#090-09-13793 Klamath County Title Co. #K-41230

FORM No. 748
STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR. 97204
OT

RECORD WHITE COPY
RETAIN PINK COPY

Vol. m90 Page 4679

12313

COMPLETION NOTICE

'90 MAR 13 PM 4 08

Notice hereby is given that the building, structure or other improvement on the following described premises, (insert legal description including street address, if known):

The South 215.9 feet of that tract of land described as the South 660 feet except the West 1100 feet of Government Lot 6, Section 27, Township 34 South, Range 7 East, Willamette Meridian, Klamath County, Oregon.

( ) Pine Ridge Road, Chiloquin, OR 97624

has been completed.

All persons claiming a lien upon the same under Oregon's Construction Lien Law hereby are notified to file a claim of lien as required by ORS 87.035.

Dated March 13, **19** 90

Ron Phair Builders
Original Contractor, Owner or Mortgagee

Return to: Klamath First Fed
540 Main St.
Klamath FAlls, Or 97601

By .....

P. O. Address .....

.....

STATE OF OREGON)
) ss.
County of Klamath)

I, Ron Phair **, being first duly sworn, depose and say:**

That on my behalf or as agent for Marvin L. and Roberta K. Garcia

I did on the 13th **day of** March , 19 90 , **duly post a notice of which the above is a true copy, in a conspicuous place upon the land or upon the improvement situated thereon described in said notice, to-wit: by posting, nailing, tacking, pasting, fastening or** posting **(indicate which) such notice at the front entrance on the building or improvement constructed, altered or repaired on the above described land. (If no building, state in what manner posted.)**

Ronald Ed Phair

Subscribed and sworn to before me this 13th **day of** March , 19 90 .

Diane D. Maddler
Notary Public for Oregon.

My commission expires: 7-6-96

(SEAL)

Record with recording officer within 5 days after posting —ORS 87.045 (3).

STATE OF OREGON)
) ss.
County of Klamath)

I certify that the within instrument was filed in my office on the 13th day of March , 19 90 , at 4:08 o'clock P.M., and recorded in book M90 on page 4679 or as file/reel number 12313 of the Construction Lien Book of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
Recording Officer.

By Pauline Muckenstorm
Deputy.

Fee $5.00

CERTIFICATION OF VITAL RECORD

068526
I.D. TAG NO.

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

136-
State File Number

Local File Number

DECEDENT

1. DECEDENT'S NAME: First: Al | Middle: H. | Last: EVANS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 3, 1990
4. SOCIAL SECURITY NUMBER: 401-16-5625
5a. AGE - Last Birthday (Years): 73
5b. Under 1 Year: Mos.
5c. Under 1 Day: Days / Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Waterloo, AL
7. DATE OF BIRTH (Month, Day, Year): January 11, 1917
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): Providence Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Medford
9d. COUNTY OF DEATH: Jackson
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Millwright
10b. KIND OF BUSINESS/INDUSTRY: Lumber Mill
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Caroline E.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2042 Modoc Street
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
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: 9 | College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: William H. Evans
18. MOTHER - NAME first middle maiden: Rose C. James
19. INFORMANT - NAME and relationship to deceased: David Evans-Son

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): Haven of Rest Mausoleum / Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

3-5-90 ✓

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Rodney L Bailey
21b. LICENSE NUMBER (Of Licensee): 3021
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Memorial Chapel, 515 Pine, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): MAR 0 5 1990
24. REGISTRAR'S SIGNATURE: Delia Colvin
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: 8:20 A 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): H Berryman
30. DATE SIGNED (Month, Day, Year): 5 MARCH 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)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James T. Berryman, Jr., M.D., 1660 East McAndrews Road, Medford, OR 97504
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE 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) Acute Myocardial Infarction — Interval between onset and death: 24 hr.
DUE TO, OR AS A CONSEQUENCE OF:
(b) Arteriosclerotic Heart Disease — Interval between onset and death: 5 yr.
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: N/A

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

ORIGINAL — VITAL STATISTICS COPY

45-2 REV. 1-89

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

DATE ISSUED MAR 0 9 1990

Henry Collins Jr
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of David Evans the 13th day of March A.D., 19 90 at 4:08 o'clock PM., and duly recorded in Vol. M90, of Deeds on Page 4680.

Evelyn Biehn County Clerk
By Darlene Mullendore

FEE $8.00
Return: David Evans
2024 Modoc St., Klamath Falls, Or. 97601

City of Houston, Texas

STATE OF TEXAS

CERTIFICATE OF DEATH — STATE FILE NO.

1. NAME OF DECEASED (a) First	(b) Middle	(c) Last	(d) Maiden	2. SEX	3. DATE OF DEATH
Perry	A.	Caraway	----------	Male	Feb.1,1990

4. RACE	5a. WAS THE DECEDENT OF HISPANIC ORIGIN?	5b. IF YES, SPECIFY (Mexican, Cuban, Puerto Rican, etc.)	6. DATE OF BIRTH	7. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Minutes
Caucasian	☐YES ☒NO	----------	06-18-1937	52		

8. SOCIAL SECURITY NUMBER	9a. PLACE OF DEATH (Check only one)
457-38-5192	HOSPITAL: ☒In patient ☐ER/Outpatient ☐DOA OTHER: ☐Nursing Home ☐Residence ☐Other (Specify)

9b. PLACE OF DEATH — COUNTY	9c. CITY OR TOWN (If outside city limits, give precinct number)	9d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION	9e. INSIDE CITY LIMITS?
Harris	Houston	St. Lukes Hospital	☒YES ☐NO

10. BIRTHPLACE (City and State or foreign country)	11. CITIZEN OF WHAT COUNTRY?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES?	13. ☒MARRIED ☐NEVER MARRIED ☐WIDOWED ☐DIVORCED	14. SURVIVING SPOUSE (If wife, give maiden name)
Kingsville, Texas	U.S.A.	☐YES ☐NO		Martha Rambo

15. DECEDENT'S EDUCATION (Highest grade completed)		16a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	16b. KIND OF BUSINESS OR INDUSTRY
Grade 0-12: N/A	College (1-4 or 5+):	Air Traffic Controller	F.A.A.

17a. RESIDENCE — STATE	17b. COUNTY	17c. CITY OR TOWN, (If outside city limits, show rural) ZIP CODE	17e. INSIDE CITY LIMITS?
Oregon	Klamath	Klamath Falls 97601	☒YES ☐NO

17d. STREET ADDRESS (If rural, give location): 6214 Reeder

18. FATHER'S NAME: Joseph H. Caraway

19. MOTHER'S MAIDEN NAME: Naoma McClanahan

20a. SIGNATURE OF INFORMANT: Martha D. Caraway

20b. MAILING ADDRESS OF INFORMANT (Street and Number or Rural Route Number, City or Town, State, Zip Code): PO Box 1394 Klamath Falls, OR 97601

21. MANNER OF DEATH	22a. DATE OF INJURY (Month, Day, Year)	22b. TIME OF INJURY	22c. INJURY AT WORK?	22d. DESCRIBE HOW INJURY OCCURRED
☒Natural ☐Accident ☐Suicide ☐Homicide ☐Pending Investigation ☐Could not be Determined		M.	☐YES ☐NO	

22e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

22f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFIER — To be completed by CERTIFYING PHYSICIAN only

23a. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. (Signature and Title): Edward K. Massin

23b. DATE SIGNED (Mo., Day, Yr.): 2/5/90

23c. HOUR OF DEATH: 2:46 A. M.

23d. NAME OF ATTENDING PHYSICIAN (Type or print): Edward K. Massin, M.D.

To be completed by MEDICAL EXAMINER or Justice of the Peace only

24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner as stated. (Signature and Title)

24b. DATE SIGNED (Mo., Day, Yr.)

24c. HOUR OF DEATH M.

24d. PRONOUNCED DEAD (Mo., Day, Yr.) ON

24e. PRONOUNCED DEAD (Hour) AT M.

25. MAILING ADDRESS OF CERTIFIER (Type or Print): 6655 Travis, Suite 760 Houston, Texas 77030

26a. METHOD OF DISPOSITION	26b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)
☐Burial ☐Cremation ☒Removal from State ☐Donation ☐Other (Specify)	Klamath Falls City Cemetery

26c. LOCATION — City or Town, State	26d. DATE OF DISPOSITION	26e. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
Klamath Falls, Oregon	Feb. 2, 1990	#3956

26f. NAME AND ADDRESS OF FUNERAL HOME: Nidey Funeral Homes, P.O. Box 262003, Houston, Texas 77207-2003

27a. REGISTRAR'S FILE NO.	27b. DATE RECD BY LOCAL REGISTRAR	27c. SIGNATURE OF LOCAL REGISTRAR
01438	FEB. 9 1990	R.W. Hanks

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Carcinoma, per Dr. DUE TO (OR AS A LIKELY CONSEQUENCE OF):	years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A LIKELY CONSEQUENCE OF):	
	c. DUE TO (OR AS A LIKELY CONSEQUENCE OF):	
	d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. Was decedent pregnant at time of death?	29b. Was decedent pregnant during the last 12 months?	30a. WAS AN AUTOPSY PERFORMED?	30b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
☐YES ☒NO ☐UNKNOWN	☐YES ☒NO ☐UNKNOWN	☐YES ☒NO	☐YES ☐NO

WARNING

The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to $5,000. (Article 4477c, Revised Civil Statutes of Texas)

VS-112 REV. 4/89

Texas Department of Health — Bureau of Vital Statistics

678095

CERTIFIED COPY OF VITAL RECORDS

STATE OF TEXAS
COUNTY OF HARRIS } ss

DATE ISSUED FEB 0 9 1990

This is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT.

R. W. Hanks, Registrar
BUREAU OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar. LAMINATION MAY VOID CERTIFICATE.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Martha Caraway the 13th day of March A.D., 19 90 at 4:40 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 4681.

Evelyn Biehn, County Clerk
By Pauline Mullenders

FEE $8.00
Return: Martha Caraway
P.O. Box 1394, Klamath Falls, Or. 97601