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SUBURBAN SELF STORAGE
3939 HILYARD AVE
KLAMATH FALLS, OREGON 97603

CLAIM OF POSSESSORY LIEN

FORECLOSURE NOTICE

TO: LARRY FISH
UNIT NO. F-21

DATE: JULY 19, 1993

As of the above date you were 3 months and ___ days late on your storage rental payments to SUBURBAN SELF STORAGE.

According to ORS. 87.152 & 87.162 and paragraphs 6,7, and 8 of your contract with us, a lien as been attached to the contents of your unit. The date the lien attached to the chattels is MAY 20 1993.

NOTICE IS HEREBY GIVEN to you and to whom it may concern that on AUGUST 20 1993, at 8:00 O'clock AM, the claiment will proceed to sell the contents of your storage unit.

Total cost incurred to date is $ 195.39, plus any other added storage costs, and any attorneys fees and other cost that may be incurred in the collection of funds to satisfy your rental obligations.

Sincerely,

RONALD OR PEGGY MERMAN
OWNERS: SUBURBAN SELF STORAGE

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

on this 19th day of July A.D., 19 93
at 3:58 o'clock P M. and duly recorded
in Vol. M93 of Lien Upon Chattels Page 17481.
Evelyn Biehn County Clerk
By Pauline Mullendore Deputy.

Fee, $5.00

CA 5.00

CERTIFICATION OF VITAL RECORD

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

094168 I.D. TAG NO.
320 Local File Number
138- State File Number

DECEDENT

1. DECEDENT'S NAME: First Carl; Middle Richard; Last MONETT
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 7, 1993
4. SOCIAL SECURITY NUMBER: 543-32-1386
5a. AGE-Last Birthday (Years): 60
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Woodland, Colorado
7. DATE OF BIRTH (Month, Day, Year): December 26, 1932
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [X] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 9714 Ben Kerns Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Keno
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Fork Lift Operator
10b. KIND OF BUSINESS/INDUSTRY: Lumber Mill
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Gertie C. Monett
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Keno
13d. STREET AND NUMBER: 9714 Ben Kerns Road
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97627
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] 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): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Carl H. Monett
18. MOTHER - NAME first middle maiden: Dorothy Million
19. INFORMANT - NAME and relationship to deceased: Gertie C. Monett Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Removal from State [ ] Donation [ ] Mausoleum [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James A Riggs
21b. LICENSE NUMBER (Of Licensee): 52-0297
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine ST. Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): JUL 08 1993
24. REGISTRAR'S SIGNATURE: Charlene Barcus
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [ ] NO [X] N/A
26. WAS GIFT MADE? [ ] YES [ ] NO [X] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2:30 A M
28. WAS MEDICAL EXAMINER NOTIFIED? [X] 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): Charles D Bury M.D.
30. DATE SIGNED (Month, Day, Year): July 7. 1993
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles D. Bury M.D. 2300 Clairmont Street Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 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)
33. DATE SIGNED (Month, Day, Year) COUNTY

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) Pneumonia — 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) — Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Diabetes Mellitus
37. Did tobacco use contribute to the death? [ ] Yes [X] Probably [ ] No [ ] Unknown
38. AUTOPSY [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A
40. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Undetermined Manner [ ] Legal Intervention
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.

ORIGINAL — VITAL STATISTICS COPY
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: JUL 19 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON 1859

COUNTY DEPARTMENT OF HEALTH KLAMATH OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Gertie Monett the 19th day of July A.D., 19 93 at 3:58 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 17482.

Evelyn Biehn County Clerk
By Darlene Mulkey

FEE $10.00
REturn: Gertie Monett, P.O. Box 569, Keno, Or. 97627