

71152

11-10-93P03:58 RCVD

Vol. m93 Page 29830

## DISTRAINT WARRANT

AND

## WRIT OF EXECUTION

Notice Date: 11/01/93

Reference number: 540-50-0452 100 90 12 1

DREW, MARVA L  
PO BOX 858  
KENO OR 97627-0858

## DISTRAINT WARRANT

This warrant has been issued against the above named debtor(s) because the tax or debt shown below has not been paid in full.

Type of Tax: Personal Income Tax

Period	Assessment Date	Tax/Debt	Penalty	Interest	Filing Fee	Balance Due
1990	6/09/93	\$213.00	.00	194.56	10.00	\$417.56

Interest is computed through the date of this warrant. Add daily interest from the date of this warrant until paid. Daily interest is: 90.07

## WRIT OF EXECUTION

Recorded in Klamath County

Once recorded in the County Clerk Lien Record, this warrant is a judgement against the debtor(s) and a lien on any real or personal property they now own or may acquire in the future.

Judgement Entered
Date: <u>Nov. 10, 1993</u>
County: <u>Klamath</u>
Reference: <u>Vol. M93/29830</u>
<u>Co. Lien Docket</u>
<u>Evelyn Biehn, County Clerk</u>
By: <u>Deedee Mullenbore</u>
Fee \$5.00

OREGON DEPARTMENT OF REVENUE

*Leith Gibbin*

Return to:  
Duane 61/856  
Revenue Agent  
Collection Division  
Telephone: (503) 945-8187  
PO Box 14725  
Salem OR 97309-5018

PRINT IN  
PERMANENT  
BLACK INK

146880  
ID. TAG NO.

524  
Local File Number

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

136

State File Number

DECEDENT

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1. DECEDENT'S NAME: **Alva Lee EDWARDS**

2. SEX: **Male**

3. DATE OF DEATH (Month, Day, Year): **November 7, 1993**

4. SOCIAL SECURITY NUMBER: **543-10-2393**

5a. AGE Last Birthday (Years): **90**

5b. Under 1 Year: **Days**

5c. Under 1 Day: **Hours**

6. BIRTHPLACE (City and State or Foreign Country): **Forsyth, Missouri**

7. DATE OF BIRTH (Month, Day, Year): **August 6, 1903**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? **No**

9a. PLACE OF DEATH (Check only one): **HOSPITAL** ☒ **Impatient** ☐ **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): **Millwright**

10b. KIND OF BUSINESS/INDUSTRY: **Weyerhaeuser Lumber Co.**

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): **Married**

12. SPOUSE (If Married, Widowed): **Maudie**

13a. RESIDENCE - STATE: **Oregon**

13b. COUNTY: **Klamath**

13c. CITY, TOWN OR LOCATION: **Klamath Falls**

13d. STREET AND NUMBER: **6835 Hwy #66**

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) **No**

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+)**

17. FATHER - NAME - first - middle - last: **John - Edwards**

18. MOTHER - NAME - first - middle - maiden: **Martha - Elmina**

19. INFORMANT - NAME and relationship to decedent: **Maudie Edwards - Wife**

20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify): **Eternal Hills Memorial Gardens**

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Klamath Falls, Oregon**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: **Jim Lancaster**

21b. LICENSE NUMBER (If Licensee): **3224**

22. NAME, ADDRESS AND ZIP OF FACILITY: **Eternal Hills Funeral Home 4711 Hwy #39/ Klamath Falls, OR 97603**

23. DATE FILED (Month, Day, Year): **NOV 08 1993**

24. REGISTRAR'S SIGNATURE: **Charles Barcus**

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A

26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

27. TIME OF DEATH: **8:53 A 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): **Kenneth K. Magee**

30. DATE SIGNED (Month, Day, Year): **11-8-93**

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): **Kenneth K. Magee, MD - 1900 Main St - 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.)

34. DUE TO, OR AS A CONSEQUENCE OF: **Coronary Heart Failure**

35. DUE TO, OR AS A CONSEQUENCE OF: **Valvular Heart Disease**

36. DUE TO, OR AS A CONSEQUENCE OF:

37. Interval between onset and death: **Weeks**

38. Interval between onset and death: **Months**

39. Interval between onset and death:

40. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: **Anemia - osteoporosis**

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

42. AUTOPSY: ☐ Yes ☒ No

43. If YES were findings considered in determining cause of death?

44. MANNER OF DEATH ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide

45a. DATE OF INJURY (Month, Day, Year):

45b. TIME OF INJURY:

45c. INJURY AT WORK? ☐ Yes ☒ No

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

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

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 7/91

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

NOV 08 1993

DATE ISSUED:

Charles Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH:

ss.

Filed for record at request of \_\_\_\_\_ the \_\_\_\_\_ 12th day  
of \_\_\_\_\_ November \_\_\_\_\_ A.D., 19 93 at 9:32 o'clock \_\_\_\_\_ A M., and duly recorded in Vol. \_\_\_\_\_  
of \_\_\_\_\_ Deeds \_\_\_\_\_ on Page 29831

FEE \$10.00

Return: Maudie Edwards, 6835 Hwy 66  
Klamath Falls, Or. 97601

Evelyn Biehn County Clerk  
By Annelle Mueller