

61442

60103

## PERSONAL PROPERTY TAX WARRANT

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

Vol. m93 Page 10790

State of Oregon, County of KLAMATH

Warrant Number  
ss. 92-1028STATE OF OREGON,  
County of KlamathVol. m93 Page 8215

Date Issued: March 15, 1993

Date due: April 15, 1993

Filed for record at request of:

Directed to: Basin Beef & Beverage Co.  
% Hatfield Terry  
Ret: 3030 South 6th Street  
Klamath Falls, Oregon 97603

On this 20th day of April A.D., 19 93  
at 3:16 o'clock P.M. and duly recorded  
in Vol. M93 of Co. Lien Page 8215  
By Evelyn Biehn County Clerk  
By Debra M. Nielsen 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:

Code Area	Account Number	Description of Personal Property	Tax Year	Amount of Taxes	Amount Due if Paid by Due Date	
		Kind of Property			Interest	Total
042	P476043	Personal Property	1991 1992	58.39 2594.90	8.56 80.73	66.95 2,609.90
Total Amount of Taxes to be recorded				Total Taxes and Interest	2,742.58	
				Service Charges	15.00	
				TOTAL Due (to Due Date)	2,757.58	

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

(7-92)

## COUNTY CLERK

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the \_\_\_\_\_ 13th day  
of \_\_\_\_\_ May \_\_\_\_\_ A.D., 19 93 at 2:42 o'clock P.M., and duly recorded in Vol. M93  
of \_\_\_\_\_ Co. Lien Docket \_\_\_\_\_ on Page 10790.

FEE \$5.00

Evelyn Biehn - County Clerk

By

# CERTIFICATION OF VITAL RECORD

125992  
I.D. TAG NO.  
219  
Local File Number

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

State File Number

1. DECEDENT'S NAME First: John Middle: Martin Last: Wanderscheid		2. SEX M	3. DATE OF DEATH (Month, Day, Year) May 9, 1993
4. SOCIAL SECURITY NUMBER 470-16-5473		5a. AGE Last Birthday (Years) 71	5b. Under 1 Year Mos. Days Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) Forest City, Minnesota		7. DATE OF BIRTH (Month, Day, Year) October 24, 1921	
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 checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> 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	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Technician		10b. KIND OF BUSINESS/INDUSTRY Automotive	
11. MARITAL STATUS - Married (Specify only highest grade completed) Married		12. SPOUSE (If Married, Widowed, Divorced (Specify) Bernice	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2530 Darrow	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 8			
17. FATHER - NAME first middle last Martin - Wanderscheid		18. MOTHER - NAME first middle maiden Mary - Wimmer	
19. INFORMANT - NAME and relationship to deceased Bernice W. / Wife			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charmaine Barcus</i>		21b. LICENSE NUMBER (Of Licensee) 3409	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601		23. DATE FILED (Month, Day, Year) MAY 12 1993	
24. REGISTRAR'S SIGNATURE <i>Charlene Barcus</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 0859 M		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <i>Arthur G. Freeland</i>			
30. DATE SIGNED (Month, Day, Year) 5-10-93			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Arthur G. Freeland, MD, 1905 Main Street, Klamath Falls, OR 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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>Sepsis</i> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <i>2 days</i>	
(b) <i>Acute lymphocytic leukemia</i> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <i>3 wks</i>	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		Interval between onset and death	
34. 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"/> Homicide <input type="checkbox"/> Legal Intervention		35. DATE OF INJURY (Month, Day, Year)	
36. TIME OF INJURY		37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		39. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
40. DESCRIBE HOW INJURY OCCURRED			

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

DATE ISSUED: MAY 12 1993

Charlene Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Bernice Wanderscheid the 13th day of May A.D., 19 93 at 2:42 o'clock P.M., and duly recorded in Vol. M93 of Deeds on Page 10791.

FEE \$10.00

Return: Bernice Wanderscheid, 2530 Darrow, Klamath Falls, Or. 97601

Evelyn Biehn - County Clerk  
By *Charlene Barcus*