

BEFORE THE HEARINGS OFFICER OF KLAMATH COUNTY, OREGON

In the Matter of the Violation/Citation)	
of)	
RUSS BOWER,)	TUP 21-92
)	
Respondent.)	ORDER
)	

This matter came before Neal G. Buchanan, Hearings Officer for Klamath County, Oregon, on February 17, 1995, in the library conference room in Klamath Falls, Oregon. The hearing was held pursuant to notice given in conformity with the Klamath County Land Development Code and related statutes and ordinances. The Klamath County Planning Department was represented by Mr. Kim Lundahl, and the recording secretary was Ms. Karen Burg. The applicant was present. Also present was Robert Baggett, of Klamath County Environmental Health. Testimony was received from the applicant and from Robert Baggett.

FINDINGS OF FACT

The applicant is in violation of the Klamath County Land Development Code, and in violation of the provisions of his renewal approval dated February 10, 1994.

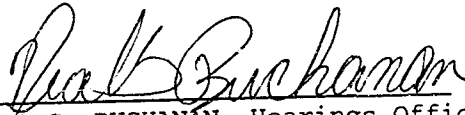
CONCLUSIONS OF LAW

The applicant is in violation of the Klamath County Land Development Code. The applicant can cure the violation by applying to renew TUP 21-92 and by applying for and receiving approval for placement of a farm dwelling.

ORDER

The applicant is in violation of the Klamath County Land Development Code. Russ Bower, as he has agreed, shall apply to the Klamath County Planning Department for renewal of TUP 21-92 immediately. Russ Bower shall also be required to apply to the Klamath County Planning Department and receive approval for placement of a farm dwelling on or before April 1, 1995. In the event that Russ Bower shall fail to accomplish the provisions of this Order, then he shall be required to abandon residential use of the RV on or before April 1, 1995; or be cited to appear in Klamath County District Court to show cause why code provisions should not be enforced.

Dated this 14 day of March, 1995.


NEAL G. BUCHANAN, Hearings Officer

NOTICE OF APPEAL RIGHTS

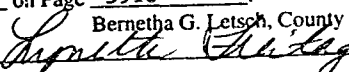
You are hereby notified that this Order may be appealed to the Klamath County Board of Commissioners by filing with the Klamath County Planning Department a notice of appeal as set out in Section 33.040 of the Klamath County Land Development Code, together with the fee required within seven (7) days of the mailing date of this Order. Failure to file a notice of appeal within the time provided will result in the loss of your right to appeal this decision.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County the 16th day
of March A.D., 19 95 at 11:26 o'clock a M., and duly recorded in Vol. M95
of Deeds on Page 5910

FEE NONE

RETURN TO:
Commissioners Journal

By  Bernetha G. Letsch, County Clerk

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

158033
LD. TAG NO.
950192
Local File Number

State File Number

1. DECEDENT - First Name: **Peter** Middle: **Alfred** Last: **CREBBIN**

2. SEX: **Male**

3. DATE OF DEATH (Month, Day, Year): **February 13, 1995**

4. SOCIAL SECURITY NUMBER: **549-44-0495**

5a. AGE - Last Birthday (Month, Day, Year): **60**

5b. Under 1 Year: **None** Days: **None** Hours: **None** Mins: **None**

6. BIRTHPLACE (City and State or Foreign Country): **Yreka, California**

7. DATE OF BIRTH (Month, Day, Year): **April 3, 1934**

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

9a. PLACE OF DEATH (Check only one): **HOSPITAL** ☒ Inpatient ☐ Outpatient ☐ DCA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify):

9b. FACILITY NAME (If not institution, give street and number): **Rogue Valley Medical Center**

9c. CITY, TOWN, OR LOCATION OF DEATH: **Medford**

9d. COUNTY OF DEATH: **Jackson**

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): **Contractor**

10b. KIND OF BUSINESS/INDUSTRY: **Logging**

11. MARITAL STATUS - Married: **Married**

12. SPOUSE (If married, deceased): **Mary Lynn**

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

13b. COUNTY: **Jackson**

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

13d. STREET AND NUMBER: **2304 Western Street**

14. INSIDE CITY LIMITS? **No**

15. ZIP CODE: **97603**

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

17. RACE AND ETHNICITY: **White**

18. DECEDENT'S EDUCATION (Specify only highest grade completed): **Elementary/Secondary (9-12)**

19. INFORMANT - Name and relationship to decedent: **Mary Lynn Crebbin - Wife**

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 Memorial Gardens**

20c. LOCATION - City or Town, State: **Klamath Falls, Oregon**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: **Ruby L. Bailey**

21b. LICENSE NUMBER (For Licensees): **3021**

22. NAME, ADDRESS AND ZIP OF FACILITY: **Eternal Hills Memorial Chapel, 4711 Hwy. 39, Klamath Falls, OR 97601**

23. DATE FILED (Month, Day, Year): **FEB 14 1995**

24. REGISTRAR'S SIGNATURE: **Selia Colborn**

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? **No**

26. WAS GIFT MADE? **No**

27. TIME OF DEATH: **8:09 A.M.**

28. WAS MEDICAL EXAMINER NOTIFIED? **No**

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) indicated on this certificate.

30. DATE SIGNED (Month, Day, Year): **2/14/95**

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): **Joel A. Tobias, MD 2941 Doctors Park Drive Medford, OR 97504**

32. NAME, TITLE, ADDRESS AND ZIP OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I, II, AND III. Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)

PART I (a) **malignant melanoma**

DUE TO, OR AS A CONSEQUENCE OF:

(b) **Interval between onset and death: 2h**

PART II (c) **Interval between onset and death**

OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? **No**

38. AUTOPSY: **No**

39. If YES, were findings considered in determining cause of death? **No**

40. MANNER OF DEATH: ☒ Natural ☐ Pending investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Legal intervention ☐ Homicide

41a. DATE OF INJURY (Month, Day, Year):

41b. TIME OF INJURY:

41c. INJURY AT WORK? **No**

41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

41e. LOCATION (Street and Number or Rural Route Number, City or Town, State):

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-82

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

FEB 23 1995

DATE ISSUED:

Henry Collins Jr.
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mary Lynn Crebbin the 16th day of March A.D., 19 95 at 11:33 o'clock A M., and duly recorded in Vol. M95 of Deeds on Page 5912.

FEE \$10.00

RETURN TO: Mary Crebbin
2304 Western St
Klamath Falls, Or 97603

By Bernetha G. Letsch County Clerk