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REG: 93'00

Vol. 1485 Page 2936

JIM PUGH

JIM PUGH

dba UNIQUE MOTORS

Lien Claimant,

vs.

ED SRCH

dba R & E ENTERPRISES

Lien Debtor.

CLAIM OF LIEN UPON CHATTELS

NOTICE HEREBY IS GIVEN that

JIM PUGH dba UNIQUE MOTORS

(hereinafter

called claimant) claims a lien upon a 1963 Studebaker AVANTI Oregon License No. HNE909

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

Restoration and reassembly of collector's automobile, namely;
the 1963 Studebaker AVANTI bearing Oregon License No. HNE909

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

that the name of the owner of said chattels is ED SRCH dba R & E ENTERPRISES

at whose request and for whose benefit said labor, services and/or materials were provided by claimant JIM PUGH dba UNIQUE MOTORS; that the close of the furnishing of said labor, services and/or materials was on January 31, 1985; 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:

Contract price \$5,544.81
Agreed wage: \$..... per day; number of days \$

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

Labor \$
Services \$
Use of equipment \$
Powder, explosives \$
Materials \$

Preparing this lien notice (ORS 87.910)

Recording fees

Total

Less credits and offsets

Balance unpaid and for which this lien is claimed

10.00

9.00

\$5,563.81

\$4,044.81

\$1,519.00

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 January 31, 1985. The terms of extended payment, (if any) are NONE

Counsellor of

22

JIM PUGH

By

Claimant,

5355

(VERIFICATION ON REVERSE)

85 FEB 27 AM 11 23

2937



STATE OF OREGON,

BA

ss.

County of Klamath

I, JIM PUGH, being first duly sworn, depose and say that I am the claimant named 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 27th day of February, 1985.

(SEAL)



Wendy Young
Notary Public for Oregon. My Commission expires 8-31-87

I do hereby certify that the foregoing contains the true and correct copy of the original as the same was presented to me for recording.

Notarizing since the date last mentioned, the following is a true statement of my qualifications: I am a resident of the State of Oregon, and have been duly sworn to the duties of my office. I am a Notary Public for the State of Oregon, and have been duly sworn to the duties of my office. I am a Notary Public for the State of Oregon, and have been duly sworn to the duties of my office.

BE SEVERAL REASONS FOR THE RECORDING OF THIS INSTRUMENT

FOR THE RECORDING OF THIS INSTRUMENT, THE FOLLOWING IS A TRUE STATEMENT OF MY QUALIFICATIONS: I AM A RESIDENT OF THE STATE OF OREGON, AND HAVE BEEN DULY SWORN TO THE DUTIES OF MY OFFICE. I AM A NOTARY PUBLIC FOR THE STATE OF OREGON, AND HAVE BEEN DULY SWORN TO THE DUTIES OF MY OFFICE.

CLAIM OF LIEN UPON CHATTELS

(FORM No. 20)

Jim Pugh

7535 Emerald, Klamath Falls, OR

Lien Claimant,

vs.

Ed. Srch

6214 Alva Klamath Falls, OR

Lien Debtor.

AFTER RECORDING RETURN TO

Michael C. Miller

601 Main, Suite 210

Klamath Falls, OR 97601

VE3VO

Fee: \$9.00

STATE OF OREGON,

County of Klamath

I certify that the within instrument was filed in my office on the 27th day of February, 1985, at 11:23 o'clock A.M., and recorded in book M85, on page 2936, or as file/reel number 46340, Record of Index of Liens Upon Chattels of said County.

Evelyn Biehn, County Clerk

By Ann Smith Recording officer
Deputy

DECEASED - NAME		First	Middle	Last	State File Number	
NORMAN DEWEY METLER					DATE OF DEATH (month, day, year) June 12, 1984	
RACE White; Black; American Indian, etc. (Specify)		SEX	AGE - Last birthday (years)		DATE OF BIRTH (month, day, year)	
1 White		4 Male	5a 85		8 July 31, 1898	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, Op/Emer., Am., Inpatient (Specify)		COUNTY OF DEATH
7a Klamath Falls		7b 2553 Wiard Street		7c -		7d Klamath
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Missouri		9 U.S.A.		10 Never Married		12 Yes
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 544-12-2972		14a Mechanist		14b Railroad Transportation		
RESIDENCE - STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP	
15a Oregon		15b Klamath	15c Klamath Falls		15d 2553 Wiard Street 97603	
FATHER - NAME first middle last		MOTHER - first middle last (Maiden Name)		INFORMANT - NAME and relationship to deceased		15e No
16 William Henry Metler		17 Sarah Lavinia Young		18 Betty Metler Scadin, sister		
BURIAL, CREMATION, REMOVAL, MAUS (specify)		CEMETERY OR CREMATORY - NAME		LOCATION city or town state		
19a Cremation		19b Eternal Hills Crematory		19c Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194		
20a William F. Davenport		20b				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21a (Signature) <i>Raymond J. Tice</i>		21b June 12 '84		21c 8:30 A.M.		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d Raymond J. Tice, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
22a JUN 12 1984		22b (Signature) <i>Richard E. Cravink</i>				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death		
PART I (a) <i>Myocardial infarction</i>				<i>Minutes</i>		
(b) <i>Generalized arteriosclerosis</i>				Interval between onset and death		
(c)				Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
23a <i>Stroke, beginning with ribs</i>		24 No		25 No		
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
26a No	26b	26c	26d			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO	CITY OR TOWN	STATE	
26e NO	26f	26g				
RESERVED FOR REGISTRAR'S USE						

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON, COUNTY OF MULTNOMAH)s

DATE ISSUED JUNE 29 1984

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

Joseph D. Carney, State Registrar

STATE OF OREGON: COUNTY OF KLAMATH:s

I hereby certify that the within instrument was received and filed for record on the 27th day of February A.D., 1985 at 11:23 o'clock A.M., and duly recorded in Vol M85 of Deeds on page 2938

EVELYN BIEHN, COUNTY CLERK

Fee: \$ 5.00

by: *Pam Smith*, Deputy

Return: Betty M. Metler 2553 Wiard, Klamath Falls, Oregon 97603