

COMPLETION NOTICE

NOTICE HEREBY IS GIVEN THAT WORK BY Burke Mechanical Corp.
GENERAL CONTRACTOR, ON THE BUILDING, STRUCTURE OR PIPELINE ON THE FOLLOW-
ING DESCRIBED PREMISES, TO WIT:

The installation of Gas Cooler at Compressor Station # 14, near Bonanza,
Oregon, situated in the Southwest 1/4 of the Northeast 1/4, Northwest 1/4 of the
Southeast 1/4 of section 20, Township 39 South, Range 11E, Willamette Meridian,
Klamath County, Oregon.

has been completed.

All persons claiming a lien upon the same under the Mechanics' and Materialmen's Lien Laws
(ORS 87.005 to 87.075) are hereby notified to file for recording within the periods of time specified
in ORS 87.035 with the recording officer of the County of Klamath
State of Oregon, a claim of lien in the form and with the information required by the provisions of
ORS 87.035.

Dated 18 Oct, 19 71.

Owner
PACIFIC GAS TRANSMISSION COMPANY
77 Beale Street, San Francisco, California 94106

By Thomas P White
Its

STATE OF OREGON,

County of KLAMATH

SS.

FORM NO. 23 - ACKNOWLEDGMENT
STEVENS-NESS LAW PUB. CO., PORTLAND, ORE.

BE IT REMEMBERED, That on this 18th day of October, 19 71,
before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within
named THOMAS P. WHITE

known to me to be the identical individual described in and who executed the within instrument and
acknowledged to me that he executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed
my official seal the day and year last above written.

Madame P. [Signature]
Notary Public for Oregon
My Commission expires Sept. 23, 1974

PACIFIC GAS TRANSMISSION COMPANY

10903

DISTRIBUTION:
Accounting
Operations
Engineering
Administration
Reporting Location
Insurance

CONTRACT STARTING/COMPLETION NOTICEDate 18 Oct, 1971

This is to advise of the

☐ Starting☐ Partial Completion☒ Completionof Contract No. 900-84 Dated May 6, 1971 Specification W. O. No. 5969Contractor Burke Mechanical Corp.Description of Work and Location Installation of a Gas Cooler, installed at PGTCompressor Station #14, near Bonanza, OregonDate Started May 5, 1971 Date Completed

Partial Completion Date Percent Complete To Resume Work on

If the contract work under way is suspended for any cause, a Partial Completion Notice shall be submitted. If a payment is required because of a Company-caused suspension, show the percentage complete in order that the Contractor can be paid the value of the work performed to date.

WORK COMPLETION RECORDATIONS

IDAHO: Notice of Completion filed with the Recorder of the County of

on _____, 19____ and published in the _____ (Dates)

editions of the _____ (Name of Official County Publication)

WASHINGTON: Notice to Lien Claimants will be filed with the Auditor of the County of

between _____, 19____ and _____, 19____

OREGON: Completion Notice posted on job on 18 Oct, 1971Completion Notice and Affidavit of Completion filed with the Recorder of the County of Klamath on 18 Oct, 1971

Expiration of Lien Period: For Prime Contractor

For All Others

Reported by Thomas P White

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of PACIFIC GAS TRANSMISSION CO.
this 18th day of OCTOBER A. D., 1971 at 1:02 o'clock PM, and duly recorded in
Vol. M. 71 of COMPLETION NOTICE on Page 10902

Fee \$3.00

WM. D. MILNE, County Clerk

By Hazel Drayton

790

STATE OF OREGON - STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number

DECEASED NAME: **LOUIS (MARIANDROS) MANDROS**

1. RACE: White, Male
2. DATE OF BIRTH: **October 9, 1971**
3. COUNTY OF BIRTH: **Clatsop**
4. CITY, TOWN, OR LOCATION OF BIRTH: **Clatsop**
5. CITIZENSHIP: **U.S.A.**
6. SOCIAL SECURITY NUMBER: **710-10-1296**
7. RESIDENCE - STATE: **Oregon**
8. RESIDENCE - CITY, TOWN, OR LOCATION: **Clatsop Falls**
9. MARRIAGE: **Married**
10. DATE OF MARRIAGE: **May 18, 1992**
11. NAME OF SPOUSE: **Jessie Mandros**
12. FATHER - NAME: **John - Mandros**
13. MOTHER - Maiden Name: **Jessie Mandros (Wife)**
14. DEATH WAS CAUSED BY: **ASHD with Primary Eclers**
15. DEATH WAS CAUSED BY: **Generalized atherosclerosis**
16. DATE OF DEATH: **October 9, 1971**
17. TIME OF DEATH: **10:11 PM**
18. PLACE OF DEATH: **Home**
19. HOW DEATH OCCURRED: **Heart failure**
20. CAUSE OF DEATH: **ASHD with Primary Eclers**
21. PHYSICIAN: **Dr. W. D. Milne**
22. DATE OF DEATH: **October 9, 1971**
23. TIME OF DEATH: **10:11 PM**
24. DATE OF DEATH: **October 9, 1971**
25. TIME OF DEATH: **10:11 PM**
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100. DATE OF DEATH: **October 9, 1971**

STATE OF OREGON CERTIFIED COPY OF DEATH RECORD COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the OREGON STATE BOARD OF HEALTH.

Date 10/11/1971

VOID IF ALTERED

Registrar Vital Statistics

By Charlotte B. Suttheland, Deputy

STATE OF OREGON; COUNTY OF CLATSOP; SS.

Filed for record at request of Mrs. LOUIS MANDROS

this 18th day of OCTOBER A. D., 19 71 at 1:52 o'clock PM., and duly recorded in Vol. M 71 of DEEDS on Page 0904

Fee \$1.50

OCT 18 11 52 PM 1971

WM. D. MILNE, County Clerk

By Kagel Daggil

FORM No. 814-MORTGAGE

KNOW ALL

having received the

as a partial payment

mortgagor dated

recorded in book

on page 10086

lien of said mortgage,

OCT 18 2 01 PM 1971

and that the remainder of said land

IN WITNESS WHEREOF,

October 19 71

STATE OF OREGON

County of