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PERSONAL PROPERTY TAX WARRANT

(This is a lien demand and not an arrest warrant)

60399

State of Oregon, County of

KLAMATH

Warrant Number

ss. 92-2226

STATE OF OREGON,

County of Klamath

Vol. 1993 Page 8659

Date Issued: March 15, 1993

Date due: April 15, 1993

Filed for record at request of:

Directed to: Theo's Video
% Hirschbock Barbara
5446 South 6th Street
Klamath Falls, Oregon 97603

on this 23rd day of April A.D., 19 93
at 9:27 o'clock A.M. and duly recorded
in Vol. M93 of Co. Lien Page 8659
Evelyn Biehn
County Clerk

By [Signature] Deputy.

Fee, none

The above named appears as owning or having possession or control of certain personal property on the accounts listed below. Taxes lawfully assessed, levied, and charged on said personal property have not been paid and are delinquent for the years and in the respective amounts specified.

This warrant is issued to enforce payment of these taxes pursuant to Oregon Revised Statute 311.610.

The description of the personal property as it appears in the latest tax roll, the year(s) for which taxes are delinquent, the principal amount for delinquent taxes for each year plus interest to the date of issuance of this warrant, and costs, are as follows:

Description of Personal Property			Tax Year	Amount of Taxes	Amount Due if Paid by Due Date	
Code Area	Account Number	Kind of Property			Interest	Total
041	P872310	Personal Property	1991	138.12	25.78	163.90
			1992	103.55	3.22	106.77
		Total Amount of Taxes to be recorded		Total Taxes and Interest		270.67
				Service Charges		15.00
				TOTAL Due (to Due Date)		285.67

The amount due on this warrant is the sum of total taxes due, interest on all past due installments at the rate of 1.3333 percent per month until paid (ORS 311.505), and the cost of service.

SERVICE OF WARRANT

A duplicate of this warrant was served on the person named by:

1. ☐ Personal Service (ORS 311.620)

Date of Service

2. ☐ Publication (ORS 311.615)

Date of First Publication

3. ☒ Certified Mail (ORS 311.620)

3/15/93
Date Mailed

Warrant served on

The cost of such service, publication, or postage is

\$

RELEASE OF LIEN

This warrant has been satisfied in full, and the lien is fully released.

Tax Collector

by

Deputy (MUST be signed to release lien)

Date

After Recording — Return to County Tax Collector

F-8008
I.D. TAG NO.

058

Local File Number

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

136

State File Number

DECEDENT

1
2
3
4
5
6

DECEASED

DISPOSITION

7

REGISTRAR

8

9

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11

CERTIFIER

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CONDITIONS

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CAUSE OF DEATH

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1. DECEDENT'S NAME: First Billie Middle Joe Last THATCHER 2. SEX: Male 3. DATE OF DEATH (Month, Day, Year): February 1, 1993

4. SOCIAL SECURITY NUMBER: 557-38-9686 5a. AGE Last Birthday (Years): 62 5b. Under 1 Year: 0 Mins 0 Days 0 Hours 0 Mins 5c. Under 1 Day: 0 Hours 0 Mins 6. BIRTH PLACE (City and State or Foreign Country): Muskogee, OK 7. DATE OF BIRTH (Month, Day, Year): May 23, 1930

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No 9. HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DCA ☐ OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify):

10. FACILITY NAME (if not institution, give street and number): HC 61 Box 1058 11. CITY, TOWN, OR LOCATION OF DEATH: LaPine 12. COUNTY OF DEATH: Klamath

13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Bus Driver/Custodian 14. KIND OF BUSINESS/INDUSTRY: Education 15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married 16. SPOUSE (If Married, Widowed, Divorced (Specify): Donna Thatcher

17. RESIDENCE - STATE: Oregon 18. COUNTY: Klamath 19. CITY, TOWN OR LOCATION: LaPine 20. STREET AND NUMBER: HC 61 Box 1058

21. INSIDE CITY LIMITS? ☐ Yes ☒ No 22. ZIP CODE: 97733 23. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes 24. RACE American Indian, Black, White, etc. (Specify): White 25. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (12) ☒ College (13 to 16) ☐ Postgraduate (17 and over) ☐

26. FATHER - NAME First Middle Last: William P. Thatcher 27. MOTHER NAME First Middle Maiden: Mattie Myrtle Cottrell 28. INFORMANT - NAME and relationship to decedent: Donna Thatcher (wife)

29. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify): 30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Central Oregon Cremation Assoc. 31. LOCATION - City or Town, State: Bend, Oregon

32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature] 33. LICENSE NUMBER (Of Licensee): 3565 34. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds, Inc. 105 NW Irving Bend, OR 97701

35. DATE FILED (Month, Day, Year): FEB 05 1993 36. REGISTRAR'S SIGNATURE: Charles Robinson

37. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A 38. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

39. TO BE COMPLETED BY CERTIFYING PHYSICIAN 40. TO BE COMPLETED ONLY BY MEDICAL EXAMINER

41. TIME OF DEATH: 4:30 A. 42. DATE PRONOUNCED DEAD (Month, Day, Year, Hour, Minute): Feb 1, 1993

43. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated (Signature): Patrick L. Conner

44. DATE SIGNED (Month, Day, Year): Feb 1, 1993 45. DATE SIGNED (Month, Day, Year): Feb 1, 1993 46. COUNTY: Klamath

47. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Patrick L. Conner, MD 1501 NE Medical Center Drive Bend, Oregon 97701

48. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

49. 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

50. DUE TO, OR AS A CONSEQUENCE OF: (a) Myocardial infarction Interval between onset and death: Weeks

51. DUE TO, OR AS A CONSEQUENCE OF: (b) Primary renal carcinoma Interval between onset and death: Months

52. DUE TO, OR AS A CONSEQUENCE OF:

53. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not resulting in the underlying cause given in PART I.

54. Did tobacco use contribute to the death? ☐ No ☐ Probably ☒ Unknown

55. AUTOPSY: ☐ Yes ☒ No

56. IF YES, were findings consistent in determining cause of death? ☐ Yes ☐ No ☐ N/A

57. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention

58. DATE OF INJURY (Month, Day, Year): Feb 1, 1993 59. TIME OF INJURY: M 60. INJURY AT WORK? ☐ Yes ☒ No

61. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify):

62. DESCRIBE HOW INJURY OCCURRED:

63. LOCATION (Street and Number or Rural Route Number, City or Town, State):

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

DATE ISSUED: FEB 24 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Donna Thatcher the 23rd day of April A.D., 19 93 at 10:06 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 8660

FEE \$10.00

Return: Donna Thatcher
HC 61, Box 1058, LaPine, Or. 97739

Evelyn Biehn County Clerk
By Donna Thatcher