

49606

Job 33N Vol. 78

RECORD WHITE COPY
RETAIN PINK COPY
Page 12068

COMPLETION NOTICE

Notice hereby is given that the building or structure on the following described premises, to-wit (insert legal description including street address, if known):

Lot 10 in Block 13 of Tract No. 1071, FIRST ADDITION TO THE MEADOWS, Klamath County, Oregon.

has been completed.

All persons claiming a lien upon the same under Oregon's Construction Lien Law hereby are notified to file a claim of lien as required by ORS 87.035.

Dated June 5, 1978

WESTERN BANK, KLAMATH FALLS BRANCH
By *[Signature]*
Real Estate Loan Officer
P. O. Address P. O. Box 669
Klamath Falls, OR 97601

STATE OF OREGON
County of Klamath) ss.
I, Shirlee A. Rainwater
depose and say:
That on my behalf or as agent for

Western Bank, Klamath Falls Branch, being first duly sworn,

I did on the 5th day of June 1978, duly post a notice of which the above is a true copy, in a conspicuous place upon the land or upon the improvement situated thereon described in said notice, to-wit: by posting, nailing, tacking, pasting, fastening or taping (indicate which) such notice at the front entrance on the building or improvement constructed, altered or repaired on the above described land. (If no building, state in what manner posted.)

[Signature]

Subscribed and sworn to before me this 5th day of June, 1978.
Notary Public for Oregon.
My commission expires: 2-9-82

Record with recording officer within 5 days after posting
—ORS 87.045 (3).

STATE OF OREGON
County of Klamath) ss.

I certify that the within instrument was filed in my office on the 7th day of June, 1978, at 9:35 o'clock AM, and recorded in book M78 on page 12068 or as file/reel number 49606 of the Construction Lien Book of said County. Witness my hand and seal of County affixed.

Wm. D. Milne
Recording Officer
By *[Signature]* Deputy
Fee \$3.00

49607

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionVol. 78 Page 12069

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Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last <u>Orville</u> <u>—</u> <u>Wood</u>			DATE OF DEATH (month, day, year) <u>May 27, 1978</u>		
1 RACE White, Black, American Indian, etc. (specify) <u>White</u>		4 SEX <u>Male</u>	5a AGE—Last birthday (years) <u>86</u>	5b Under 1 year mos. days	5c Under 1 day hours min
3 COUNTY OF DEATH <u>Klamath</u>		7a CITY, TOWN OR LOCATION OF DEATH <u>Klamath Falls</u>		7b HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) <u>Pres. Intercomm. Hospt.</u>	
6 STATE OF BIRTH (If not in U.S.A., name country) <u>Iowa</u>		9 U.S.A.		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Married</u>	
8 SOCIAL SECURITY NUMBER <u>543-20-6670</u>		11 NELLE MAE WOOD		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) <u>NO</u>	
13 RESIDENCE—STATE <u>Oregon</u>		14a COUNTY <u>Klamath</u>		14b KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
15a CITY, TOWN, OR LOCATION <u>Malin</u>		15b STREET AND NUMBER OR R.F.D. ZIP <u>P.O. Box 162 97632</u>		15c INSIDE CITY LIMITS (specify yes or no) <u>Yes</u>	
16 FATHER—NAME first middle last <u>Charles Wood</u>		17 MOTHER—Maiden Name first middle last <u>Harriet Montgomery</u>		18 INFORMANT—NAME and relationship to deceased <u>Leone Duncan, Daughter</u>	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) <u>Burial</u>		19b CEMETERY OR CREMATORY—NAME <u>Malin Community Cemetery</u>		19c LOCATION city or town state <u>Malin, Oregon</u>	
20a FUNERAL SERVICE LICENSEE Or person acting as such (Signature) <u>Mike O'Hair</u>		20b NAME AND ADDRESS OF FACILITY <u>O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601</u>		21a DATE SIGNED (Mo., Day, Yr.) <u>5/20/78</u>	
21b NAME AND ADDRESS OF CERTIFIER (Type or Print) <u>Dave Seeley M.D. Medical Dentl. Bld., Klamath Falls, Ore.</u>		21c HOUR OF DEATH <u>8:00 P.</u>		21d M	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <u>MAY 31 1978</u>		22b REGISTRAR (Signature) <u>Marianne Sherman</u>			
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] PART I (a) <u>Probable ventricular rupture</u> Interval between onset and death (b) <u>Acute interstitial MI</u> Interval between onset and death <u>3 days</u> (c) <u>Coronary Heart Disease</u> Interval between onset and death PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24 ACCIDENT (Specify Yes or No) <u>NO</u> DATE OF INJURY (Mo., Day, Yr.) <u>NO</u> HOUR OF INJURY <u>NO</u> DESCRIBE HOW INJURY OCCURRED 25 INJURY AT WORK (Specify Yes or No) <u>NO</u> PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify) <u>NO</u> LOCATION <u>NO</u> STREET OR R.F.D. NO. <u>NO</u> CITY OR TOWN <u>NO</u> STATE <u>NO</u>					

RESERVED FOR REGISTRAR'S USE

Ret to: Nelle Mae Wood
P.O. Box 162
Malin, Ore. 97632

VS-2 Rev-1-78 P-63412

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

MARJORIE S. CONER, Registrar Vital Statistics

By Marianne Sherman Deputy RegistrarDate JUN 2 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT
STATE OF OREGON; COUNTY OF KLAMATH; ss.I hereby certify that the within instrument was received and filed for record on the 7th day of June A.D., 19 78 at 9:35 o'clock A M., and duly recorded in Vol. M78 of Deeds on Page 12069.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernice B. Deloach Deputy

Deputy