

1/1/78

Klamath Human

16200

BEG 29.00

Vol. M2 Page 13431

Klamath Human Svc Inc

VETER SECOND-ND UNIFORM

Lien Claimant,

VS. DEBTOR

CLAIM OF LIEN UPON CHATTELS

Nathan Hensley

DBA Quail

Lien Debtor.

NOTICE HEREBY IS GIVEN that Klamath Human Svc Inc. (hereinafter called claimant) claims a lien upon Nathan Hensley DBA Quail (hereinafter called debtor)

for labor performed, services rendered and/or materials furnished in the alteration, repair, transportation and/or storage of the above described chattels in Store County, Oregon; said labor, services and/or materials are described as follows:

Vet Bill - \$50.00
 Pet food \$25.00
 Labor 180.00
 Gas 20.00
 Mater 5.00
 Power 50.00

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

that the name of the owner of said chattels is Nathan Hensley, at whose request and for whose benefit said labor, services and/or materials were provided by claimant Klamath Human Svc Inc.; that the close of the furnishing of said labor, services and/or materials was on Oct-14, Oct 8, 1982, 60 days have not elapsed since the date just mentioned; the following is a true statement of claimant's demand for which this lien is claimed:

as Requested By Dist-Att office

Contract price \$ _____
 Agreed wage: \$ _____ per day; _____ number of days \$ _____

If no contract price, the reasonable charges for said labor, services and materials are

Labor	\$ 180.00
Services <u>Travel</u>	\$ 50.00
Use of equipment <u>Gas</u>	\$ 20.00
Powder, explosives <u>Mater for cleaning</u>	\$ 5.00
Materials <u>Pet food</u>	\$ 25.00
<u>Vet Bill</u>	\$ 50.00

Preparing this lien notice (ORS 87.910)

(SEV) Recording fees \$ 10.00

Total \$ _____

Less credits and offsets \$ _____

Balance unpaid and for which this lien is claimed \$ 340.00

The sum so claimed is a true and bona fide debt as of the date of the filing of this notice of claim of lien.

The date on which payment was due claimant for said labor, services and/or materials was 1982. The terms of extended payment, (if any) are _____

Conduct of _____

STATE OF OREGON

By Ella Burr

Klamath Human Svc Inc.

Claimant

(VERIFICATION ON REVERSE)

502 OCT 7 PM 2 05

col 8

STATE OF OREGON,

County of _____

SS.

13432

I, Allen Bruce Fox

I, John Doe, being first duly sworn, depose and say that I am the owner of the property described in the foregoing notice of claim of lien and know the contents thereof; that the statements and claims therein made are correct and true, as I verily believe.

Subscribed and sworn to before me this 7th day of November 1982 at Clinton County, N.Y.

(SEAL)

Notary Public for Oregon. My Commission expires 12-29-85

11-11-61

CITING:

of the furnishing of such goods, articles and/or materials was on account of the fact that the said goods, articles and/or materials were provided by defendant.

that the name or the owner of said chattels is

ON BEHALF OF THE UNITED STATES OF AMERICA

York	20
Mary	20
Coe	10
Yorson	100
Bry Jony	100
Ny Bry	100

CLAIM OF LIEN UPON CHATELS

CHATELAIN

subject (continued) change in non-physical

MOLICE MEHEBA 12:01PM

Lien Claimant.

D.B.E.

vs

Lien Debtor.

AFTER RECORDING RETURN TO

Klamath River
EPA Brown
2837 Miller Island Rd.

11/11/18 Klarnet Falls

STATE OF OREGON.

County of KLamath

I certify that the within instrument was filed in my office on the 7 day of Oct, 19 82, at 2:05 o'clock P. M., and recorded in book M. 82, on page 13431, or as file/reel number 16200, Record of Index of Liens Upon Chattels of said County.

Evelyn Biehn County Clerk

By John McMillin Recording officer
Deputy

Fee ~~\$8.00~~

1. **WEST MEDICAL CENTER** 2. **Inpatient** 3. **Klamath**

4. **Colorado** 5. **U.S.A.** 6. **Married** 7. **Elsie Leaming** 8. **WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)** **Yes**

9. **SOCIAL SECURITY NUMBER** 10. **706 / 07 / 8020** 11. **USUAL OCCUPATION (give kind of work done during most of working life, even if retired)** 12. **Parts Manager / Retired** 13. **KIND OF BUSINESS OR INDUSTRY** 14. **Chevrolet Dealership**

15. **RESIDENCE—STATE** 16. **Oregon** 17. **COUNTY** 18. **Klamath** 19. **CITY, TOWN, OR LOCATION** 20. **Klamath Falls** 21. **STREET AND NUMBER OR R.F.D. ZIP** 22. **836 Mitchell St. / 97601** 23. **Inside City Limits (specify yes or no)** 24. **Yes**

25. **FATHER—NAME** 26. **first middle last** 27. **MOTHER—Maiden Name** 28. **first middle last** 29. **INFORMANT—NAME and relationship to decedent** 30. **Elsie Leaming / Wife**

31. **BURIAL, CREMATION, REMOVAL, MAUSOLEUM, (specify)** 32. **Burial** 33. **CEMETERY OR CREMATORY—NAME** 34. **Eternal Hills Memorial Gardens** 35. **LOCATION** 36. **city or town** 37. **state** 38. **Klamath Falls, Oregon**

39. **FUNERAL SERVICE LICENSEE OR Person Acting As Such** 40. **NAME AND ADDRESS OF FACILITY** 41. **WARD'S - 1945 Main - Klamath Falls, Oregon 97601**

42. **To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated** 43. **DATE SIGNED (Mo., Day, Yr.)** 44. **HOUR OF DEATH** 45. **21a (Signature) Kenneth K. Magee** 46. **21b 9-22-82** 47. **21c 3:08 P.M.**

48. **NAME AND ADDRESS OF CERTIFIER (Type or Print)** 49. **21d Kenneth K. Magee, MD / 905 Main, Suite 409 / Klamath Falls, Oregon** 50. **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)**

51. **21e** 52. **DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)** 53. **22a SEP 23 1982** 54. **REGISTRAR** 55. **22b (Signature) Charles Francis**

56. **23 IMMEDIATE CAUSE** 57. **(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))** 58. **(a) Cordine Arrest** 59. **Interval between onset and death** 60. **minutes**

61. **(b) Severe Cor Pulmonale** 62. **Interval between onset and death** 63. **year**

64. **(c) Advanced Chronic Obstructive Pulmonary Disease** 65. **Interval between onset and death** 66. **year**

67. **PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)** 68. **24 AUTOPSY (Specify Yes or No)** 69. **No** 70. **25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)** 71. **No**

72. **ACCIDENT (Specify Yes or No)** 73. **26a No** 74. **DATE OF INJURY (Mo., Day, Yr.)** 75. **26b** 76. **HOUR OF INJURY** 77. **26c** 78. **DESCRIBE HOW INJURY OCCURRED** 79. **26d**

80. **INJURY AT WORK (Specify Yes or No)** 81. **26e** 82. **PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)** 83. **26f** 84. **LOCATION** 85. **STREET OR R.F.D. NO** 86. **CITY OR TOWN** 87. **STATE** 88. **26g**

89. **RESERVED FOR REGISTRAR'S USE**

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 Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Charles Francis, Deputy Registrar

Date SEP 27 1982

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT 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 7 day of Oct A.D., 1982 at 2:13 o'clock P M, and duly recorded in Vol M 82, of Deeds on page 13433.

EVELYN BIEHN COUNTY CLERK

by Joyce McShane Deputy

Fee \$ 4.00

IDENTIFY DEATH: CIRCLED IN NOTATION: HANDBOOK: GARDING: PLANTING OF: GIVE ITEMS

POSITION:

NOTIFIER

MENTIONS IF ANY: WHICH GAVE: REASON TO: IMMEDIATE: CAUSE: DURING THE: UNDERLYING: CAUSE: LAST

USE OF: BATH:

4
5
6

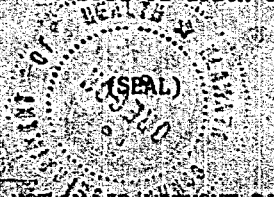
202 OCT 7 PM 2 14
cc
41

CITY, TOWN OR LOCATION OF DEATH 7a Sprague River		HOSPITAL OR OTHER INSTITUTION—NAME (If not so enter, then street and number) 7b Seventh Street		COUNTY OF DEATH 7c Klamath	
STATE OF BIRTH (If not in U.S.A. name country) 8 LOMA		CITIZENSHIP OR WHAT COUNTRY? 9 U.S.A.		MARRIED, SEVER TIMES MARRIED, SEPARATED, DIVORCED (specify) 10 Married	
SOCIAL SECURITY NUMBER 13 490-07-5934		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Housewife		SPOUSE (IF MARRIED, WIDOWED) 11 Chester R. Mahoney	
RESIDENCE—STATE 15a Oregon		CITY, TOWN OR LOCATION 15b Klamath		STREET AND NUMBER OR R.F.D., ZIP 15d P.O. 341	
FATHER—NAME first middle last 16 William Riley Higgs		MOTHER— Maiden Name first middle last 17 Laura — Edie		15c Homemaker	
BURNING, CREMATION, REMOVAL, MAUSOLEUM (specify) 18a Burial		CEMETERY OR CREMATORY—NAME 18b Eternal Hills Memorial Gardens		15e No	
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) 19a William F. Davenport		NAME AND ADDRESS OF FACILITY 20b 6120 South Sixth Street, Klamath Falls, Oregon 97601		15f No	
21a (Signature) Seacot Spharval M.D.		DATE SIGNED (Mo., Day, Yr.) 21b 9/27/82		HOUR OF DEATH 21c 2:10 A M	
21d Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a SEP 28 1982		REGISTRAR 22b (Signature) Chadwick Housie			
PART I (a) ACUTE MYOCARDIAL INFARCTION		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death minutes	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OLD MYOCARDIAL INFARCTION		AUTOPSY (Specify Yes or No) 24 No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No	
ACCIDENT (Specify Yes or No) 26a No		DATE OF INJURY (Mo., Day, Yr.) 26b		HOUR OF INJURY 26c M	
INJURY AT WORK (Specify Yes or No) 26d No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26e		LOCATION 26f	
STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
RESERVED FOR REGISTRAR'S USE					

HS-2 (Rev. 1/80)

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 Services.



MARIAN ACKERMAN, Registrar Vital Statistics

By Chadwick Housie, Deputy Registrar
Date SEP 28 1982

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT 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 7 day of Oct A.D., 1982 at 2:14 o'clock P M,
and duly recorded in Vol M82, of Deeds on page 13434.

EVELYN BIEHN COUNTY CLERK

by Joan McArthur Deputy

Fee \$ 4.00