

38459

D.A. FILE #

12137-5

91-08409

231 - 1786

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):

TELEPHONE NO.:

FOR RECORDER'S USE ONLY

☐ Recording requested by and return to:

(916) 621-5600

EL DORADO COUNTY DISTRICT ATTORNEY

Family Support Division

Box 1045

Placerville, California 95667

☐ ATTORNEY FOR ☐ JUDGMENT CREDITOR ☐ ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO

STREET ADDRESS: 495 MAIN STREET

MAILING ADDRESS: 495 MAIN STREET

CITY AND ZIP CODE: PLACERVILLE, CA 95667

BRANCH NAME: PLACERVILLE

PETITIONER/PLAINTIFF: KAY ANN DE CAIR

RESPONDENT/DEFENDANT: JAMES G. DE CAIR, JR

Vol. m91 Page 25754

ABSTRACT OF SUPPORT JUDGMENT

CASE NUMBER:

32186

FOR COURT USE ONLY

FILED

MAR 12 1991

By Karen Hallett, Deputy
EL DORADO CO. SUPERIOR CT.

1. The ☐ judgment creditor ☐ assignee of record applies for an abstract of a support judgment and represents the following:

a. Judgment debtor's

Name and last known address

☐ JAMES GORDON DE CAIR, JR

BOX 604

DRAIN, OR 97435

☐ DOB 03-26-41

- b. Driver's license No. and state:

c. Social Security number: 573-50-8639

- d. Summons or Notice of Entry of Sister-State Judgment was personally served at or mailed to (address):

☒ unknown☐ unknown

Date:

3/12/91

BRIAN J. SUTTON, DEPUTY DISTRICT ATTORNEY

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

2. I CERTIFY that the judgment entered in this action contains an order for payment of spousal, family, or child support.

3. Judgment creditor (name): KAY ANN DE CAIR

whose address appears on this form above the court's name.

4. ☒ The support is ordered to be paid to the following county officer (name and address): D.A. #12137
EL DORADO CNTY DHR
PO BOX 1045
PLACERVILLE, CA 95667

5. Judgment debtor (full name as it appears in judgment):

JAMES G. DE CAIR, JR.

6. a. A judgment was entered on (date): 05-31-79

b. Renewal was entered (date): 08-23-90

c. Renewal was entered (date):

- 7.
- ☐
- An execution lien is endorsed on the judgment as follows:

a. Amount: \$

b. In favor of (name and address):

8. A stay of enforcement has

a. ☒ not been ordered by the court.b. ☐ been ordered by the court effective until (date):

- 9.
- ☒
- This is an installment judgment.

ESTHER LUTERMAN MARGOLIS

Clerk, By Karen Hallett, Deputy

This abstract issued on (date): MAR 12 1991

Form Approved by 1285.80
Judicial Council of California
1285.80 (New January 1, 1987)

ABSTRACT OF SUPPORT JUDGMENT

CCP 488.480, 674, 697.320.
700.100STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

on this 10th day of Dec. A.D., 19 91
at 2:17 o'clock P. M. and duly recorded
in Vol. M91 of Co. Lien Page 25754
Evelyn Biehn
County Clerk

By Quinn Mulender
Deputy.

Fee, \$5.00

STATE OF OREGON) ss.
COUNTY OF DESCHUTES)I, MARY SUE PENHOLLOW, COUNTY CLERK AND
RECORDER OF CONVEYANCES, IN AND FOR SAID
COUNTY, DO HEREBY CERTIFY THAT THE WITHIN
INSTRUMENT WAS RECORDED THIS DAY:

91 APR -1 AM 11:39

MARY SUE PENHOLLOW
COUNTY CLERK

DEPUTY

By Deborah

NO. 91-08409

FEE 5-

DESCHUTES COUNTY OFFICIAL RECORDS

103140
I.D. TAG NO.
445
Local File Number

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

136-

State File Number

1. DECEDENT'S NAME First: Charles Middle: Lee Last: DANIELS		2. SEX M	3. DATE OF DEATH (Month, Day, Year) Nov. 23, 1991
4. SOCIAL SECURITY NUMBER 237/16/4251	5a. AGE - Last Birthday (Years) 73	5b. Under 1 Year Mins. Days Hours Mins.	5c. Under 1 Day Mins.
6. BIRTHPLACE (City and State or Foreign Country) Williamston, NC		7. DATE OF BIRTH (Month, Day, Year) Jan. 31, 1918	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input 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"/> DCA <input type="checkbox"/> 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) Lt. Col.		10b. KIND OF BUSINESS/INDUSTRY U.S. Air Force	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Mary	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 928 Pacific Terrace	
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.) No		15. RACE American Indian, Black, White, etc. (Specify) white	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary / Secondary (9-12) <input checked="" type="checkbox"/> College (1-4 or 5-11) <input type="checkbox"/> 4			
17. FATHER - NAME first middle last Charles - Daniels		18. MOTHER - NAME first middle maiden Nae - Lovelace	
19. INFORMANT - NAME and relationship to decedent Mary Daniels / Wife			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Klamath Memorial Park		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, Oregon	
21a. SIGNATURE OF MINERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James R. [Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3409	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601		23. REGISTRAR'S SIGNATURE <i>Charlene Barcus</i>	
24. DATE FILED (Month, Day, Year) NOV 27 1991		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. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 0916 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 the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) Nov 22 91			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Earle M. Levernois, MD / 2628 Campus Drive / Klamath Falls, Oregon / 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) <i>Cardio Resp Failure</i>		Interval between onset and death <i>7 minutes</i>	
(b) <i>wide spread Garg. Bowel</i>		Interval between onset and death <i>12 hrs</i>	
(c) <i>Calice & Superior Mesenteric Ar. Embolus</i>		Interval between onset and death <i>12 hrs</i>	
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1.		35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" 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"/> Undetermined Manner <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 checked="" type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
41f. DESCRIBE HOW INJURY OCCURRED			
RESERVED FOR REGISTRAR'S USE			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OF COPY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV 3-89

DATE ISSUED NOV 27 1991

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 10th day of Dec. A.D., 19 91 at 2:50 o'clock P.M., and duly recorded in Vol. M91 of _____ Deeds on Page 25755.

Evelyn Biehn, County Clerk

FEE \$8.00

Return: Mary Daniels
928 Pacific Terrace, Klamath Falls, Or. 97601