

1.2520

Vol. m90 Page 5055

AFC #05034767

STATE ACCIDENT INSURANCE FUND CORPORATION ) Policy 418142  
 400 High St. S.E. Salem, OR 97312

vs.

) Filed Pursuant  
 ) to ORS 656.566

Philip S. MacArthur, dba  
 C & N Shell

Defendant.

KNOW ALL MEN BY THESE PRESENTS, that State Accident Insurance Fund Corporation of Oregon for and in consideration of the sum of \$57.42, hereby acknowledges full satisfaction of a certain lien filed against the above-named defendant and in favor of State Accident Insurance Fund Corporation, which said lien is duly recorded in Klamath County, State of Oregon, in Record of Lien, Instrument No. 60820, Volume M86, Page 7356, on the 29th day of April, 1986, and the County Clerk of said County is hereby authorized and directed to satisfy said lien of record.

STATE ACCIDENT INSURANCE FUND CORPORATION

By

*L. N. Winland*

( Corp. )  
 ( Seal )

STATE OF OREGON ) ss  
 County of Marion )

I, H. N. Winland, being first duly sworn, depose and say that I am Credit Manager for State Accident Insurance Fund Corporation of the State of Oregon, and that by order of State Accident Insurance Fund Corporation, I have the authority to execute this instrument and that I executed the foregoing Satisfaction of Lien and affixed the seal of State Accident Insurance Fund Corporation for and on behalf of said Corporation.

*L. N. Winland*  
 Subscribed and sworn to before me this 13th  
 day of February, 1990

*Robert Nelson*  
 Notary Public for Oregon

My Commission Expires

3/28/93

jlc/26508/90/02/13

After Recording return to:

A.T.C.

STATE OF OREGON, ss.  
 County of Klamath

Filed for record at request of:

Aspen Title Co.

on this 19th day of March A.D., 19 90  
 at 3:50 o'clock P.M. and duly recorded  
 in Vol. M90 of Co. lien Page 5055  
 Evelyn Biehn Docket County Clerk  
 By *Doreen Mullins*

Deputy.

Fee, \$5.00

90 MAR 19 PM 3 50

99 MAR 19 PM 3 50  
AFTER RECORDING RETURN TO: WANDA H. SMITH  
11800 Tingley Rd. # 33  
Klamath Falls, Or. 97603

D-5556  
I.D. TAG NO.

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

ATC# 05034767

136-

State File Number

Local File Number

1. DECEDENT'S NAME First: <u>Milo</u> Middle: <u>Edmond</u> Last: <u>SMITH</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>July 12, 1989</u>		
4. SOCIAL SECURITY NUMBER <u>561-09-5003</u>		5a. AGE - Last birthday (Years) <u>77</u>	5b. Under 1 Year Mo: <u>  </u> Days: <u>  </u> Hours: <u>  </u> Mins: <u>  </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Los Angeles, CA</u>	7. DATE OF BIRTH (Month, Day, Year) <u>March 24, 1912</u>
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u>  </u>					
9a. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9b. COUNTY OF DEATH <u>Klamath</u>			
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of a waking life. Do not use retiree) <u>Machine Estimator</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Machine Shop</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed) <u>Wanda H.</u>		13a. STREET AND NUMBER <u>12035 Mallory Drive</u>			
13b. RESIDENCE - STATE <u>Oregon</u>		13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		14. DECEASED'S EDUCATION (Specify only highest grade completed) <u>College (1-4 or 5+)</u>	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEASED'S EDUCATION (Specify only highest grade completed) <u>College (1-4 or 5+)</u>			
17. FATHER - NAME first middle last <u>Charles Irvin Smith</u>		18. MOTHER - NAME first middle maiden <u>Edith - Westphall</u>		19. INFORMANT - NAME and relationship to deceased <u>Wanda H. Smith, wife</u>	
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) <u>  </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, OR 97603</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William J. Davenport</u>		21b. LICENSE NUMBER <u>17-3104</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</u>	
23. DATE FILED (Month, Day, Year) <u>JUL 13 1989</u>		24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH <u>2315</u>		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <u>Robert P. Bruocilland</u>					
30. DATE SIGNED (Month, Day, Year) <u>July 13, 1989</u>					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Robert P. Bruocilland, MD, 2610 Uhrmann Road, Klamath Falls, Oregon 97601</u>					
32. NAME OF ATTESTING PHYSICIAN (Type or Print)					
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST					
33. 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.) (a) <u>liver metastasis</u> (b) <u>unbroken primary cancer</u> (c) <u>  </u>					
34. DUE TO, OR IS A CONSEQUENCE OF: (a) <u>  </u> (b) <u>  </u> (c) <u>  </u>					
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>  </u>					
36. 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		37. DATE OF INJURY (Month, Day, Year) <u>  </u>		38. TIME OF INJURY <u>  </u>	
39. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>  </u>		40. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41. DESCRIBE HOW INJURY OCCURRED <u>  </u>	
42. LOCATION (Street and Number or Rural Route Number, City or State) <u>  </u>		43. LOCATION (Street and Number or Rural Route Number, City or State) <u>  </u>			

REC-CLERK  
AUG 17 1989  
PAUL SOK

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 JUL 13 1989

Marian Ackerman  
KLAMATH COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 19th day of March A.D., 19 90 at 3:50 o'clock P M., and duly recorded in Vol. M90 of Deeds on Page 5056.

FEE \$8.00

Evelyn Biehn, County Clerk  
By Pauline Mulindere