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92 MAY 5 AM 10 44

PERSONAL PROPERTY TAX WARRANT

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

State of Oregon, County of

Warrant Number 92-550

Vol 93 Page 9851
STATE OF OREGON,
County of Klamath ss.

Date Issued: July 15, 1992

Date due: August 15, 1993

Filed for record at request of:

Directed to: Barbara Hirschbock
5800 Airway Dr
Klamath Falls, Or 97603on this 5th day of May A.D. 19 93
at 10:44 o'clock A.M. and duly recorded
in Vol. M93 of Co. Lien Page 9851
Evelyn Biehn Docket
County Clerk
By Deputy

Fee, none

Deputy.

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 | | | Interest | Total |
| 043 | M55442 | 1990 1991 | 93.43 102.30 | 22.42 8.18 | 115.85 110.48 |
| Total Amount of Taxes to be recorded | | | Total Taxes and Interest | 226.33 | |
| | | | Service Charges | 15.00 | |
| | | | TOTAL Due (to Due Date) | 241.33 | |

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)7-15-92
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

(7-92)

COUNTY CLERK

140074
I.D. TAG NO.
107

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

State File Number

Local File Number

| | | | |
|---|--|--|--|
| 1. DECEDENT'S NAME First: Jack Middle: Franklin Last: MATTOS | | 2. SEX Male | 3. DATE OF DEATH (Month, Day, Year) February 27, 1993 |
| 4. SOCIAL SECURITY NUMBER 557-03-3700 | | 5a. AGE Last Birthday (Years) 80 | 5b. Under 1 Year Mon: Days: Hours: Mins: |
| 6. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other | | 7. DATE OF BIRTH (Month, Day, Year) January 4, 1913 | |
| 8. FACILITY NAME (If not institution, give street and number) Melee West Medical Center | | 9. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls | |
| 10. DECEDENT'S USUAL OCCUPATION Welder & Mechanic | | 11. MARITAL STATUS Married | |
| 12. KIND OF BUSINESS/INDUSTRY Lewis Mfg. - Lumber | | 13. SPOUSE (If Married, Widowed, Divorced (Specify)) Mildred | |
| 13a. RESIDENCE - STATE Oregon | | 13b. COUNTY Klamath | |
| 13c. CITY, TOWN OR LOCATION Klamath Falls | | 13d. STREET AND NUMBER 5531 Independence | |
| 14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | 15. RACE American Indian, Black, White, etc. (Specify) White | |
| 16. DECEDENT'S EDUCATION Elementary/Secondary (1-12) College (13-16) Postgraduate (17-19) 10 | | 17. FATHER - NAME first middle last Joseph A. Mattos | |
| 18. MOTHER - NAME first middle maiden Maude E. Klinger | | 19. DECEDENT'S WIFE Mildred Mattos - Wife | |
| 20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens | |
| 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster | | 23. LICENSE NUMBER (Of Licensee) 3224 | |
| 24. DATE FILED (Month, Day, Year) MAR 03 1993 | | 25. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy 9391 Klamath Falls, OR 97603 | |
| 26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | | 27. WAS GIFT MADE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | |
| 28. TIME OF DEATH 1:35 P M | | 29. DATE PHONOUNCED DEAD (Month, Day, Year) 3-1-93 | |
| 30. TO BE COMPLETED BY CERTIFYING PHYSICIAN 31. TO BE COMPLETED ONLY BY MEDICAL EXAMINER | | 32. DATE SIGNED (Month, Day, Year) 3-1-93 | |
| 33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Kenneth K. Magee, MD - 1900 Main St. - Klamath Falls, OR 97601 | | 34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | |
| 35. 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) Cordic Arteriosclerosis (b) Cor pulmonale, advanced (c) Severe Chronic Obstructive Pulmonary Disease | | 36. INTERVAL BETWEEN ONSET AND DEATH Second year | |
| 37. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Heart Disease | | 38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal <input type="checkbox"/> Homicide | | 40. DATE OF INJURY (Month, Day, Year) M | |
| 41. PLACE OF INJURY (At home, farm, street, factory, office building etc. (Specify)) | | 42. LOCATION (Street and Number or Rural Route Number, City or Town, State) | |

RESERVED FOR REGISTRAR'S USE

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

MAR 30 1993

DATE ISSUED:

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mildred Mattos the 5th day of May A.D., 1993 at 11:30 o'clock A.M., and duly recorded in Vol. M93 of Deeds on Page 9852

FEE \$10.00

Return: Mildred Mattos
5531 Independence, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk
By