28546

STATE ACCIDENT INSURANCE FUND CORPORATION
400 High Street SE
Salem, Oregon 97312

Claimant,

VS.

Rodney Green and Susan Green, dba
Ten Minute Car Care

Employer.

)461420-116

Vol. M91 Page 7531

NOTICE OF LIEN CLAIM
Filed Pursuant to ORS 656.566

In the County of Klamath

Notice is hereby given that State Accident Insurance Fund Corporation claims a lien on the following described property:

All real and personal property of the employer situated in Klamath County, State of Oregon, including, but not limited to, the property, more particularly described as follows:

A tract of land located in Tract 17, ENTERPRISE TRACTS, situated in Section 34, Township 38 South, Range 9 East of the Willamette Meridian in the County of Klamath, State of Oregon, and more particularly described as follows:

All that portion of Tract 17 of Enterprise Tracts lying Southwest of Alameda and East of the Easterly right of way line of the United States Bureau of Reclamation Main Canal.

for the following amount due State Accident Insurance Fund Corporation on account of the employment of workers by the above named employer during the period October 1, 1990, through January 2, 1991, in the occupation of Lube and Oil Change;

Employer Premium	$3,596.24
Dept. of Ins. & Finance Assessments	212.60
Penalty	398.48
Interest	156.88
Amount for which Lien is claimed	$4,364.20

together with interest at one percent per month from the first day of May, 1991, on the sum of $3,808.84. Written demand for the amount of Employer Premium and Dept. of Insurance and Finance Assessments then due for the above period was made on said employer on January 31, 1991, and said employer failed to pay said amount within thirty days after said written demand and was thereby in default and subject to the above penalty and interest. The amount of which this lien is claimed is a net amount after deducting all just credits and offsets, if any.

'91 APR 24 PM 12 04

Corp Seal

STATE ACCIDENT INSURANCE FUND CORPORATION

By H.N. Wineland
CREDIT MANAGER

STATE OF OREGON SS
County of Marion

I, H.N. Wineland, being first duly sworn on oath depose and say that I am Credit Manager of claimant State Accident Insurance Fund Corporation, and that I am familiar with the above Notice of Lien Claim, that I have authority to execute said Notice, and that the matters set forth therein are true.

H.N. Wineland

Subscribed and sworn to before me this 19th day of April, 1991

Notary Public for Oregon
My Commission Expires 5-22-91

Notary
ANNIE VEENSTEEG
NOTARY PUBLIC - OREGON
My Commission Expires 5-22-91

amv/1028V

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 24th day of April A.D., 19 91 at 12:04 o'clock P M., and duly recorded in Vol. M91, of County Lien Docket on Page 7531

FEE $5.00

EVELYN BIEHN County Clerk
By Bernetha Heloch

087855
I.D. TAG NO.

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

131
Local File Number

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Lloyd | Middle: Emerson | Last: WOLFORD
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 21, 1991
4. SOCIAL SECURITY NUMBER: 468-32-5284
5a. AGE - Last Birthday (Years): 57
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Crosby, Minnesota
7. DATE OF BIRTH (Month, Day, Year): June 7, 1933
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: [X] 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.): Major - Ret.
10b. KIND OF BUSINESS/INDUSTRY: U.S. Air Force
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12. SPOUSE (If Married, Widowed): -
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2660 Shasta Way #92
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] 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: Charlie - Wolford
18. MOTHER - NAME first middle maiden: Lana - Bayliss
19. INFORMANT - NAME and relationship to deceased: Marcia Speich - Daughter

DISPOSITION

20a. METHOD OF DISPOSITION: [ ] Mausoleum [ ] Burial [X] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Hwy #39/ K.Falls, Ore. 97603

REGISTRAR

23. DATE FILED (Month, Day, Year): APR 23 1991
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [X] NO [ ] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 5:40 P. M
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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): R. Rand Hale MD
30. DATE SIGNED (Month, Day, Year): 4.23.91

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): R. Rand Hale, MD - 1000 Pine St. - Klamath Falls, Ore. 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) CANDIDAL Pneumonitis & Sepsis — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 10 days
(b) Pneumococcal sepsis, pneumonitis — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 30 days
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.: alcoholism

37. Did tobacco use contribute to the death? [ ] Yes [ ] No [X] Probably [ ] Unk
38. AUTOPSY [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A

40. MANNER OF DEATH: [X] 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

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45-2 REV

DATE ISSUED APR 23 1991

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

'91 APR 24 PM 12 46

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marjorie Wolford the 24th day of April A.D., 19 91 at 12:46 o'clock P M., and duly recorded in Vol. M91, of Deeds on Page 7532.

EVELYN BIEHN County Clerk
By Bernetha Petsch

FEE $8.00

Return: Marjorie Wolford--4750 Homedale Rd.--Klamath Falls, OR 97603