***Have a good Day ☺ !!!!!***

*The Document accompanying this facsimile transmission may contain information, which is CONFIDENTIALLY AND OR/LEGALLY PRIVILEGED. The information is intended only for the use of the individual or entity named on this transmission sheet. If the reader of this transmission is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this facsimile transmission is strictly prohibited. If you have received this transmission in error, please notify us by telephone immediately so that we can arrange for the return of the documents.*

**Number of pages including this cover sheet - 4**

***Please telephone (570) 784-6639 if you should have any problems with this transmission***

**SCOTT TOWNSHIP AUTHORITY**

**350 Tenny St**

**Bloomsburg, PA 17815**

**SCOTT TOWNSHIP AUTHORITY**

350 Tenny Street  
Bloomsburg, Pennsylvania 17815

Phone (570) 784-6639 • Fax (570) 784-6553

June 6, 2005

Sheriff of Columbia County  
Attention: Tim Chamberlin  
Court House – PO Box 380  
Bloomsburg, PA 17815

Reference: JD#1409JD2004  
Docket# 43ED2005  
Matthew & Janet Knorr  
Property Address – 295 Tenny St  
Bloomsburg, PA

Dear Tim:

Scott Township Authority has pass User Fees due for: Matthew Allen Knorr & Janet Sue Knorr at the property in question for the sale which is to take place on June 8, 2005 , @ 11:00am in the amount of \$309.53 The balance in question is the amount due up and including June 8, 2005

Thank you,



Sharon Keller  
Administrative Assistant

cc: File

**Address**  
 B. Received by (Printed Name) **APR 11 2005**  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

**3. Service Type**  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes  No

**102595-02-M-11**  
 Article Number (Transfer from service label) **7003 0500 0001 9056 0934**  
 Domestic Return Receipt  
 PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**  
 A. Signature  Agent  Address  
 B. Received by (Printed Name) **APR 11 2005** C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

U. S. SMALL BUSINESS ADMINISTRATION  
 PHILADELPHIA DISTRICT OFFICE  
 ROBERT N.C. NIX FEDERAL BUILDING  
 900 MARKET STREET- 5<sup>TH</sup> FLOOR  
 PHILADELPHIA, PA 19107

Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 COMMONWEALTH OF PA  
 DEPT. OF REVENUE-ATTN: SHERIFF SALE  
 BUREAU OF COMPLIANCE  
 CLEARANCE SUPPORT SECTION  
 DEPARTMENT 281230  
 HARRISBURG, PA 17128-1230

2. Article Number (Transfer from service label) **7003 0500 0001 9056 0934**  
 Domestic Return Receipt  
 PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Conseco Finance Cons. Dis.  
 332 Minnesota St., Ste. 202  
 St. Paul, MN 55101

**COMPLETE THIS SECTION ON DELIVERY**  
 A. Signature  Agent  Address  
 B. Received by (Printed Name) **APR 11 2005** C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  
**GREENTREE CORP**  
**345 ST PETER ST**  
**ST PAUL MN 55102**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7003 0500 0001 9056 0927**  
 Domestic Return Receipt  
 PS Form 3811, February 2004

Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Commonwealth of PA  
 PO Box 2675  
 Harrisburg, PA 17105

2. Article Number (Transfer from service label) **7003 0500 0001 9056 0903**  
 Domestic Return Receipt  
 PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 INTERNAL REVENUE SERVICE  
 TECHNICAL SUPPORT GROUP  
 WILLIAM GREEN FEDERAL BUILDING  
 600 ARCH STREET ROOM 3259  
 PHILADELPHIA, PA 19106

**COMPLETE THIS SECTION ON DELIVERY**  
 A. Signature  Agent  Address  
 B. Received by (Printed Name) **APR 11 2005** C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7003 0500 0001 9056 0965**  
 Domestic Return Receipt  
 PS Form 3811, February 2004

Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Commonwealth of PA  
 PO Box 2675  
 Harrisburg, PA 17105

2. Article Number (Transfer from service label) **7003 0500 0001 9056 0903**  
 Domestic Return Receipt  
 PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 INTERNAL REVENUE SERVICE  
 TECHNICAL SUPPORT GROUP  
 WILLIAM GREEN FEDERAL BUILDING  
 600 ARCH STREET ROOM 3259  
 PHILADELPHIA, PA 19106

**COMPLETE THIS SECTION ON DELIVERY**  
 A. Signature  Agent  Address  
 B. Received by (Printed Name) **APR 11 2005** C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7003 0500 0001 9056 0965**  
 Domestic Return Receipt  
 PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Household Realty Corp.  
 575 Pierce St., Ste. 202  
 Kingston, PA 18704

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Address
- B. Received by (Printed Name)  Address
- C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

- 3. Service Type
  - Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.
- 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number **7003 0500 0001 9056 0910**  
*(Transfer from service label)*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1\*

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OFFICE OF FAIR  
 DEPARTMENT OF PUBLIC WELFARE  
 PO BOX 8016  
 HARRISBURG, PA 17105

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Address
- B. Received by (Printed Name)  Address
- C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

- 3. Service Type
  - Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.
- 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number **7003 0500 0001 9056 0941**  
*(Transfer from service label)*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02