

'92 SEP 9 AM 10 36

### DISTRAINT WARRANT

## and WRIT OF EXECUTION Volmas 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	02-16-92	\$1,507.00	\$176.75	\$256.52	\$10.00	\$1,950.27
						1	
TOTAL			\$1,507.00	Total Penalty, Interes Filing Fee	t and	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
C	
Date Sept. 9, 1992  County Klamath	This warrant has been satisfied in full, therefore the lien is fully released.
Reference Vol.M92 Page 20583	
Co. Lien Docket	Oregon Department of Revenue
Evelyn Biehn, County Clerk	Ву
By Queline Mulendore	
Fee \$5.00	
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OREGON DEPARTMENT OF REVENUE

For further information contact:

Return to:

Don P. Angelechio, Rev. Agent

Salem Central Office

Links &

O Box 14725

955 Center Street, Room 353 Salem, OR 97309-5018

Telephone: (503) 378-8818

094083 I.D. TAG NO. 376

# ORECASE AN MEAST HOUNGS OURCES CENTER HORITEANINESS TISTICS CENTER FOR HEALTH STATISTICS 136-

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					FICATE OF DE			Stati	e File Num	ber
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	4.SOCIAL SECURITY	NUMBER Se. A	GE Last Birthday	5b. Under 1 Year	FRIE:	8. BIRTHPLACE (C)	1	A or Foreign		St 29, 1992 BIRTH (Month, Day, Year
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2	10s. DECEDENT'S US	UAL OCCUPATION	ON	10b. KIND OF BUS			AL STATUS	- Married	12. SPOUSE	Klamath
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4	Oregon		math	l	n on LOCATION th Falls		ET AND N		1 5	
5		131. ZIP CODE						T	and Dr	ENT'S EDUCATION
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	XI Yes ONO	97601				White		1 7		5+
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	20s. METHOD OF DIS	POSITION   M		20b. PLACE OF DI	SPOSITION (Name of cer	metery, crematory, o			City or Town	Spouse
DISPOSITION	□ Burlal <b>X</b> I Cremat		from State	(Klamath	Cremation S	Service			Mar. 1	Th
7	Donation Don					- A	1 4	F		Oregon
8	21a. SIGNATURE OF EFFON ACTINO	FUNERAL SERVI	ICE LICENSEE O	R ) 21	b. LICENSE NUMBER (Of Licensee)	0'Hair's				
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	3:00 P		s □No				4			
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100000000000000000000000000000000000000	<b>**</b> '* <b>*</b> '* <b>*</b> '	IIIIIIII	0 _		M.D.	(Signature)			- 1	
12	30. DATE SQUEDIA	only Cas Year			33	L DATE SIGNED (MO	nth, Day, Y	ar)		COUNTY
12		NY		7		L DATE SIGNED (Mo	nth, Day, Yo	ar)		COUNTY
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13	34. NAME, TITLE AD	rest xno zı⊧ Kleeman	M.D.	1905 Main	(Type or Print) Street Kla	math Falls		4	97601	COUNTY
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13 14 CONDITIONS IF ANY WHICH GAVE RISE TO	34. NAME, TITLE ADD JOHN 35. NAME OF ATTEND 36. IMMEDIATE CAUS	MEST AND ZIP Kleeman DING PHYSICIAN	M.D.	1905 Main	Street Kla	math Fails		gon		Interval between ogset and death
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13  14  CONDITIONS IF ANY WHICH GAVE RISE TO BAMEDIATE CAUSE STATING THE UNDERLYING	34. NAME, TIME ADD JOHNS 35. NAME OF ATTENION 36. IMMEDIATE CAUS PART (a) DUE TO, OR AS	Kleeman Ding Physician	M.D.  ONE CAUSE PE  ONE CAUSE PE  ONE CAUSE PE	1905 Main	Street Kla	math Fails	, Ore	gon		Interval between onset and death Interval between onset and death Interval between onset and death
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