

From p. 8 IDENTIFICATION OF FUNDS BY UNIT/PROGRAM

**LAUNDRY**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	18,167	19,500	19,500
2. Total Materials and Services	10,578	9,000	10,000
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	28,745	28,500	29,500

**HOUSEKEEPING**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	30,652	33,500	32,888
2. Total Materials and Services	7,610	9,000	7,200
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	38,262	42,500	40,088

**PLANT MAINTENANCE**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	19,258	18,600	18,400
2. Total Materials and Services	28,955	34,300	31,750
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	48,213	52,900	50,150

**CENTRAL SUPPLY-MATERIAL MANAGEMENT**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	4,862	1,600	9,476
2. Total Materials and Services	11,073	9,000	10,000
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	15,935	10,600	19,476

**NURSING SERVICE**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	178,062	172,840	164,565
2. Total Materials and Services	12,917	16,000	13,000
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	190,979	188,840	177,565

**PHARMACY**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	-	-	-
2. Total Materials and Services	30,013	32,600	32,600
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	30,013	32,600	32,600

**OPERATING ROOM**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	5	-	-
2. Total Materials and Services	-	-	-
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	5	-	-

**ANESTHESIA**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	38	-	-
2. Total Materials and Services	-	-	-
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	38	-	-

**DELIVERY ROOM**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	1,582	2,250	-
2. Total Materials and Services	770	1,250	-
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	2,352	3,500	-

**NURSERY**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	1,382	2,125	-
2. Total Materials and Services	1,028	750	-
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	2,410	2,925	-

**LAB, X-RAY, AND EKG**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	55,536	52,151	67,367
2. Total Materials and Services	37,439	36,825	33,300
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	92,975	88,976	100,667

**AMBULANCE**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	14,143	11,500	12,731
2. Total Materials and Services	5,828	4,750	5,700
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	19,971	16,250	18,431

**RESPIRATORY THERAPY**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	5,197	7,150	8,600
2. Total Materials and Services	4,430	4,050	3,800
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	9,627	11,200	12,400

**EMERGENCY ROOM**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	10,905	12,490	13,686
2. Total Materials and Services	5,215	5,250	6,000
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	16,120	17,740	19,686

**MEDICAL RECORDS - PSRO**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	25,186	24,100	22,150
2. Total Materials and Services	537	1,400	1,800
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	25,723	25,500	23,950

**LIBRARY**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	1,742	1,363	800
2. Total Materials and Services	541	450	500
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	2,283	1,813	1,300

**NURSING HOME**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	238,471	246,354	294,382
2. Total Materials and Services	18,470	18,800	16,000
3. Total Capital Outlay	-	-	-
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	-	-
7. Total Unappropriated Ending Fund Balance	-	-	-
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	256,941	265,154	310,382

**NON-DEPARTMENTAL**

NAME OF UNIT/PROGRAM	Actual Data Last Year 1985-86	Adopted Budget This Year 1986-87	Approved Budget Next Year 1987-88
<b>PIONEER MEMORIAL HOSPITAL</b>			
1. Total Personal Services	-	-	-
2. Total Materials and Services	22,725	119,100	100,000
3. Total Capital Outlay	70,106	104,000	68,000
4. Total Debt Service	-	-	-
5. Total Transfers	-	-	-
6. Total Contingencies	-	54,500	53,000
7. Total Unappropriated Ending Fund Balance	-	200,000	150,000
8. Total All Other Expenditures and Requirements	-	-	-
9. Total Anticipated Requirements	92,831	477,600	371,000

Published: June 3, 1987

**PUBLIC NOTICE**

**TRUSTEE'S NOTICE OF SALE**

Reference is made to that certain trust deed made by Michael J. Jones, as grantor, to Jay W. Whipple, Attorney At Law, as trustee, in favor of Marval, Inc., dba G/A Investment Co. (through assignment) as beneficiary, dated June 16, 1986, recorded June 19, 1986 in the mortgage records of Morrow County, Oregon, in book/reel/volume No. "M" at page 26987, fee/file/instrument/microfilm/reception No. (indicate which), covering the following described real property situated in said county and state, to-wit:

Block 4, All of Lots 1 and 2, Sperry's Second Addition to Lone, in the County of Morrow and State of Oregon.

Both the beneficiary and the trustee have elected to sell the said real property to satisfy the obligations secured by said trust deed and a notice of default has been recorded pursuant to Oregon Revised Statutes: 86.735(3); the default for which the foreclosure is made is grantor's failure to pay when due the following sums:

Payment Date: 16th of each month. Payment Amount: \$82.50 Payments Due From 7/16/86 to 2/16/87 Totaling: \$660.00 Late Charges for 7 months Totaling: \$28.00

By reason of said default the beneficiary has declared all sums owing on the obligation secured by said trust deed immediately due and payable, said sums being the following, to-wit:

Principal Balance: \$5,500.00 Together with interest thereon at 18% from 6/16/86 until paid and Late charges of \$4.00 a month when over 10 days late.

WHEREFORE, notice hereby is given that the undersigned trustee will on July 7, 1987, at the hour of 2:00 o'clock, p.m. in accord with

the standard of time established by ORS 187.110, at Morrow County Courthouse (front steps) in the City of Heppner, County of Morrow, State of Oregon, sell at public auction to the highest bidder for cash the interest in the said described real property which the grantor had or had power to convey at the time of the execution by him of the said trust deed, together with any interest which the grantor or his successors in interest acquired after the execution of said trust deed, to satisfy the foregoing obligations thereby secured and the costs and expenses of sale, including a reasonable charge by the trustee. Notice is further given that any person named in ORS 86.753 has the right, at any time prior to five days before the date last set for the sale, to have this foreclosure proceeding dismissed and the trust deed reinstated by payment to the beneficiary of the entire amount then due (other than such then to be due had no default occurred) and by curing any other default complained of herein that is capable of being cured by tendering the performance required under the obligation or trust deed, and in addition to paying said sums or tendering the performance necessary to cure the default, by paying all costs and expenses actually incurred in enforcing the obligation and trust deed, together with trustee's and attorney's fees not exceeding the amounts provided by said ORS 86.753.

In construing this notice, the masculine gender includes the feminine and the neuter, the singular includes the plural, the word "grantor" includes any successor in interest to the grantor as well as any other person owing an obligation, the performance of which is secured by said trust deed, and the words "trustee" and "beneficiary" include their respective successors in interest, if any.

DATED February 20, 1987 Jay W. Whipple, Trustee.

State of Oregon, County of Multnomah ss:

I, the undersigned, certify that I am the attorney or one of the attorneys for the above named trustee and that the foregoing is a complete and exact copy of the original trustee's notice of sale.

Jay W. Whipple  
Attorney for said Trustee  
Published: May 13, 20, 27; June 3, 1987

**PUBLIC NOTICE**

The Farmers Home Administration (FmHA) is accepting nominations for County Committee elections for Umatilla, Morrow and Gilliam County. This notice is issued to inform eligible voters of the right to nominate candidates by petition. Copies of the petition and instruction on its completion can be obtained from your local FmHA office.

Persons nominated should be currently engaged in the operation of a farm, have their principal farming operation within the county or area in which activities of the County or area Committee are carried out, derive the principal part of their income must come from farming (that is more than 50 percent of their gross income must come from agricultural production), be a citizen of the United States or an alien lawfully admitted to the United States for permanent residence, not have an FmHA insured or guaranteed loan, and be well qualified for committee work. Nominations must be received at FmHA's office, 1229 S.E. Third, Pendleton, Oregon, 97801, no later than June 10, 1987. FmHA committee elections are open to all eligible voters without regard to race, color, religion, national origin, age, political affiliation, marital status, sex and or handicap.

Published: May 27; June 3, 1987