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## CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH  
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1a. NAME OF DECEASED—FIRST NAME <b>GEORGE</b>		1b. MIDDLE NAME <b>HIRSTON</b>	
1c. LAST NAME <b>RAY</b>		2a. DATE OF DEATH—MONTH DAY YEAR <b>March, 6, 1976</b>	
2b. HOUR <b>0045 A.M.</b>			
3. SEX <b>Male</b>		4. COLOR OR RACE <b>Cauc.</b>	
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Evergreen, Alabama</b>		6. DATE OF BIRTH <b>September 7, 1923</b>	
7. AGE—LAST BIRTHDAY <b>52 YEARS</b>		8. NAME AND BIRTHPLACE OF FATHER <b>Frank Ray Alabama</b>	
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Willie Smith Alabama</b>		10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
11. SOCIAL SECURITY NUMBER <b>568-44-8320</b>		12. MARRIED NEVER MARRIED WIDOWED <b>Married</b>	
13. NAME OF SURVIVING SPOUSE (WIFE ENTER MAIDEN NAME) <b>Eloise Peterson</b>		14. LAST OCCUPATION <b>Pawn Broker</b>	
15. NUMBER OF YEARS IN THIS OCCUPATION <b>3</b>		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) <b>Self-Employed</b>	
17. KIND OF INDUSTRY OR BUSINESS <b>Retail Merchant</b>		18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY <b>Gardena Memorial Hospital</b>	
18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>1145 W. Redondo Beach Blvd.</b>		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>	
18d. CITY OR TOWN <b>Gardena</b>		18e. COUNTY <b>Los Angeles</b>	
18f. LENGTH OF STAY—MONTHS YEARS <b>25 YEARS</b>		18g. LENGTH OF STAY—MONTHS YEARS <b>25 YEARS</b>	
19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>21418 Grant Avenue</b>		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>	
19c. CITY OR TOWN <b>Torrance</b>		19d. COUNTY <b>Los Angeles</b>	
19e. STATE <b>California</b>		20. NAME AND MAILING ADDRESS OF INFORMANT <b>George H. Ray, Jr. 21418 Kent Avenue Torrance, California 90503</b>	
21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. <b>5/24/67 3/5/76 3/5/76</b>		21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED AND <b>3/5/76 3/5/76</b>	
21c. PHYSICIAN OR CORONER—SIGNATURE <b>Frank H. Wetherill</b>		21d. DATE SIGNED <b>3/6/76</b>	
21e. ADDRESS <b>1315 W. 10th Street Torrance, California 90503</b>		21f. SIGNATURE <b>Frank H. Wetherill</b>	
22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Cremation</b>		22b. DATE <b>3/8/1976</b>	
23. NAME OF CEMETERY OR CREMATORY <b>Angles Abbey Crematory</b>		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <b>Not Embalmed</b>	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) (SPECIFY YES OR NO) <b>Halverson-Leavell (Torrance)</b>		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO FUNERAL DIRECTOR? <b>Yes</b>	
27. LOCAL REGISTRAR—SIGNATURE <b>John A. Wetherill</b>		28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR <b>MAR 8 - 1976</b>	
29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>Hepatic Cancer</b> DUE TO OR AS A CONSEQUENCE OF (B) <b>Cerebral Hemorrhage</b> DUE TO OR AS A CONSEQUENCE OF (C) <b>Esophageal Cancer</b>		30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. <b>None</b>	
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO) <b>No</b>		32a. DATE OF OPERATION OR BIOPSY <b>3/5/76</b>	
32b. TIME OF OPERATION OR BIOPSY <b>10:00 AM</b>		32c. NAME AND ADDRESS OF HOSPITAL OR CLINIC <b>Angles Abbey Crematory</b>	
33. SPECIFY ACCIDENT SUICIDE OR HOMICIDE <b>None</b>		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE, BUILDING, ETC.) <b>None</b>	
35. INJURY AT WORK (SPECIFY YES OR NO) <b>No</b>		36a. DATE OF INJURY—MONTH DAY YEAR <b>None</b>	
36b. HOUR <b>None</b>		37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) <b>None</b>	
37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (MILES) <b>None</b>		38. WERE LABORATORY TESTS CONDUCTED FOR TOXIC CHEMICALS (SPECIFY YES OR NO) <b>No</b>	
39. WERE LABORATORY TESTS CONDUCTED FOR TOXIC CHEMICALS (SPECIFY YES OR NO) <b>No</b>		40. DESCRIBE HOW INJURY OCCURRED—ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29. <b>None</b>	
STATE REGISTRAR <b>A</b>		<b>B</b>	
<b>C</b>		<b>D</b>	
<b>E</b>		<b>F</b>	

THIS IS A TRUE CERTIFIED COPY OF THE RECORD  
FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT  
OF HEALTH SERVICES IF IT BEARS THIS SEAL IN  
PURPLE INK.

MAR 8 - 1976

FEE  
\$2.00

Liston A. Wetherill, Director of Health Services

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 21st day of April A.D., 19 80 at 2:45 o'clock P M., and duly recorded in Vol M80 of Deeds on Page 7463.

FEE \$3.00

WM. D. MILNE, County Clerk

By Dorothy A. Wetherill Deputy

80-62554

1976 15 If claimant is an original contractor, use S-1 Form No. 173

83458

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KNOW ALL MEN BY THESE PRESENTS: The undersigned, hereinafter called the claimant, has performed labor upon, transported or furnished materials and/or rented equipment under a contract between claimant and Dale Niedermeyer and Joe Jarvis who was the ☒ original contractor, ☐ subcontractor, ☐ construction agent or ☐ other person (indicate which) having charge of the construction of that certain improvement known as High Valley Estates situated upon certain land in the County of Klamath, State of Oregon, (which is the site of said improvement) described as follows:

See attached Exhibit "A" incorporated herein.

The address of said improvement, if known (if unknown, so state) is 1333 Avalon Street

in the City of Klamath Falls, in said county and state.

The name of the owner or reputed owner of said land is Dale Niedermeyer & Joe Jarvis;

the name of the owner of said improvement at whose instance said labor, materials and/or equipment were performed or furnished is Dale Niedermeyer & Joe Jarvis; the person or persons just named, at all times herein

mentioned, had knowledge of the construction of said improvement. The name of the person by whom claimant was employed or to whom he furnished said labor, materials and equipment is Dale Niedermeyer & Joe

Jarvis.

Labor, kind (if no labor performed, insert the word "none") framing - carpentry

Materials (if no materials furnished, insert the word "none") none

Equipment rented (if none, insert "none") none

All of said labor, materials and equipment was actually used in the construction of said improvement.

Claimant commenced to perform his said contract on November 26, 1979, and completed same on January 27, 1980, after which he ceased to provide labor and to furnish materials and equipment.

The construction of said improvement was completed on not completed, 1980 (If not yet completed, so state).

The following is a true statement of claimant's demand after deducting all just credits and offsets, to-wit:

Contract price \$ 3,765.00

Said price includes the reasonable rental value of said equipment which is \$ none

If no contract price, the reasonable value of claimant's labor, materials and equipment is:

Labor \$

Materials \$

Equipment \$

Preparation of this claim of lien (ORS 87.910) \$ 10.00

Recording fees \$ 7.00

Total \$ 3,782.00

Less all just credits and offsets \$ 1,255.00

Balance due claimant \$ 2,527.00

For the time and place of recording to make this lien a valid claim, see quotation from ORS 87.035 on next page.

(OVER)

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Claimant claims a lien for the amount last stated upon the said improvement and upon the site, to-wit: the land upon which said improvement is constructed, together with the land that may be required for the convenient use and occupation of the improvement constructed on said site, to be determined by the court at the time of the foreclosure of this lien.

In construing this instrument, the masculine pronoun means and includes the feminine and the neuter and the singular includes the plural, as the circumstances may require.

Dated April 17, 1980.

Chuck L. Schroeder

Claimant

STATE OF OREGON, County of Jackson ss.

I, Chuck L. Schroeder, being first duly sworn, depose

and say: That I am the Claimant claimant named in the foregoing instrument; that I have knowledge of the facts therein set forth; that all statements made in said instrument are true and correct, as I verily believe.

Chuck L. Schroeder

Subscribed and sworn to before me this 17 day of April, 1980.

(SEAL)

Notary Public for Oregon, My Commission expires 8/29/80

NOTICE TO THE OWNER of the land described in the attached copy of claim of lien:

Please be advised that the original claim of lien of which the attached is a true copy was filed and recorded in the office of the recording officer of County, Oregon, on 19

By Claimant

Note: ORS 87.039 provides:

"A person filing a claim for a lien as provided by ORS 87.035 shall deliver to the owner a notice in writing that the claim has been filed. The notice shall be delivered not later than 20 days after the date of filing."

NOTE "Original contractor" means a contractor who has a contractual relationship with the owner; a subcontractor does not.

ORS 87.005. The foregoing lien is created by subsection 1 of ORS 87.010. Section ORS 87.035 provides: "Every person claiming a lien under subsection (1) or (2) of ORS 87.010 shall file the claim not later than 90 days after he has ceased to provide labor, rent equipment or furnish materials or 60 days after completion of construction, whichever is earlier." Also that the lien claim "shall be filed for recording with the recording officer of the county or counties in which the improvement, or some part thereof, is situated."

CLAIM OF  
CONSTRUCTION LIEN  
SUB CONTRACTOR  
(Form No. 124)

Lien Claimant

Owner

AFTER RECORDING RETURN TO

Sidney E. Ainsworth  
515 E. Main St.  
Ashland, Ore. 97520

(SPACE RESERVED  
FOR  
RECORDER'S USE.)

STATE OF OREGON

County of ss.

I certify that the within instrument was filed in my office on the day of 19 at o'clock M., and recorded in book on page or as file/reel No. of the Construction Lien Book of said County.

Witness my hand and seal of County affixed.

Recording Officer

By Deputy

EXHIBIT "A".

A portion of Tract 31 ENTERPRISE TRACTS, in the County of Klamath, State of Oregon, more particularly described as follows:

Commencing at the Northeast corner of Lot 37, ENTERPRISE TRACTS, thence South 00° 15' 30" East, along the centerline of Avalon Street, 355.75 feet; thence South 56° 38' 10" East, 36.03 feet to a point on the East boundary of said street for the true point of beginning; thence South 56° 38' 10" East, 108.05 feet; thence South 73° 31' 10" East, 41.51 feet; thence North 79° 52' East, 103.20 feet; thence North 70° 29' 20" East, 154.58 feet; thence North 89° 25' 40" East, 82.78 feet; thence North 1° 24' 20" West, 31.01 feet; thence North 89° 25' 40" East, 50.00 feet; thence North 134.58 feet to a point on the Southwesterly boundary of the U.S.R.S. "A" Canal; thence along said canal boundary North 81° 17' West, 23.93 feet; thence 94.98 feet along the arc of a curve right (which arc has a radius of 433.10 feet and a long chord of North 78° 00' 07" West, 94.79 feet; thence South 00° 15' 30" East, 59.01 feet; thence South 89° 44' 30" West, 395.00 feet to a point on the East boundary of Avalon Street; thence along said boundary South 00° 15' 30" East, 132.87 feet to the true point of beginning.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

and for record at request of: ////////////////////

is 21 day of April A. D. 1980 at 3:20 clock P M., and

is recorded in Vol. M-80, of Construction Leinson Page 7464

Wm D. MILNE, County Clerk

By Bernice A. Hetch