

OregonDEPARTMENT OF
REVENUE**NOTICE OF RELEASE OF TAX LIEN**

This certifies that the following tax lien issued by the
Oregon Department of Revenue which has been entered

in KLAMATH County as follows:

Issued Against MARY BETH CHESTNUT DBA
CLARK REAL ESTATE, KLAMATH BRANCH
(Name)

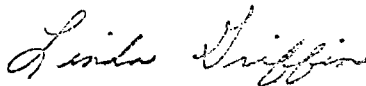
Lien Number DW-94-103568 Amount: 156.44

Date Entered 02/15/95

Reference M95/3307 94872

has been satisfied and is fully released.

Executed at Salem, Oregon by the direction of the Oregon
Department of Revenue



Supervisor
Collection Division

AUG 04 1995

Date

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Oregon Department of Revenue the 8th day
of August A.D., 19 95 at 11:54 o'clock A M., and duly recorded in Vol. M95,
of County Lien Docket on Page 21002.

FEE \$5.00

By Bernetha G. Letsch, County Clerk
Annette Mueller

955 Center Street NE
Salem, OR 97310

124008

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

I.D. TAG NO.

Local File Number

State File Number

1. DECEDENT'S NAME George Thomas TAYLOR		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) August 5, 1994
4. SOCIAL SECURITY NUMBER 023-01-3307	5a. AGE Last Birthday (Year) 91	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Somerville, MA		7. DATE OF BIRTH (Month, Day, Year) October 13, 1902	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> IDOA <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) St. Charles Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Bend	
9d. COUNTY OF DEATH Deschutes			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Machinest		10b. KIND OF BUSINESS/INDUSTRY Aircraft Manufacturer	
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) Married		12. SPOUSE (If Married, Widowed) Frieda S. Taylor	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Deschutes	
13c. CITY, TOWN OR LOCATION Crescent		13d. STREET AND NUMBER P.O. Box 63	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97733	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed.) Elementary/Secondary (10-12) College (14 or 5+) 12			
17. FATHER - NAME first middle last George William Taylor		18. MOTHER - NAME first middle maiden Elizabeth Donlon	
19. INFORMANT - NAME and relationship to decedent Self 5-17-81			
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) Central Oregon Creamtion Assoc.	
20c. LOCATION - City or Town, State Bend, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSED OR PERSON ACTING AS SUCH <i>Eugene J. Tabor</i>		21b. LICENSE NUMBER (OF Licensee) 3381	
22. NAME, ADDRESS AND ZIP OF FACILITY Tabor's Desert Hills Mortuary 1441 N.E. Forbes Ave. Bend, OR 97701			
23. DATE FILLED (Month, Day, Year) August 5, 1994		24. REGISTRAR'S SIGNATURE <i>Florence Abend-Torrigino</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 3:45 A. M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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>Richard H. Woods MD</i>			
30. DATE SIGNED (Month, Day, Year) 8-5-94			
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) <i>Florence Abend-Torrigino</i>			
33. DATE SIGNED (Month, Day, Year)		COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Richard H. Woods MD 1501 NE Medical Center Drive. Bend, Oregon 97701			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
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		Interval between onset and death	
(a) Malnutrition due to inability to swallow		weeks	
(b) Surgery - radiation therapy		10 yrs	
(c) Carcinoma of throat		10 yrs	
PART II		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I		10 yrs	
37. Did medical services contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. Did medical services contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. 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"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> 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)	
41d. DESCRIBE HOW INJURY OCCURRED			
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-92

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

DATE ISSUED: Aug 5, 1994

FLORENCE ABEND-TORRIGINO
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Frieda Taylor the 8th day
of August A.D., 19 95 at 11:55 o'clock A M., and duly recorded in Vol. M95
of Deeds on Page 21003

FEE \$10.00

Ret: P.O. Box 63
Crescent, OR 97733

Bernetha G. Letsch, County Clerk
By Annette Mueller