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8758

**STATE OF OREGON**  
**EMPLOYMENT DIVISION**  
 DEPARTMENT OF HUMAN RESOURCES  
 SALEM, OREGON 97311  
*875 Union St NE*

Vol. *M86* Page **8758**

**WARRANT  
 AND WRIT OF EXECUTION**

Steers Security Systems, Inc.

WARRANT NO. 23667

WARRANT DATE May 20, 1986

FIRM NO. 225798

TO: Tom Duryee, Sheriff, Klamath County, Oregon

**ASSESSMENTS**

DATE	QTR.	YEAR	(ORS 657.681) TAX	(ORS 657.515) PENALTY	(ORS 657.662 and .663) PENALTY
2-12-86	Third	1984	\$ 151.36	\$ 15.14	\$

Assessments continued on Page 2 attached hereto and by this reference made a part hereof.

Accumulated Interest (ORS 657.515) \$ 80.25

TOTAL: Tax, Interest and Penalty \$ 670.71

Less Credits \$

Collection Charge \$ 5.00

Filing Fees \$ 18.00

Sheriff's Processing Fee \$ 6.25

TOTAL DUE EMPLOYMENT DIVISION \$ 699.96

Additional interest on \$ 473.14 at the rate of one and one-half percent (1½%) per month or fraction of a month after

May 31, 1986

Sheriff's Charges on Execution \$

TOTAL TO COLLECT \$

**TO SHERIFF:**

The foregoing taxes having been lawfully assessed and no valid application for hearing having been filed from the assessment, the assessment is final and pursuant to ORS 657.681 the amount is fixed. NOW THEREFORE, pursuant to ORS 657.642, YOU ARE HEREBY COMMANDED to satisfy the above claim (including tax, interest, penalty, collection charge, docket fee and your costs of executing this warrant) out of the personal property of the employer, and if sufficient personal property cannot be found, then out of the real property belonging to the employer, and to pay to the Assistant Director for Employment, Department of Human Resources, the money collected pursuant to the warrant within 60 days from the date of this warrant.

EXECUTED AT SALEM, OREGON, BY DIRECTION OF



RAYMOND P. THORNE, Assistant Director for Employment  
 DEPARTMENT OF HUMAN RESOURCES

By *Roger J. Lent*  
 Authorized Representative of Assistant Director

STATE OF OREGON  
COUNTY OF

Klamath

ss.

8759

I hereby certify that I have compared the within Warrant and Writ of Execution with the original thereof in my hands for execution and that the same is a true and correct copy of said original and of the whole thereof.

Tom Pargue  
SHERIFF OF Klamath COUNTY, OREGON

By Helen Coleman DEPUTY

SHERIFF'S RETURN  
ON WARRANT AND WRIT OF EXECUTION

Notice of Sale \_\_\_\_\_ Amount Received From Sale \_\_\_\_\_ \$ \_\_\_\_\_  
(Date)

By Publication In \_\_\_\_\_ Cost of Levy And Sale \_\_\_\_\_ \$ \_\_\_\_\_  
(Newspaper)

\_\_\_\_\_ Net Proceeds \_\_\_\_\_ \$ \_\_\_\_\_  
(Town, County, State)

By Posting Notice At Following Places:

STATE OF OREGON  
COUNTY OF

ss.

TO THE EMPLOYMENT DIVISION, SALEM, OREGON:

I, \_\_\_\_\_, Sheriff of \_\_\_\_\_ County,  
do hereby certify that I have received the within Warrant and Writ of Execution on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_,  
and \_\_\_\_\_

(Action taken, Property levied upon, etc.)

Done at \_\_\_\_\_ County, This \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

SHERIFF

DEPUTY

8760

Firm No. 225798

STATE OF OREGON  
EMPLOYMENT DIVISION  
DEPARTMENT OF HUMAN RESOURCES

## ASSESSMENTS

<u>DATE</u>	<u>QTR.</u>	<u>YEAR</u>	<u>TAX</u>	<u>PENALTY</u>	<u>PENALTY</u>
2-12-86	Second	1985	\$ 157.03	\$ 15.70	
4-02-86	Third	1985	81.49	8.15	\$ 35.00
4-02-86	Fourth	1985	83.26	8.33	35.00

Page 2 -- Warrant and Writ of Execution No. 23667

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the \_\_\_\_\_ day  
of May A.D., 19 86 at 1:01 o'clock P M., and duly recorded in Vol. M86  
of County Lien Docket on Page 8758.

FEE \$13.00

Evelyn Biehn, County Clerk  
By [Signature]

TYPE OF PRINT  
PERMANENT  
FOR INSTRUCTIONS  
SEE HANDBOOK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
INCIDENT ITEMS

DISPOSITION

CERTIFIED

MEDICAL  
EXAMINER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE OF  
DEATH

4  
5  
6

07/13  
ID TAG NO  
88  
California Number

STATE OF OREGON  
DEPARTMENT OF HEALTH DIVISION  
Vital Records Unit  
Vol. M86 Page 87

CERTIFICATE OF DEATH  
ORS - 146

DECEASED - NAME  
First Middle Last  
Carl R. AUGUSTSON

State File Number  
2 May 15, 1986

RACE (specify) White SEX Male AGE - Last birthday (years) 77 Under 1 year Under 1 day  
mos. days hours min.

CITY, TOWN OR LOCATION OF DEATH Klamath Falls HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) 7b Rt. 5, Box 1227

DATE OF BIRTH (month, day, year) 6 September 7, 1908

STATE OF BIRTH (If not in U.S.A., name country) 8 Iowa CITIZEN OF WHAT COUNTRY 9 U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Widowed

SOCIAL SECURITY NUMBER 13 484-07-4615

IF HOSP OR INST. Indicate DOA OP/Emer. Rm., Inpatient (specify) 7c -

COUNTY OF DEATH 7d Klamath

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Carpenter

SPOUSE (IF MARRIED, WIDOWED) Thelma L. Augustson

WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) 15e No

RESIDENCE - STATE 15a Oregon COUNTY 15b Klamath CITY, TOWN OR LOCATION 15c Klamath Falls STREET AND NUMBER OR R.F.D. 15d Rt. 5, Box 1227 ZIP 97603

FATHER - NAME (first middle last) 16 Carl Einar Augustson MOTHER - first middle last (Maiden Name) 17 Caroline Matilda Madsen

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial CEMETERY OR CREMATORY - NAME 19b Klamath Memorial Park

FUNERAL SERVICE LICENSEE or person acting as such (Signature) 20a [Signature] NAME AND ADDRESS OF FACILITY 19c Klamath Falls, Ore.

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:  
DEATH OCCURRED (Hour) 21a 7:00 P. M. 21b May 16, 1986 FROM: NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

CERTIFIER (Signature) 21c [Signature] M.D. NAME AND TITLE - (Type or Print) 21e George R. Nicholson, M.D.

MEDICAL EXAMINER 21d [Signature] M.D. DATE SIGNED (Month, Day, Year) 21g May 16, 1986

DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a May 19, 1986 REGISTRAR 22b (Signature) - [Signature]

IMMEDIATE CAUSE 23 (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))  
(a) DUE TO, OR AS A CONSEQUENCE OF: Cerebral Serpentine  
(b) DUE TO, OR AS A CONSEQUENCE OF: Cont. to Gunshot Wound of Rt. Forehead  
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)

DATE OF INJURY (Month, Day, Year) 25a May 15, 1986 HOUR 25b 7:00 P.M. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23) 25c Self inflicted gunshot wound 1" Sup. R Eye Revolver

INJ. AT WORK (Specify Yes or No) 25d No PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 25e Residence LOCATION 25f Rt. 5, Box 1227, Klamath Falls, Klamath, Oregon

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☒ N/A ☐

RESERVED FOR REGISTRAR'S USE WAS GIFT MADE? YES ☐ NO ☒ N/A ☐

ORIGINAL-VITAL STATISTICS COPY

STATE OF OREGON  
COUNTY OF KLAMATH

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



MARIAN ACKERMAN, Registrar Vital Statistics  
By [Signature], Deputy Registrar  
Date May 21, 1986  
VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of May A.D., 19 36 at 1:39 o'clock P.M., and duly recorded in Vol. M86  
of Deeds on Page 8761

FEE \$5.00

Evelyn Biehn, County Clerk  
By [Signature]

STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN SERVICES  
Vital Records Unit

Vol 180 Page 876

CERTIFICATE OF DEATH

DECEASED - NAME First Middle Last <b>John Fabianek</b>		State File Number <b>May 8, 1986</b>	
RACE White, Black, American Indian, etc. (specify) <b>White</b>		SEX <b>Male</b>	AGE - Last birthday (years) <b>78</b>
CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>		DATE OF BIRTH (month, day, year) <b>March 25, 1908</b>	
HOSPITAL OR OTHER INSTITUTION - NAME (If not in other, give street and number) <b>Klamath Convalescent Center</b>		IF HOSP OR INST. Indicate DOA, OP/Emgr. Rm. Inpatient (specify) <b>Inpatient</b>	
STATE OF BIRTH (if not in U.S.A. name country) <b>Wisconsin</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	COUNTY OF DEATH <b>Klamath</b>
SOCIAL SECURITY NUMBER <b>544-12-2199</b>		SPOUSE (IF MARRIED, WIDOWED) <b>Lorena Addleman</b>	
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Box Factory worker</b>		KIND OF BUSINESS OR INDUSTRY <b>Weyco Timber Company</b>	
RESIDENCE - STATE <b>Oregon</b>	COUNTY <b>Klamath</b>	CITY, TOWN OR LOCATION <b>Klamath Falls</b>	STREET AND NUMBER OR R.F.D. <b>4944 Homedale Road</b>
FATHER - NAME first middle last <b>John Fabianek, Sr.</b>		MOTHER - first middle last (Maiden Name) <b>Victoria - Hale</b>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) <b>Cremation</b>		CEMETERY (OR CREMATORY) - NAME <b>Eternal Hills Crematory</b>	
FUNERAL SERVICE LICENSEE or person acting as such (Signature) <b>William F. Naves</b>		NAME AND ADDRESS OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194</b>	
21a (Signature) - <b>Glenn G. Gailis</b>		DATE SIGNED (Mo., Day, Year) <b>May 9, 1986</b>	HOUR OF DEATH <b>11:24 P.M.</b>
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) <b>Glenn G. Gailis, MD, 1905 Main Street, Klamath Falls, Oregon</b>		ZIP: <b>97601</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) <b>May 9, 1986</b>		REGISTRAR <b>Lorena E. Craun</b>	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)			
(a) <b>PNEUMONIA</b>		Interval between onset and death <b>2 DAYS</b>	
(b) <b>COMA 2° PROLONGED HYPOLYCEMIA</b>		Interval between onset and death <b>2 WEEKS</b>	
(c) <b>DIABETES MELLITUS</b>		Interval between onset and death <b>YEARS</b>	
PART II OTHER SIGNIFICANT CONDITIONS - Condition contributing to death but not related to cause given in PART I (a)			
<b>ALZHEIMER'S DISEASE CANCER PROSTATE</b>			
ACCIDENT (Specify Yes or No) <b>No</b>	DATE OF INJURY (Mo., Day, Year) <b>26b</b>	HOUR OF INJURY <b>26c</b>	DESCRIBE HOW INJURY OCCURRED <b>26d</b>
INJURY AT WORK (Specify Yes or No) <b>No</b>	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>26e</b>	LOCATION <b>26f</b>	STREET OR R.F.D. NO. CITY OR TOWN STATE <b>26g</b>
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>		WAS GIFT MADE? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

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 **Lorena E. Craun** Deputy Registrar

Date **May 9, 1986**  
VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **May** A.D., 19 **86** at **2:49** o'clock **P** M., and duly recorded in Vol. **8762** day **21st** of **May** on Page **8762**

FEE \$5.00

Return : Lorena Fabianek

Evelyn Biehn, County Clerk

By **Lorena E. Craun**  
4944 Homedale Rd. Klamath Falls, Ore. 97603