



38658

RECEIVED

SEP 16 1991

DEPT. OF REVENUE
STATE OF OREGONDouglas A. Heath
P.O. Box 755
Klamath Falls, OR 97601DISTRAINT WARRANT
and
WRIT OF EXECUTIONVol m91 Page 26112

541-66-3076

Number: DI-90-189574

Date: 09-06-91

District: 61-312

DISTRAINT WARRANT

This warrant has been issued against the above named debtor(s) because the tax or debt shown below has not been paid in full.
Interest is computed through the date of this warrant. Add \$.10 per day until paid.

Cross Reference: VI-90-C16663

Type of Tax/Debt	Period	Assessment Date	Tax/Debt	Penalty	Interest	Filing Fee	Balance Due
Personal	1990	05-28-91	\$249.71	\$12.48	\$11.88	\$10.00	\$284.07
TOTAL			\$249.71	Total Penalty, Interest and Filing Fee	\$34.36		\$284.07

WRIT OF EXECUTION

Once recorded in the County Clerk Lien Record, this warrant is a judgement against the debtor(s) and a lien on any real or personal property they now own or may acquire in the future.

Klamath County

Judgment Entered Date <u>9-12-91</u> County <u>Klamath</u> Reference <u>M91/18380</u> <u>Evelyn Biehn</u> County Clerk By <u>/s/Pauline Mullendore</u>	Release of Lien DEC 10 1991 This warrant has been satisfied in full, therefore the lien is fully released. Oregon Department of Revenue By <u>S. Little</u>
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OREGON DEPARTMENT OF REVENUE

For further information contact:

Donna Stevenson, Revenue Agent
Salem Central Office
P.O. Box 14725
955 Center Street, Room 353
Salem, OR 97309-5018
Telephone: (503) 378-3795

150-860-027 (Rev. 4-88)

rjh:2051w-1

RECORDING/RELEASE COPY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of Dec. A.D., 19 91 at 8:51 o'clock A M., and duly recorded in Vol. M91
of Co. Lien Docket on Page 26112

FEE \$5.00

Evelyn Biehn County Clerk

By Pauline Mullendore

**OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH**

F 1990
I.D. TAG NO.
463
Local File Number

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7
8
9

REGISTRAR

CERTIFIER

12
13
14

CAUSE OF DEATH

15
16
17

1. DECEDENT'S NAME Clinton R. MYERS		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) December 9, 1991
4. SOCIAL SECURITY NUMBER 541-18-2933	5a. AGE Last Birthday (Years) 84	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Vienna, Missouri
7. DATE OF BIRTH (Month, Day, Year) July 12, 1907			
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 type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input checked="" 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) 5126 Harlan Drive		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY OF DEATH Klamath		10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Truck Driver	
10a. RESIDENCE - STATE Oregon		10b. KIND OF BUSINESS/INDUSTRY County Road Construction	
10c. RESIDENCE - CITY Klamath		10d. STREET AND NUMBER 5126 Harlan Drive	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Jane - Myers	
13a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13b. ZIP CODE 97603	
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) Elementary/Secondary (D 12) College (14 or 5+) 12		17. FATHER NAME first middle last Joe S. Myers	
18. MOTHER NAME first middle maiden Mary Ellen Elrod		19. INFORMANT - NAME and relationship to decedent Jane Myers Spouse	
20a. METHOD OF DISPOSITION <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	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael</i>		21b. LICENSE NUMBER (Of Licensee) 47-3287	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601		23. DATE FILED (Month, Day, Year) DEC 10 1991	
24. REGISTRAR'S SIGNATURE <i>Donna A. Verling</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. TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 6:25 P.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) <i>[Signature]</i> M.D.			
30. DATE SIGNED (Month, Day, Year) 12/10/91		31. DATE SIGNED (Month, Day, Year)	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John J. Kleeman M.D. 1905 Main Street Klamath Falls, Oregon 97601		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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) Respiratory failure (COPD)		Interval between onset and death 5 yrs.	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Abnormal		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 <input type="checkbox"/> Suicide <input type="checkbox"/> Legal <input type="checkbox"/> Homicide <input type="checkbox"/> Intervention		36. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
37. TIME OF INJURY (Month, Day, Year)		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If yes, were testings conducted in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

DATE ISSUED **DEC 10 1991**

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jane Myers the 16th day of Dec. A.D., 19 91 at 9:21 o'clock A M., and duly recorded in Vol. M91 of Deeds on Page 26113.

FEE \$8.00
Return: Jane Myers
5126 Harlan, Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk
By *[Signature]*