

30453

Vol. m9 / Page 11004Form **668(Z)**

113

Department of Treasury - Internal Revenue Service

(Rev. April 1984)

Certificate of Release of Federal Tax Lien

District

Portland, OR

Serial Number

84017669

For Optional Use by Recording Office

I Certify that as to the following-named taxpayer, the requirements of section 6325 (a) of the Internal Revenue Code have been satisfied for the taxes listed below and for all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where, the notice of internal revenue tax lien was filed on July 10, 1984, is authorized to note the books to show the release of this lien for these taxes and additions.

Name of Taxpayer GUY L WATTS
DBA G LOYD WATTS TRUCKING

Residence PO BOX 406 GREENWING LOOP
KENO, OR 97627

COURT RECORDING INFORMATION:

Liber Page UCC No. Serial No.
n/a J39259

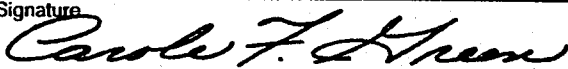
Kind of Tax (a)	Tax Period Ended (b)	Identifying Number (c)	Date of Assessment (d)	Last Day of Refiling (e)	Unpaid Balance of Assessment (f)
941	03/31/84	93-0688043	06/04/84	07/04/90	1086.48
941	06/30/84	93-0688043	06/04/84	07/04/90	154.85
940	12/31/83	93-0688043	06/04/84	07/04/90	168.13
940	12/31/84	93-0688043	06/04/84	07/04/90	44.87

Place of Filing					
OFFICE OF COUNTY CLERK KLAMATH COUNTY KLAMATH FALLS, OR 97601					
Total					\$ 1454.33

This certificate was prepared and signed at Portland, OR, on this,

the 9th day of April, 1991

Signature



Title

Chief CSF

(NOTE: Certificate of officer authorized by law to take acknowledgements is not essential to the validity of Certificate of Release of Federal Tax Lien
Rev. Rul. 71-466, 1971 - 2 C.B. 409)

Form **668(Z)** (Rev. 4-84)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of IRS the 11th day
of June A.D., 19 91 at 11:07 o'clock A M., and duly recorded in Vol. M91,
of U. S. Tax Liens on Page 11004.

FEE \$5.00

Evelyn Biehn, County Clerk

By Pauline Muelenders

0 79666
I.D. TAG NO.

427

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

REGISTRAR

CERTIFIER

CAUSE OF DEATH

1. DECEDENT'S NAME First: Irene Middle: MaryAnn Last: KLEGSETH		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) October 12, 1990
4. SOCIAL SECURITY NUMBER 473-24-8034		5a. AGE - Last Birthday (Years) 61	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Beroun, Minnesota		7. DATE OF BIRTH (Month, Day, Year) June 12, 1929	
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" 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)			
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Meat Cutter		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Eugene M. Klegseth		13. STREET AND NUMBER 1200 South Main Street	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Merrill		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
17. FATHER - NAME first middle last John - Mattson		18. MOTHER - NAME first middle maiden Mildred - Schumaker	
19. INFORMANT - NAME and relationship to deceased Eugene M. Klegseth Spouse		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Malin Community Cemetery	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Merle West		21b. LICENSE NUMBER (Of Licensee) 3329	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, Or. 97601		23. DATE FILED (Month, Day, Year) OCT 15 1990	
24. REGISTRAR'S SIGNATURE Donna A. Verling		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 7:50 A.M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) William C. Fridinger M.D.		30. DATE SIGNED (Month, Day, Year) October 15, 1990	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) William Fridinger M.D. 2865 Daggett Street Klamath Falls, Oregon 97601		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. 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) Acute Myocardial Infarction		Interval between onset and death 2 HRS.	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		Interval between onset and death	
35. 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"/> Legal Intervention <input type="checkbox"/> Homicide		36. DATE OF INJURY (Month, Day, Year)	
37. TIME OF INJURY M		38. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		40. DESCRIBE HOW INJURY OCCURRED	
41. LOCATION (Street and Number or Rural Route Number, City or Town, State)		42. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

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

DATE ISSUED OCT 15 1990

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Eugene Klegseth the 11th day
of June A.D., 19 91 at 11:07 o'clock AM., and duly recorded in Vol. M91
of Deeds on Page 11005
By Evelyn Biehn County Clerk

FEE \$8.00

Return: Eugene Klegseth
1200 S. Main, Merrill, Or. 97633