Vol M93 Page 9119

'93 APR 28 AM 11 24

When Recorded Please Return To

60655

LATAKOMIE SHORES

3787 MAIDU WAY
CHILOQUIN, OREGON 97624

NOTICE OF DELINQUENT ASSESSMENT AND OF THE LIEN CREATED THEREBY

1. NOTICE IS HEREBY GIVEN that on October 18, 1986, the Board of Directors of the LATAKOMIE SHORES BEACH CLUB, INC., an Oregon corporation, duly adopted a raise in the annual assessment levy from twenty five dollars ($25) to forty dollars ($40) per lot in Latakomie Shores Subdivision in Klamath County, Oregon, said amount to be levied January 1, 1987 and delinquent April 16, 1987. Said assessment was duly adopted pursuant to Section 10 paragraphs 4 and 5 of the corporation Bylaws; Article 4 paragraph 2 and Article 6 paragraph 3 of the recorded Declarations of Restrictions.

2. Notice of delinquent assessments of 1987 and past years were served September 10, 1987 upon record title owners of each lot of said subdivision that water to lots would be shut off until all past delinquent assessments were paid.

3. Notice is hereby given that said assessments constitutes a lien against each lot of real property hereinafter more particularly described, for payment and satisfaction in full of said assessments, collection charges, and interest as follows:

1989 Assessment 1990, 1991, 1992	$170.00
1989 Penalty 1990, 1991, 1992	$100.00
Lien recording fees	$ 5.00
Lien release fees	$ 5.00
Interest at 12% on above	$20.40
	300.40

Such attorney's fees and costs as may be allowed by the court in any legal action filed to collect said sums.

Release of the above Assessment Lien as it affects each specific lot may be obtained by payment to the Latakomie Shores Beach Club, Inc., H.C. 30 Box 101, Chiloquin, OR 97624, of all sums due the Corporation as stated herein.

4. A description of each lot of real property subject to the within Assessment Lien, together with the name of the record title owner are as follows:

LENORA GRAY
Acct. R 3507 007CD 1800
LATAKOMIE SHORES
Lot 2-Block 5

LATAKOMIE SHORES BEACH CLUB, INC.

By Adrienne Williams
ADRIENNE WILLIAMS
Secretary/Treasurer

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 28th day of April A.D., 19 93 at 11:24 o'clock A M., and duly recorded in Vol. M93 of Co. Lien Docket on Page 9119.

Evelyn Biehn - County Clerk
By Dawn Mullendore

FEE $5.00

CERTIFICATION OF VITAL RECORD

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

PRINT IN PERMANENT BLACK INK

F-9187 I.D. TAG NO.

171 Local File Number

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First Luther; Middle Herman; Last RIPPY
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 6, 1993
4. SOCIAL SECURITY NUMBER: 541-18-2926
5a. AGE Last Birthday (Years): 73
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Asherville, MO.
7. DATE OF BIRTH (Month, Day, Year): July 25, 1919
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Heavy Equipment Operator
10b. KIND OF BUSINESS/INDUSTRY: County Government
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Myrtle Rippy
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Merrill
13d. STREET AND NUMBER: 225 Polk Street
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97633
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2

PARENTS

17. FATHER - NAME first middle last: Pete - Commador
18. MOTHER - NAME first middle maiden: Myra - Moore
19. INFORMANT - NAME and relationship to deceased: Myrtle Rippy - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Carl A. Wile
21b. LICENSE NUMBER (Of Licensee): 93-49-1363
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Hwy. 39, Klamath Falls, OR. 97603
23. DATE FILED (Month, Day, Year): APR 08 1993
24. REGISTRAR'S SIGNATURE: Carla Robinson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2:05 P. M
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ 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)
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 2:05 P. M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): April 6, 1993 2:05 P. M
32. 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) James N. Beggs M.D. Klamath COUNTY
33. DATE SIGNED (Month, Day, Year): 4/7/93

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs M.D. 2300 Clairmont Drive, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. 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) Probable Myocardial Infarction — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
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. Poorly controlled Type II Diabetes
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☐ No
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)

RESERVED FOR REGISTRAR'S USE

45-2 Rev 7/91

ORIGINAL — VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED APR 08 1993

Edward J. Johnson II
EDWARD J. JOHNSON II, STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Myrtle Rippy the 28th day of April A.D., 19 93 at 11:24 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 9120.

Evelyn Biehn - County Clerk
By Lauren Thurston

FEE $10.00

Return: Myrtle RIppy
225 Polk, Merrill, Or. 97633