

K-43520
OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

36704

Vol. m91 Page 22685

F-1981
I.D. TAG NO.
170
Local File Number

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

91-009323

1. DECEDENT'S NAME Inez Vivian CHAMBERLAIN		2. SEX F		3. DATE OF DEATH (Month, Day, Year) May 16, 1991	
4. SOCIAL SECURITY NUMBER 394-24-6585		5a. AGE - Last Birthday (Years) 85		5b. Under 1 Year Mos. 0 Days 0	
6. BIRTHPLACE (City and State or Foreign Country) Sparta, WI		7. DATE OF BIRTH (Month, Day, Year) May 15, 1906			
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) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <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 Own Home		11. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify)	
12. SPOUSE (If Married, Widowed, Divorced (Specify) Albert Chamberlain		13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 323 Martin Street			
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 White		15. RACE American Indian, Black, White, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) <input checked="" type="checkbox"/> College (11-4 or 5+) 12	
17. FATHER - NAME first middle last Hakon - Hanson		18. MOTHER - NAME first middle maiden Sara Ann McCumben		19. INFORMANT - NAME and relationship to decedent Albert Chamberlain Spouse	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input 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) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael O'Neil</i>		21b. LICENSE NUMBER (Of License) 3287		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) MAY 17 1991		24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		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. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 8:30 P.		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) <i>Blake Berven</i> M.D.					
30. DATE SIGNED (Month, Day, Year) May 17, 1991					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Blake Berven M.D. 2616 Clover Street Klamath Falls, Oregon 97601					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
31a. TIME OF DEATH M		31b. DATE PROHOUNCED DEAD (Month, Day, Year, Hour, Minute) 12 hours			
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.)					
PART I (a) Pneumonia		Interval between onset and death 12 hours			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) CVA		Interval between onset and death 2 months			
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.		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Underdetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	
41c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41d. DESCRIBE HOW INJURY OCCURRED			
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

OCT 03 1991

DATE ISSUED

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 30th day of Oct. A.D., 19 91 at 9:23 o'clock A.M., and duly recorded in Vol. M91 of Deeds on Page 22685.

FEE \$8.00

Evelyn Biehn County Clerk
By *Dorlene Martinez*

Albert Chamberlain
340 Via Cordova
Martinez, California 94553

EXHIBIT "A"

CALIFORNIA OREGON SEED
P.O. BIN D
SHAFTER, CA 93263

LEGAL DESCRIPTION

LOWER KLAMATH LAKE BASIN

KLAMATH COUNTY, KLAMATH FALLS, OREGON

SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 AND SOUTH 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 38 SOUTH, RANGE 8 EAST, W.M.

EAST 1/2 OF THE WEST 1/2 AND THE EAST 1/2 OF SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 38 SOUTH, RANGE 8 EAST, W.M.

WEST 1/2 OF THE EAST 1/2 OF SECTION 17, TOWNSHIP 38 SOUTH, RANGE 8 EAST, W.M.

SOUTH 1/2 OF THE SOUTH 1/2 OF SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 8, TOWNSHIP 38 SOUTH, RANGE 8 EAST, W.M.

SOUTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 32, TOWNSHIP 37 SOUTH, RANGE 8 EAST, W.M.

SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 31, TOWNSHIP 37 SOUTH, RANGE 8 EAST, W.M.

NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 6, TOWNSHIP 38 SOUTH, RANGE 8 EAST, W.M.

NORTH 1/2 OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 5, TOWNSHIP 38 SOUTH, RANGE 8 EAST, W.M.

NORTHWEST 1/4 OF NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 5, TOWNSHIP 38 SOUTH, RANGE 8 EAST, W.M.

EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 20, TOWNSHIP 40 SOUTH, RANGE 9 EAST W.M.

NORTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 20, TOWNSHIP 40 SOUTH, RANGE 9 EAST W.M.

IN SECTION 3 - 45 N - 2W, MDM
SISKIYOU COUNTY, MACDOEL, CALIFORNIA

BACON ISLAND - STOCKTON, CALIFORNIA, SAN JOAQUIN COUNTY



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Security Pacific National Bank the 30th day
of Oct. A.D. 19 91 at 9:12 o'clock A M., and duly recorded in Vol. M91
of Mortgages on Page 22682

Evelyn Biehn. County Clerk

By Routine Mullender

FEE \$15.00

EXHIBIT "B"

CALIFORNIA OREGON SEED
UCC FILING DATED 10/1/91

All inventory, raw material, work in process and/or materials used or consumed in Debtor's business, warehouse receipts, bills of lading and other documents evidencing goods now owned or hereafter acquired by the Debtor, and all goods covered thereby including accessions, additions, improvements, and all products thereof, whether in the possession of the Debtor, warehousemen, bailee or any other person, and all proceeds thereof, including without limitation, all rights to payment with respect to any insurance, including returned premiums, or any cause of action relating to any of the foregoing.

All present and future Accounts, chattel paper, security agreements and debts secured thereby, documents, notes, drafts, instruments, contract rights, general intangibles, all guarantees and security therefor and all returned goods; all deposit accounts, all books and records pertaining to or containing information about the Accounts; all present and future patents, trade names and trade marks; all proceeds and products of the foregoing, including, but not limited to, money, goods, insurance proceeds, and other tangible or intangible property received upon the sale or disposition of the foregoing.

As used herein, "Accounts" means any of the Debtor's right to payment for goods sold or leased, or to be sold or leased, or for services rendered or to be rendered not matter how evidenced, including accounts receivable, chattel paper, contract rights, purchase orders, notes, instruments, drafts, acceptances and other forms of obligations and receivables;

All crops now being grown or hereafter grown on real property described as follows: (See Exhibit "A" for legal description of real property), all farm products of whatsoever kind and nature now owned or hereafter acquired by debtor. All present and future accounts, chattel paper, documents, notes, general intangibles and returned goods. All proceeds and products of the foregoing.

