Form 668(Z)

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Department of Treasury - Internal Revenue Service

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(Rev.	April	1984)	

## Certificate of Release of Federal Tax Lien

• •	!	•••••			
District		Serial Num	nber		For Optional Use by Recording Office
	rtland, OR		93912003	10	
I Certify that as (a) of the Interr for all statutor these taxes and	to the following- nal Revenue Code y additions. Ther d additions has be internal revenue thorized to note t	named taxpayer, the re- have been satisfied for the lien provide the lien provide tax lien was filed of the books to show the	ed by Code section of the officer in the officer in the officer maker 25	n 6321 for lice where,	
Name of Taxpaye	FRANK A HI	i i			
B 3	123 NE REVI SEND, OR 9 ORDING INFO	7701-4149	Serial No.	•	9)
m91	19431	n/a	35117		
Kind of Tax	Tax Period Ended	Identifying Number	Date of Assessment	Last Day of Refiling	Unpaid Balance of Assessment
941	12/31/90	93-0580099 93-0580099	04/01/91 03/25/91	05/01/01 04/24/01 *****	2240.95 215.18 *****
Place of Filing	KLAMAT	C OF COUNTY CLE CH COUNTY CH FALLS, OR	97601	Total	2456.13
	was prepared and	signed at	land, OR		, on this
the 17th da	ay of January	. 1992			
Signature	od F	Sheen	Title	Chief CSF	
(NOTE: Certif Rev. Rul. 71-	ticate of officer author 466, 1971 - 2 C.B. 40	ized by law to take acknowld 19)	edgements is not essen	tial to the validity of	Consticate of Release of Federal Tax Lier Form 668(Z) (Rev. 4-84
	EGON: COUNTY		<b>5.</b>		the day
Filed for recor		D 19 92 at9	S. Tax Liens of	n Page177	recorded in Vol. <u>M92</u>
FEE \$!	or 5.00		Fralu	m Riehn .	County Clerk
FEE 4.	J. J.		•		

## **HEALTH DIVISION** I.D. TAG NO. CENTER FOR HEALTH STATISTICS 136 415 **CERTIFICATE OF DEATH** Local File Number State File Number DECEDENTS FAST Lesi 2. 8EX DATE OF DEATH (Month Car her Inez L. SHERRILL F November 7, 1991 Nyssa, Oregon 4 SOCIAL SECURITY NUMBER 5b. Under 1 Year DATE OF HIRTH (Month, Day Mos. 540-52-7908 Days January 13, 1913 WAS DECEDENT EVER T US ARMED FORCES? () Yes () No PLACE OF DEATH (Check enty one) eteleth' HOSPITAL | Inpatient | DEFIVOURDATION | DOA | OTHER | Nursing Ho ident's Home [] Other (Specify) TO FACILITY NAME IN not CITY, TOWN, OR LOCATION OF DEATH institution, give street and Plum Ridge Care Center Klamath Falls Klamath Inst DECEDENT'S USUAL OCCUPATION 11. MARITAL STATUS - M Mover Married, Wildow 10b. KIND OF BUSINESSANDUSTRY 12 SPOUSE OF Married Windowed Homemaker Own Home Widowed Henry W. Sherrill 13a DESIDENCE STATE 136 COUNTY DE CITY, TOWN OR LOCATION STREET AND ME Oregon Klamath Merrill 162 East Court Street 14. WAS DECEDENT OF HISPANIC ORIGINT (Specify No or Yes III yes, specify Cuben, Mexican, Puerto Rican, etc.) Lifto Uves Specify: 1% INSIDE CITY 131 ZIP CODE 18 DECEDENT'S EDUCATION 12 1 Xes | 1110 97633 White THER - NAME THE PARENTS Nancy Isabelle Ware Terry Sherrill Lemen E. Wilson Son PLACE OF DISPOSITION (Name of cometery VETHOD OF DISPOSITION [ ] Mausole ROE, LOCATION - City or Town, State -D:\$PØ\$11:0H XRielat | 1 Committee | 1 Re Merrill 1.O.O.F. Cemetery Merrill, Oregon F3Donation E3Other (Specify) NAME ADDRESS AND 21P OF FACULY O'Hair's Funeral Chapel 218 SIGNATURE OF FUNERAL SERVICE LICENSEE OF PERSON ACTING AS SUCH / 215 LICENSE NUMBER 3287 515 Pine ST. Klamath Falls, OR 97601 NOV 0 8 1991 25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? N<sub>110</sub> CIYES NO **□**N6A TO BE COMPLETED ONLY BY MEDICAL EXAMINER TO BE COMPLETED BY CERTIFYING PHYSICIAN HA. TIME OF DEATH | 316. DATE PRONOUNCED DEAD (Month, Cay. 28 WAS MEDICAL EXAMINER NOTIFIED 2:45 P LIYER XINO of examination and/or investigation, in my opinion death occurr data, place and due to the cause(s) and manner stated Claiding [1. D. 13. DATE SIGNED (Month, Day, Year) COUNTLY M HAME, TITLE, ADDRESS AND ZIP OF CETTIFIETUMEDICAL EXAMINER TYPE OF PRINT Robert F. Bohnen M.D. 2610 Uhrmann Road Klamath Falls, Oregon NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) MEDIATE CAUSE JENTER ONLY ONE CAUSE PER LINE FOR (a), rol, AND (c)) Do not enter mode of dying, a g. Cardiac or Respiratory Arre-HICH GAVE RISE TO MUEDIATE CAUSE (ATING THE Myelodys plastic syntan mountag DUE TO, OR AS A CONSEQUENCE OF: 38. AUTOPSY 39 # YES OTHER SIGNIFICANT CONDITIONS -Conditions contributing to death but not related to cause given in PART 1. ☐ Yes | Mo ☐ Arobably ☐ Unit □ Yes X Mo Dres [ INO []NIA 414. DESCRIBE HOW INJURY OCCURRED 40 MANNER OF DEATH 41a DATE OF INJURY 41b. TIME OF INJURY Motestural [7] Pending C) Undeterm □Ves □Mo 411. LOCATION (Street and Number or Rural Route Number, City or Town, State) []Homicide | Tagal ESERVED FOR REGISTRAR'S USE THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR. JAN 1 5 1902 DATE ISSUED KLAMATH COUNTY OREGON STATE OF OREGON: COUNTY OF KLAMATH: Mountain Title Co. 28th \_ the \_ Filed for record at request of \_ \_\_ A.D., 19 <u>92</u> at <u>9:59</u> o'clock <u>A.M.</u>, and duly recorded in Vol. <u>M92</u> Jan. \_ on Page \_\_\_1778 Deeds

- County Clerk

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Evelyn Biehn

147C 26856

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OREGON DEPARTMENT OF HUMAN RESOURCES