NOTICE OF MORTGAGE FORECLOSURE SALE

Sheriff's

GIVEN occurred in the conditions of the COUNTY DATE OF MORTGAGE: June Stearns ORIGINAL AMOUNT OF MORTGAGE: Tax

\$142,373.00 Allen, a single man

MORTGAGEE: Mortgage 9, Electronic Systems, Inc., as mortgagee, as STEARNS nominee for

Everett Financial, Inc. dba TOGETHER and assigns

RECORDING: Document Number: A1610085 ASSIGNMENTS

MORTGAGE: National Association Dated: July 18, 2023

Recorded: July 18, 2023, requirements Stearns County Recorder Document Number: A1656593

Electronic Registration Systems, Inc. Transaction Agent Mortgage registered property;

Identification 100307110021315002 Lender/Broker/Mortgage the above-described property THE

Originator: Everett Financial, will be sold by the Sheriff of Inc. dba Supreme Lending City of Sauk Centre

Notice of Winter **Parking Rules**

Winter Parking Rules will go into effect on December 1 and remain in effect until March 31. During this period no on-street parking is permitted from Midnight until 7:00 a.m. on all streets except the downtown district where no parking is permitted from 2:00 a.m. to 7:00 a.m.

People parking in violation of these rules are subject to ticket and tow.

Please make provisions for alternate parking locations during these times.

If you have any questions, please call City Hall at 320-352-2203.

signed this document under oath.

H-46-3B

NOTICE IS HEREBY Residential Mortgage Servicer: DATE AND TIME OF SALE: THE ORIGINAL CREDITOR that default has U.S. Bank National Association December 19, 2023, at 10:00 ΙN WHICH AM following described mortgage: PROPERTY IS LOCATED: PLACE OF SALE: County NOT AFFECTED BY THIS Property Address: 1017 10 1/2 Enforcement Center, PRINCIPAL Ave S, Saint Cloud, MN 56301 Courthouse Square, St. Cloud, LAW FOR REDEMPTION Parcel ID Number: Minnesota 85.50882.0000 MINNESOTA. WITH AND EGRESS OVER AND assigns. FEET OF THE WEST 25 ADDITION TO ST. CLOUD. AMOUNT DUE \$142,412.33 THAT all have complied with; that no action or financial obligation: NONE Transaction Agent: Mortgage law or otherwise to recover the FROM A DEBT COLLECTOR

said county as follows:

debt secured by said mortgage, ATTEMPTING

MORTGAGOR(S): Christopher LEGAL DESCRIPTION OF mortgage and taxes, if any, on REPRESENTATIVES PROPERTY: LOT 5, BLOCK said premises and the costs OR ASSIGNS, MAY BE 9, SOUTH SIDE PARK and disbursements, including REDUCED TO FIVE WEEKS Registration ADDITION TO ST. CLOUD, attorney fees allowed by law, IF A JUDICIAL ORDER COUNTY, subject to redemption within IS six (6) months from the date of MINNESOTA said sale by the mortgagor(s), SECTION Supreme Lending, its successors EASEMENT FOR INGRESS their personal representatives or DETERMINING, DATE AND PLACE OF ACROSS THE SOUTH 30 If the Mortgage is not reinstated MORTGAGED under Minn. Stat. §580.30 or ARE IMPROVED WITH A Recorded: August 3, 2021, FEET OF LOT 4, BLOCK the property is not redeemed RESIDENTIAL DWELLING Stearns County Recorder 9, SOUTH SIDE PARK under Minn. Stat. §580.23, OF LESS THAN FIVE UNITS, the Mortgagor must vacate the ARE property on or before 11:59 p.m. USED IN AGRICULTURAL CLAIMED TO BE DUE on June 19, 2024, or the next PRODUCTION, AND ARE And assigned to: U.S. Bank AS OF DATE OF NOTICE: business day if June 19, 2024, falls on a Saturday, Sunday or pre-foreclosure legal holiday. been Mortgagor(s) released from proceeding has been instituted at THIS COMMUNICATION IS

office,

807

or any part thereof; that this is COLLECT A DEBT. ANY INFORMATION OBTAINED Number: PURSUANT to the power of WILL BE USED FOR THAT sale contained in said mortgage, PURPOSE. RIGHT TO VERIFICATION OF THE DEBT AND IDENTITY OF

WITHIN THE PROVIDED BY LAW IS ACTION.

THE TIME ALLOWED BY BY THE MORTGAGOR, THE to pay the debt secured by said MORTGAGOR'S PERSONAL ENTERED UNDER STATUTES, 582.032. AMONG OTHER THINGS, THAT THE PREMISES NOT PROPERTY

ABANDONED. DATED: October 30, 2023 MORTGAGEE: U.S. Bank National Association Wilford, Geske & Cook, P.A. Attorneys for Mortgagee 7616 Currell Boulevard, Suite Woodbury, MN 55125

(651) 209-3300 File Number: 053762-F1 H-44-6B

CERTIFICATE OF ASSUMED NAME **Minnesota Statutes** Chapter 333

ASSUMED NAME: i-Implant Dentistry. PRINCIPAL PLACE OF BUSINESS IS: 1101 2nd St. South Suite 210, Sartell, MN 56377 USA.

NAMEHOLDER(S): Artistic Smile Dental Center, PLLC, 1101 2nd St. South, Suite 210, Sartell, MN 56377 USA.

By typing my name, I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

/s/ Saad Bassas, Manager 11/03/2023 H-45-2B

CERTIFICATE OF ASSUMED NAME Minnesota Statutes Chapter 333

ASSUMED NAME: Shane's Gifts.

PRINCIPAL PLACE OF BUSINESS IS: 149 19 1/2 Ave N., ams Dr., Sauk Centre, MN 56378 USA. Saint Cloud, MN 56303 USA

Saint Cloud, MN 56303 USA. By typing my name, I, the undersigned, certify that I am signing this document as the person whose signature is required, or has authorized me to sign this document on his/her behalf, or in rect and in compliance with the applicable chapter of Minnesota signed this document under oath. Statutes. I understand that by signing this document I am subject

to the penalties of perjury as set forth in Section 609.48 as if I had

/s/ Shane M Wold 11/07/2023 H-46-2P

CERTIFICATE OF ASSUMED NAME **Minnesota Statutes** Chapter 333

ASSUMED NAME: Walker Kluver Ventures. PRINCIPAL PLACE OF BUSINESS IS: 18406 Ada Dr., Sauk Centre, MN 56378 United States.

NAMEHOLDER(S): Steve Kluver, 18406 Ada Dr., Sauk Centre, MN 56378 United States; Susan Kluver, 18406 Ada Dr., Sauk Centre, MN 56378 Unites States; Barry Walker, 18905 Ad-

By typing my name, I, the undersigned, certify that I am sign-NAMEHOLDER(S): SMW Services Inc., 149 19 1/2 Ave N., ing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required as agent of the person(s) whose signature would be required who fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota both capacities. I further certify that I have completed all required Statutes. I understand that by signing this document I am subject fields, and that the information in this document is true and corto the penalties of perjury as set forth in Section 609.48 as if I had

/s/ Susan Kluver 11/05/2023 H-45-2B