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DISTRAINT WARRANT

and

WRIT OF EXECUTION

Vol. m92 Page 20583

RECORD ONLY

Raymond E. Gilliland
Juanita L. Gilliland
53363 Holliday Drive
La Pine, OR 97739

542-58-4712
542-46-3831

Number: DI-90-226649

Date: 08-31-92

District: 63-862

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 \$.62 per day until paid.

Cross Reference: VI-90-K53136

Type of Tax/Debt	Period	Assessment Date	Tax/Debt	Penalty	Interest	Filing Fee	Balance Due
Personal	1990	02-18-92	\$1,507.00	\$176.75	\$266.52	\$10.00	\$1,960.27
TOTAL			\$1,507.00	Total Penalty, Interest and Filing Fee		\$453.27	\$1,960.27

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	Release of Lien
Date <u>Sept. 9, 1992</u>	This warrant has been satisfied in full, therefore the lien is fully released.
County <u>Klamath</u>	
Reference <u>Vol.M92 Page 20583</u>	
<u>Co. Lien Docket</u>	
<u>Evelyn Biehn, County Clerk</u>	
By <u><i>Pauline Mulendore</i></u>	Oregon Department of Revenue
Fee \$5.00	By _____

OREGON DEPARTMENT OF REVENUE

Linda Griffin

For further information contact:

Return to:
Don P. Angelechio, Rev. Agent
Salem Central Office
PO Box 14725
955 Center Street, Room 353
Salem, OR 97309-5018
Telephone: (503) 378-8818

094083
I.D. TAG NO.
376

Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136-

State File Number

1. DECEDENT'S NAME First: Charles Middle: Martin Last: FRIES		2. SEX M	3. DATE OF DEATH (Month, Day, Year) August 29, 1992
4. SOCIAL SECURITY NUMBER 519-34-6387		5a. AGE-Last Birthday (Years) 56	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign) Albion, Idaho		7. DATE OF BIRTH (Month, Day, Year) October 11, 1935	
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 type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify): Ambulance			
10. FACILITY NAME (If not institution, give street and number) Mt. McLaughlin Trail Head		11. CITY, TOWN, OR LOCATION OF DEATH Billy Creek	
12. COUNTY OF DEATH Klamath		13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Student Services Director		15. SPOUSE (If Married, Widowed, Divorced (Specify) Coralee Fries	
16. RESIDENCE - STATE Oregon		17. CITY, TOWN OR LOCATION Klamath Falls	
18. STREET AND NUMBER 1158 Buck Island Drive		19. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. ZIP CODE 97601		21. 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	
22. RACE American Indian, Black, White, etc. (Specify) White		23. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+	
24. FATHER - NAME first middle last Charles L. Fries		25. MOTHER - NAME first middle maiden Cora Fries Bosinger	
26. INFORMANT - NAME and relationship to deceased Coralee Fries Spouse		27. 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)	
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>James O. Rios</i>		31. LICENSE NUMBER (Of Licensee) 52-0297	
32. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601		33. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>	
34. DATE FILED (Month, Day, Year) SEP 01 1992		35. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
36. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 5:00 P 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 causes stated. (Signature) <i>[Signature]</i> M.D. 30. DATE SIGNED (Month, Day, Year) 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John A. Kleeman M.D. 1905 Main Street Klamath Falls, Oregon 97601 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causal 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) <i>Myocardial Infarction</i> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <i>ALBP</i>			
35. 37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <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"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide 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? 41d. DESCRIBE HOW INJURY OCCURRED 41e. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify) 41f. 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 ORIGINAL STATE STATISTICS COPY

DATE ISSUED SEP 01 1992

EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Coralee Fries the 9th day of Sept. A.D., 19 92 at 10:38 o'clock A.M., and duly recorded in Vol. M92 of Deeds on Page 20584.

FEE \$10.00

Return: Coralee Fries
1158 Buck Island Dr., Klamath Falls, Or. 97601

Evelyn Biehn - County Clerk

By *Coralee Fries*