FORM No. 1161—CONSTRUCTION LIEN—Original Contractor Only.

ON If claimant is other than original contractor use S-N Form No. 1162.

11543

Vol m90 Page 3320

KNOW ALL MEN BY THESE PRESENTS: The undersigned, hereinafter called the claimant, did on October 19, 19 88, enter a contract for the performance of labor, transporting or furnishing materials to be used in or renting equipment used in the construction of said improvement known as installation of fire sprinkler system; said improvement is situated upon certain land in the County of Klamath, State of Oregon, (which is the site of said improvement), described as follows:

Corner of Avalon & Shasta Way, Klamath Falls, OR 97601
a.k.a. Sherm's Thunderbird Market

For legal description, please see attached "Exhibit A".

'90 FEB 21 PM 12 14

The address of said land, if known, is (if unknown, so state) 3036 Shasta Way, Klamath Falls, Oregon; the name of the owner or reputed owner of said land is Mrs. Vivian Dickey in said county and state.

The name of the owner or reputed owner of said improvement is Mrs. Vivian Dickey; the name of the person who employed claimant to furnish said labor, materials, and/or equipment, and to perform said contract is Mrs. Vivian Dickey; the person(s) just named, at all times herein mentioned, had knowledge of the construction of said improvement.

Claimant commenced performance of said contract on October 19, 19 88, provided and furnished all labor, materials and equipment required by said contract and actually used in the construction of said improvement and fully completed said contract on January 31, 19 90, after which claimant ceased to provide labor, materials or equipment for said improvement.

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

Contract price Fifty Three Thousand Nine Hundred Eighty Five	$ 53,985.00
Said price includes materials and supplies in the amount of	$
and the reasonable rental value of equipment which is	$
If no contract price, the reasonable value of claimant's labor, materials and equipment is:	
Labor	$
Materials	$
Equipment	$
	$
Recording fees	$
Total	$
Less all just credits and offsets	$ 35,065.00
Balance due claimant	$ 18,920.00

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 the said site, to be determined by the court at the time of the foreclosure of this lien.

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

—OVER—

NOTE: THIS FORM TO BE USED ONLY FOR CONSTRUCTION COMMENCED AFTER JANUARY 1, 1982.

3321

In construing this instrument the singular includes the plural as the circumstances may require.

Dated February 20, *19* 90

Rodney J. Friesen, dba

Friesen Plumbing

Claimant

STATE OF OREGON, County of Klamath *ss.*

I, Rodney J. Friesen, *being first duly sworn, depose and say: that I am the* Original contractor *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.*

Subscribed and sworn to before me this 21st *day of* February, *19* 90

(SEAL)

Notary Public for Oregon. My commission expires 11-12-93

ORS 87.005. "'Original Contractor' means a contractor who has a contractural relationship with the owner."

The foregoing lien is created by subsection 1 of ORS 87.010. Section ORS 87.035 provides: "Every person claiming a lien created under subsection (1) or (2) of ORS 87.010 shall perfect the lien not later than 75 days after the person has ceased to provide labor, rent equipment or furnish materials or 75 days after completion of construction, whichever is earlier. Every other person claiming a lien under ORS 87.010 shall perfect the lien not later than 75 days after the completion of construction.* * *" Also that the lien claim "shall be perfected by filing a claim of lien with the recording officer of the county or counties in which the improvement, or some part thereof, is situated."

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

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

By .....

Claimant

ORS 87.039 provides:

"A person filing a claim of lien pursuant to ORS 87.035 shall mail to the owner and to the mortgagee a notice in writing that the claim has been filed. A copy of the claim of lien shall be attached to the notice. The notice shall be mailed not later than 20 days after the date of filing.* * *"

CLAIM OF
CONSTRUCTION LIEN
ORIGINAL CONTRACTOR
(Form No. 1161)

.....
Lien Claimant

vs.

.....
Lien Debtor

AFTER RECORDING RETURN TO
Friesen Plumbing
1908 Vine St.
Klamath Falls, Or. 97601

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON,
County of ..... } *ss.*

I certify that the within instrument was received for record on the .....*day of* ....., *19*....., *at* ..... *o'clock* .....*M., and recorded in book/reel/volume No*.....*on page* ..... *or as file/instrument/microfilm/reception No*....., *of the Construction Lien Book of said County.*

Witness my hand and seal of County affixed.

NAME TITLE

By ..... *Deputy*

...Shasta Way; thence North 89°50'30" East along the Southerly line of Shasta Way a distance of 377.21 feet to an iron pin on the West line of Austin Street; thence South 0°20'45" West along the West line of Austin Street a distance of 400.02 feet to the true point of beginning of this description.

The true and actual consideration for this transfer is other value given or promised.

DATED this 12 day of January, 1977.

Donald K. Denman

STATE OF OREGON)
) ss.
COUNTY OF JACKSON)

On the 12 day of January, 1977, personally appeared DONALD K. DENMAN, personal representative of the estate of Joseph E. Fales, also known as J. E. Fales, and acknowledged the above instrument to be the voluntary act of said personal representative.

Before me:

Notary Public for Oregon
My commission expires: 12-28-79

Until further notice all tax statements shall be sent to the following address:

Donald K. Denman 13200 Stead Blvd., Reno, Nevada 89506

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 18th day of January A.D., 19 77 at 9:23 o'clock A.M., and duly recorded in Vol. M 77 of DEEDS on Page 902

WM. D. MILNE, County Clerk

FEE $3.00

By Hazel Drazil Deputy

"EXHIBIT A"

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Friesen Plumbing the 21st day of Feb. A.D., 19 90 at 12:14 o'clock P M., and duly recorded in Vol. M90 of Construction Lien on Page 3320.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $15.00

CC 2.00

CERTIFICATION OF VITAL RECORD

068285
I.D. TAG NO.

62
Local File Number

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

136-
State File Number

DECEDENT

1. DECEDENT'S NAME — First: Beatrice — Middle: LaVerne — Last: HAMBLIN
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): Feb. 7, 1990
4. SOCIAL SECURITY NUMBER: 573/20/2093
5a. AGE - Last Birthday (Years): 64
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Holtville, Ca.
7. DATE OF BIRTH (Month, Day, Year): June 9, 1925
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
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.): Housewife
10b. KIND OF BUSINESS/INDUSTRY: At Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Clint
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1752 Summers Lane
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 — College (1-4 or 5+):

PARENTS

17. FATHER - NAME first, middle, last: Dell - Cargill
18. MOTHER - NAME first, middle, maiden: Beatrice - Clark
19. INFORMANT - NAME and relationship to deceased: Clint Hamblin / Husband

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ 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: Tim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): FEB 12 1990
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0855 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Glenn Gailis MD
30. DATE SIGNED (Month, Day, Year): 2/7/90

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) — COUNTY
33. DATE SIGNED (Month, Day, Year)

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Glenn G. Gailis, MD / 1905 Main / Klamath Falls, Oregon / 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

36. 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) ADENOCARCINOMA OF THE PANCREAS — Interval between onset and death: 8 YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I: RECURRENT GI BLEEDING 2° TO TUMOR INVASION DUODENUM

37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

45-2 REV. 1-89

ORIGINAL — VITAL STATISTICS COPY

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

DATE ISSUED: FEB 12 1990

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Clint Hamblin the 21st day of Feb. A.D., 19 90 at 12:28 o'clock PM., and duly recorded in Vol. M90, of Deeds on Page 3323.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00
Return: Clint Hamblin
1752 Summers Ln, Klamath Falls, Or. 97603