

37899 SAIF CORPORATION
400 High Street SE
Ret: Salem, Oregon 97312

234913-114

Vol. m91 Page 24818

Claimant,
VS.
E.E. Cooke, Inc.
Employer.

NOTICE OF LIEN
CLAIM
Filed Pursuant
to ORS 656.566

In the County of
Klamath

Notice is hereby given that SAIF Corporation claims a lien on the following described property:

All real and personal property of the employer situated in the Klamath County, State of Oregon;

for the following amount due SAIF Corporation on account of the employment of workers by the above named employer during the period April 1, 1990 through July 18, 1990, in the occupation of Restaurant & Lounge;

Employer Premium	\$184.57
Dept. of Ins. & Finance Assessments	\$46.11
Penalty	\$114.03
Interest	\$34.64

Amount for which Lien is claimed \$379.35

together with interest at the rate of one percent per month from the first day of December, 1991, on the sum of \$230.68. Written demand for the amount of Employer Premium and Dept. of Insurance and Finance Assessment then due for the above period was made on said employer on October 29, 1990, 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.

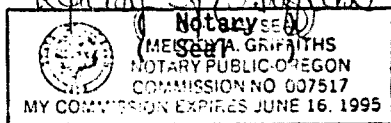
(- Corp)
(- Seal)

SAIF CORPORATION

STATE OF OREGON SS
County of Marion

By H.N. Wineland
Credit Manager

I, H.N. Wineland, Credit Manager, being first duly sworn on oath depose and say that I am Credit Manager of claimant SAIF 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.



Subscribed and sworn to before me this 26th day of November, 1991

Melissa A. Griffiths
Notary Public for Oregon
My Commission Expires 6/16/95

mag/2349131L.NOV

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

SAIF Corp.
on this 26th day of Nov. A.D. 19 91
at 2:21 o'clock P. M. and duly recorded
in Vol. M91 of Co. Lien Page 24818
By Evelyn Biehn County Clerk
By Douglas M. Wineland

Fee, \$5.00

Deputy.

103102

103102
394
Local File Number

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

136-

State File Number

1. DECEASED'S NAME Alfred Wright PUGH		2. SEX M		3. DATE OF DEATH (Month, Day, Year) Oct. 22, 1991	
4. SOCIAL SECURITY NUMBER 422/16/7876		5a. AGE - Last Birthday (Years) 65	5b. Under 1 Year <input type="checkbox"/>	5c. Under 1 Day <input type="checkbox"/>	6. BIRTHPLACE (City and State or Foreign Country) New Georgia, AL.
7. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Detention <input type="checkbox"/> Other (Specify)			
9. FACILITY NAME (If not ambulatory, give street and number) Box 144		10. CITY, TOWN, OR LOCATION OF DEATH Chemult		11. COUNTY OF DEATH Klamath	
12. DECEASED'S USUAL OCCUPATION (Give kind of work, show thing most of working life. Do not use retired) Owner		13. KIND OF BUSINESS/INDUSTRY Gas Station		14. MARITAL STATUS - At present, Never Married, Widowed, Divorced (Specify) Married	
15. RESIDENCE - STATE Oregon		16. COUNTY Klamath		17. CITY, TOWN, OR LOCATION Chemult	
18. WIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. ZIP CODE 97731		20. RACE American Indian, Black, White, etc. (Specify) White	
21. WAS DECEASED OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc. and No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22. DECEASED'S EDUCATION (Specify only highest grade completed) 12		23. SPOUSE (If Married, Give name) Dorothy	
24. FATHER - NAME and birth date Columbus W. Pugh		25. MOTHER - NAME and birth date Lillie Estelle White		26. INFORMANT NAME and relationship to deceased Dorothy Pugh / Wife	
27. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) Cremation		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		29. LOCATION (City or Town, State) Klamath Falls, Oregon	
30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		31. LICENSE NUMBER (If Licensee) 3409		32. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601	
33. DATE OF DEATH (Month, Day, Year) OCT 25 1991		34. REGISTRAR'S SIGNATURE <i>[Signature]</i>		35. WAS DEATH MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> I/A	
36. DID HOSPITAL REFUSATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> I/A					
<p align="center">TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>37. TIME OF DEATH 1430</p> <p>38. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. <i>[Signature]</i></p> <p>39. DATE SIGNED (Month, Day, Year) 10/24/91</p> <p>40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Jeffrey P. Boggess, MD / 1501 NE Medical Center Drive / Bend, Or. / 97701</p> <p>41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p>					
<p align="center">TO BE COMPLETED ONLY BY MEDICAL EXAMINER</p> <p>42. TIME OF DEATH M</p> <p>43. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M</p> <p>44. 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. <i>[Signature]</i></p> <p>45. DATE SIGNED (Month, Day, Year) CERTIFIED</p>					
<p align="center">PART I</p> <p>46. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE ON LINE 46a, (b), AND (c)) Do not enter more than one cause, e.g. Cardiac or Respiratory Arrest</p> <p>(a) Sudden Death</p> <p>(b) Coronary Artery Disease</p> <p>(c) Diabetes Hypertension Stroke</p> <p>47. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not listed by cause given in PART I</p> <p>48. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poisoning <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined</p> <p>49a. DATE OF BIRTH (Month, Day, Year)</p> <p>49b. TIME OF BIRTH</p> <p>49c. BIRTHPLACE</p> <p>50. PLACE OF BIRTH (At home, hotel, street, factory, office building, etc. (Specify))</p> <p>51. LOCATION (Street and Number or Rural Route Number, City, or Town, State)</p>					

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DATE ISSUED **NOV 2 1 1991**

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of _____ Nov. _____ A.D., 19 **91** at **2:21** o'clock _____ PM., and duly recorded in Vol. **M91**
of _____ Deeds _____ on Page **24819**

FEE \$8.00

Return: Dorothy Pugh

Box 144, Chemult, Or. 97731

Evelyn Biehn, County Clerk

By *[Signature]*