

26682

STATE OF OREGON
EMPLOYMENT DIVISION
DEPARTMENT OF HUMAN RESOURCES
SALEM, OREGON 97311

Vol 91 Page 4173

**WARRANT
AND WRIT OF EXECUTION**

WARRANT NO. 34830

WARRANT DATE March 6, 1991

Richard W. Batsell, SS# 540-88-9584
Individually and DBA Richard W. Batsell, Exxon

ACCOUNT NO. 276924

TO: Carl Burkhardt, Sheriff, Klamath County, Oregon

ASSESSMENTS

DATE	QTR.	YEAR	(ORS 657.681) TAX	(ORS 657.515) PENALTY	(ORS 657.662 AND .663) PENALTY
3-09-90	Fourth	1989	\$ 173.71	\$ 17.37	\$
9-24-90	Second	1990	\$ 188.14	\$ 18.81	
1-03-91	Third	1990	\$ 203.02	\$ 20.30	

Accumulated Interest (ORS 657.515) \$ 64.95

TOTAL: Tax, Interest and Penalty \$ 686.30

Less Credits \$ 80.00

Collection Charge \$ 5.00

Filing Fees \$ 15.00

Sheriff's Processing Fee \$ 6.25

TOTAL DUE EMPLOYMENT DIVISION \$ 632.55

Additional interest on \$ 484.87 at the rate of one and one-half percent (1½%) per month or fraction of a month after March 31, 1991

Sheriff's Charges on Execution \$

TOTAL TO COLLECT

TO SHERIFF:

The foregoing taxes having been lawfully assessed and no valid application for hearing having been filed from the assessment, the assessment is final and pursuant to ORS 657.681 the amount is fixed. NOW THEREFORE, pursuant to ORS 657.642, YOU ARE HEREBY COMMANDED to satisfy the above claim (including tax, interest, penalty, collection charge, docket fee and your costs of executing this warrant) out of the personal property of the employer, and if sufficient personal property cannot be found, then out of the real property belonging to the employer, and to pay to the Assistant Director for Employment, Department of Human Resources, the money collected pursuant to the warrant within 65 days of the date of this warrant.

EXECUTED AT SALEM, OREGON, BY DIRECTION OF

PAMELA A. MATTSON
Assistant Director, DHR
Administrator, Employment Division



By Gene Martin
Authorized Representative of Assistant Director

8714

STATE OF OREGON

COUNTY OF KLAMATH

EMPLOYMENT DIVISION

DEPARTMENT OF HUMAN RESOURCES

SALEM, OREGON 97311

4174

88888

I hereby certify that I have compared the within Warrant and Writ of Execution with the original thereof in my hands for execution and that the same is a true and correct copy of said original and of the whole thereof.

STAG THAGRAW

CH THUOODA

CARL R. BURKHART

SHERIFF OF KLAMATH COUNTY, OREGON

By

Helen Coleman

DEPUTY

STW5M000222A

SHERIFF'S RETURN

ON WARRANT AND WRIT OF EXECUTION

Notice of Sale _____ (Date) Amount Received From Sale \$ _____

By Publication In _____ (Newspaper) Cost of Levy And Sale \$ _____

_____ (Town, County, State) Net Proceeds \$ _____

By Posting Notice At Following Places:

Return: Oregon Employment Div.
875 Union St. NE
Salem, Or. 97311

STATE OF OREGON

COUNTY OF

ss.

TO THE EMPLOYMENT DIVISION, SALEM, OREGON:

I, _____, Sheriff of _____ County,
do hereby certify that I have received the within Warrant and Writ of Execution on the _____ day of _____, 19____,
and _____

(Action taken, Property levied upon, etc.)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ Klamath County Sheriff the 8th
of _____ March A.D., 19 91 at 9:52 o'clock _____ A.M., and duly recorded in Vol. M91
of _____ Co. Lien Docket _____ on Page 4173

FEE \$10.00

Evelyn Biehn County Clerk

By Pauline Muelenda

086793
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME First: Jeannette Middle: Judith Last: COULSON		2. SEX F	3. DATE OF DEATH (Month, Day, Year) January 6, 1990			
4. SOCIAL SECURITY NUMBER 541-44-7545		5a. AGE - Last Birthday (Years) 62	5b. Under 1 Year Mo. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Mexico	7. DATE OF BIRTH (Month, Day, Year) January 20, 1928	
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) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input 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) 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.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY At home		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Ralph
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2045 Auburn
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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 5+) 4						
17. FATHER - NAME first middle last Simon - Abed		18. MOTHER - NAME first middle maiden Sara - Saens		19. INFORMANT - NAME and relationship to deceased Ralph / Husband		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park		20c. LOCATION - City or Town, State Klamath Falls, Oregon		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Shirley Penning</i>		21b. LICENSE NUMBER (Of Licensee) 1257		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main St./Klamath Falls, OR 97601		
23. DATE FILED (Month, Day, Year) JAN 7 1991		24. REGISTRAR'S SIGNATURE <i>Donna 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. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 0655 M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
30. On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Arthur G. Freeland</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)		33. DATE SIGNED (Month, Day, Year) 11/7/91		COUNTY
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Arthur G. Freeland, 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.) (a) Esophageal Variceal Bleeding DUE TO, OR AS A CONSEQUENCE OF: (b) Alcohol Abuse DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I		Interval between onset and death 5d Interval between onset and death 20 yrs Interval between onset and death		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39. 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		40. DATE OF INJURY (Month, Day, Year) M		41. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
43. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		44. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

THIS IS A TRUE AND EXACT ORIGINAL VITAL STATISTICS COPY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV

DATE ISSUED JAN 8 1991

Donna A. Verling
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ralph B. Coulson the 8th day
of March A.D., 19 91 at 10:38 o'clock A M., and duly recorded in Vol. M91
of Deeds on Page 4175

FEE \$8.00

Return: Ralph B. Coulson

2045 Auburn, Klamath Falls, Or. 97601

Evelyn Biehn County Clerk

By Donna A. Verling