

RELEASE OF CONSTRUCTION LIEN

KLAMATH ALUMINUM PRODUCTS, COMPANY, dba BASIN GLASS & ALUMINUM, of Klamath Falls, Oregon, contracted with Gary Chidester, dba Chidester Construction, to furnish certain labor and materials on property owned by Norwin S. Yoffie and Sandra M. Yoffie and located on real property owned by Swan Lake Moulding Company, an Oregon corporation, which property is located at 2848 South Sixth Street, Klamath Falls, Oregon.

On March 2, 1989, Klamath Aluminum Products, Company, dba Basin Glass & Aluminum, filed for record in the office of the County Clerk of Klamath County, Oregon, a construction lien against the above-described property, which lien was duly recorded in Volume M-89, Page 3618, construction lien records of said County.

In consideration of \$2,385.00, the receipt of which is acknowledged by the undersigned lien holder, the undersigned hereby releases the above-described property and the owners thereof personally for all liability arising from the labor performed and the materials furnished by the undersigned upon the improvement hereinabove mentioned, and authorizes and directs that the above-mentioned lien be discharged of record.

Dated this 28 day of June, 1989.

KLAMATH ALUMINUM PRODUCTS,
COMPANY, dba BASIN GLASS &
ALUMINUM

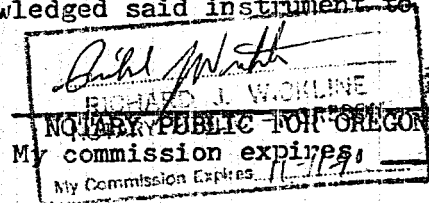
By W.B. Bingham

STATE OF OREGON
County of KLAMATH

} ss. June 28, 1989

Personally appeared W. B. BINGHAM who, being first duly sworn, did say that he is the secretary of KLAMATH ALUMINUM PRODUCTS, COMPANY, an Oregon corporation, and that the foregoing instrument was signed in behalf of said corporation and he acknowledged said instrument to be its voluntary act and deed.

Before me:



STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Commercial Property Management

on this 5th day of July A.D., 19 89
at 11:18 o'clock A.M. and duly recorded
in Vol. M89 of Const. Lien Page 12074
Evelyn Biehn Court Clerk
By Pauline M. Mulder
Deputy.

Fee, \$5.00

Return:
Commercial Property Management
711 E. Main St. #24
Medford, Or. 97504

89 JUL 5 AM 11 18

53937
I.D. TAG NO.
200
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME: Jesse E. SIMS		2. SEX: M	3. DATE OF DEATH (Month, Day, Year): April 24, 1989			
4. SOCIAL SECURITY NUMBER: 565-10-7528		5a. AGE - Last Birthday (Years): 83	5b. 1st for 1 Year: Mos.	5c. Under 1 Day: Hours	5d. BIRTHPLACE (City and State or Foreign Country): Ardmore, OK	7. DATE OF BIRTH (Month, Day, Year): January 1, 1906
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one): <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):				
9b. FACILITY NAME (If not a hospital, give street and number): 3947 Summers Lane		9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls		9d. COUNTY OF DEATH: Klamath		
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Planerman		10b. KIND OF BUSINESS/INDUSTRY: Retail Lumber Sales		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married		
13a. RESIDENCE - STATE: Oregon		13b. COUNTY: Klamath		13c. CITY, TOWN, OR LOCATION: Klamath Falls		12. SPOUSE (If Married, Widowed, Divorced (Specify)): Irene L.
13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e. ZIP CODE: 97603		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify): White
17. FATHER - NAME (first, middle, last): Alexander - Sims		18. MOTHER - NAME (first, middle, maiden): Maude - Young		19. INFORMANT - NAME and relationship to decedent: Irene L. Sims, wife		
20a. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens		20c. LOCATION - City or Town, State: Klamath Falls, Oregon		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: <i>Merid Reed</i>		21b. LICENSE NUMBER (Of Licensee): 3329		22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore. 97601		
23. DATE FILED (Month, Day, Year): APR 25 1989		24. REGISTRAR'S SIGNATURE: <i>Nancy Kennedy</i>				
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
27. TIME OF DEATH: 8:45 A.M. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): <i>F. Geoffrey Marr, M.D.</i>						
29. DATE SIGNED (Month, Day, Year): April 24, 1989						
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): F. Geoffrey Marr, M.D., 2614 Clover Street, Klamath Falls, Oregon 97601						
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):						
32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)						
PART I (a) Lung Cancer Interval between onset and death: None						
(b) DUE TO, OR AS A CONSEQUENCE OF:						
(c) DUE TO, OR AS A CONSEQUENCE OF:						
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.						
34. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year):		41b. TIME OF INJURY: M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State):				
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown						
38. AUTOPSY: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

JUN 06 1989

45-2 REV. 1-80

DATE ISSUED **APR 25 1989**

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: 81

Filed for record at request of **Irene Sims** the **5th** day of **July** A.D., 19 **89** at **11:46** o'clock **A.M.**, and duly recorded in Vol. **M89** of **Deeds** on Page **12075**

FEE \$8.00

Return: Irene Sims

Evelyn Biehn, County Clerk

By *Pauline Muehlenberg*

3947 Summers Ln, Klamath Falls, Or. 97603