

24455

Vol. 99 / Page 393

KNOW ALL MEN BY THESE PRESENTS, That the undersigned hereby certifies and declares that that certain construction lien dated 12-27, 1990, in which ERIC SPIESS is named as the owner or reputed owner of the real property therein described and 12-27, 1990, in the Construction Lien Book of KLAMATH as the claimant, recorded on in book/reel/volume No. M.72 on page 25464-25465 or as document/fee/file/instrument/microfilm No. (indicate which) of said record, claiming a lien upon the following described real property, to-wit:

LOT 8 BLK 1 AMERIKANA SUBDIVISION
5577 AMERICAN AVE.

has been fully paid and satisfied and hereby is discharged.

In construing this instrument and whenever the context so requires, the singular includes the plural. IN WITNESS WHEREOF, the undersigned has hereunto set his hand on 1-5, 1991; if the undersigned is a corporation, it has caused its name to be signed and seal affixed by its officers, duly authorized thereunto by order of its board of directors.

(If the claimant who signs above is a corporation, use the form of acknowledgement opposite.)

STATE OF OREGON,
County of Klamath } ss.
January 8, 1991

Personally appeared the above named
Tom Mashos

and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me:
(OFFICIAL SEAL) [Signature]
Notary Public for Oregon
My commission expires: April 1, 1994

(ORS 93.490)

STATE OF OREGON, County of _____) ss.
_____, 19____

Personally appeared _____ and
each for himself and not one for the other, did say that the former is the
_____ president and that the latter is the
_____ secretary of

and that the seal affixed to the foregoing instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its board of directors; and each of them acknowledged said instrument to be its voluntary act and deed.

Notary Public for Oregon
My commission expires: _____ (OFFICIAL SEAL)

**SATISFACTION OF
CONSTRUCTION LIEN**

Claimant,
vs.

Owner or Reputed Owner.

AFTER RECORDING RETURN TO

5534 HAVENCREST, CT.

KLAMATH FALLS, OR

97603

Tom MASHOS

Fee \$5.00
copy .50

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,
County of Klamath } ss.

I certify that the within instrument was filed in my office on the 8th day of Jan., 1991, at 8:45 o'clock A.M., and recorded in book/reel/volume No. M91 on page 393 or as document/fee/file/instrument/microfilm No. 24455 of the Construction Lien Book of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
Recording Officer
By [Signature] Deputy

082562

I.D. TAG NO.

513

Local File Number

**OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION**

Vital Records Unit

CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

REGISTRAR

9

10

11

CERTIFIER

12

13

14

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

CAUSE OF DEATH

15

16

17

1. DECEDENT'S NAME First: Jeannette Middle: Vandenberg Last: VANDERPOL		2. SEX F	3. DATE OF DEATH (Month, Day, Year) December 6, 1990																
4. SOCIAL SECURITY NUMBER 552-21-4764	5a. AGE - Last Birthday (Years) 85	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign) Maasland, Netherlands																
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) January 25, 1905																	
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)																			
9b. FACILITY NAME (If not institution, give street and number) Plum Ridge Care 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 Homemaking																	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Arie																	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath																	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2045 Leroy Street																	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97601																	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White																	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 6																			
17. FATHER - NAME first middle last Martin - Vandenberg		18. MOTHER - NAME first middle maiden Janetje - Huis																	
19. INFORMANT - NAME and relationship to decedent William Vanderpol, son																			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) Grestlawn Memorial Park																	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Glenn G. Gailis</i>		22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194																	
23. DATE FILED (Month, Day, Year) DEC 7 1990		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																	
<table border="1"> <tr> <th colspan="2">TO BE COMPLETED BY CERTIFYING PHYSICIAN</th> <th colspan="2">TO BE COMPLETED ONLY BY MEDICAL EXAMINER</th> </tr> <tr> <td>27. TIME OF DEATH 1020 A M</td> <td>28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>31a. TIME OF DEATH M</td> <td>31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M</td> </tr> <tr> <td colspan="2">29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Glenn Gailis MD</i></td> <td colspan="2">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) <i>Glenn Gailis MD</i></td> </tr> <tr> <td colspan="2">30. DATE SIGNED (Month, Day, Year) December 7, 1990</td> <td colspan="2">33. DATE SIGNED (Month, Day, Year) COUNTY</td> </tr> </table>				TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER		27. TIME OF DEATH 1020 A M	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Glenn Gailis MD</i>		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) <i>Glenn Gailis MD</i>		30. DATE SIGNED (Month, Day, Year) December 7, 1990		33. DATE SIGNED (Month, Day, Year) COUNTY	
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34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Glenn G. Gailis, MD, 1905 Main Street, Klamath Falls, Oregon 97601																			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)																			
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		Interval between onset and death																	
(a) ARTANO SCLEROTIC HEART DISEASE		YEARS																	
(b) HYPERTENSION		YEARS																	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		Interval between onset and death																	
PART II		Interval between onset and death																	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41. DATE OF INJURY (Month, Day, Year)																	
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. 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)																	

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

45-2 REV. 1

DATE ISSUED DEC 7 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 WM. Vanderpol the 8th day of Jan. A.D., 19 91 at 10:17 o'clock A M., and duly recorded in Vol. M91 of Deeds on Page 394.

FEE \$8.00

Return: Wm. Vanderpol

2045 Leroy, Klamath Falls, Or. 97601

Evelyn Biehn County Clerk

By *Donna A. Verling*