

## NOTICE OF DISTRAINT WARRANT ENTRY

Gentlemen:

I have entered a distraint warrant in the County Clerk Lien Record of this county as follows:

Warrant No. 44179  
Employer CHARLES SHORT  
INDIVIDUALLY AND DBA HORIZON GARDEN  
AND LANDSCAPE  
  
Account No. 370456-6  
County of Klamath, State of Oregon  
Amount \$1,228.81  
Date Entered 03-23-94  
Volume M94  
Page 8674

Clerk \_\_\_\_\_

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## RELEASE OF LIEN

The above described distraint warrant, having been satisfied in full by payment,  
NOW THEREFORE, the lien of the distraint warrant is fully released and extinguished.

ROGER AUERBACH, ACTING DIRECTOR  
EMPLOYMENT DEPARTMENT

By *Jayne Martin*  
Authorized Representative of Director

Return To:  
State of Oregon  
Employment Department  
875 Union St NE, Room 107  
Salem OR 97311

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of State of Oregon Employment Department the 19th day  
of October A.D., 19 95 at 10:35 o'clock A M., and duly recorded in Vol. M95,  
of County Lien Docket on Page 28524.

FEE \$5.00

By *Bernetha G. Letsch*, County Clerk  
*Annette Mueller*

128712

I.D. TAG NO.

04637

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME First Middle Last <b>John ECKHARDT</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>August 31, 1992</b>
4. SOCIAL SECURITY NUMBER <b>524-18-5212</b>	5a. AGE-Last Birthday (Years) <b>69</b>	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE, City and State or Foreign Country <b>Loveland, Colorado</b>
7. DATE OF BIRTH (Month, Day, Year) <b>November 8, 1922</b>		8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
8b. FACILITY NAME (if not institution, give street and number) <b>Veterans Administration Medical Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Portland</b>	
9d. COUNTY OF DEATH <b>Multnomah</b>		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>General Contractor</b>	
10b. KIND OF BUSINESS/INDUSTRY <b>Home Building</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>married</b>	
12. SPOUSE (If Married, Widowed) <b>Earline J.</b>		13a. RESIDENCE - STATE <b>Oregon</b>	
13b. COUNTY <b>Clackamas</b>		13c. CITY, TOWN OR LOCATION <b>Clackamas</b>	
13d. STREET AND NUMBER <b>8785 Roots Rd.</b>		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) <b>white</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>11</b>	
17. FATHER - NAME first middle last <b>George Eckhardt</b>		18. MOTHER - NAME first middle maiden n.f. <b>Margaret E. Eckhardt</b>	
19. INFORMANT - NAME and relationship to deceased <b>Earline J. Eckhardt, spouse</b>		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Willamette National</b>	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20c. LOCATION - City or Town, State <b>Portland, Oregon</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>John W. Bloom</i>		21b. LICENSE NUMBER (Of Licensee) <b>3025</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>Lincoln Willamette Funeral Directors 9775 SE Mt. Scott Blvd., Portland, Or. 97266</b>		24. REGISTRAR'S SIGNATURE <i>Arthur W. Bloom</i>	
23. DATE FILED (Month, Day, Year) <b>SEP 0 8 1992</b>		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		27. TIME OF DEATH <b>09:10 PM</b>	
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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>Tim Takaro, MD</i>	
30. DATE SIGNED (Month, Day, Year) <b>SEP 1, 92</b>		31a. TIME OF DEATH <b>M</b>	
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>		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) <b>SEP 1, 92</b>		34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Tim Takaro, MD Portland VA Medical Center 3710 SW US Veterans Hospital Road Portland OR 97207</b>	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>hypoxia</b> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <b>1 hour</b>	
(b) <b>chronic obstructive pulmonary disease</b> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <b>25 years</b>	
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		Interval between onset and death	
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
39. If YES were findings considered in determining cause of death?		40. 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"/> Legal Intervention <input type="checkbox"/> Homicide	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <b>M</b>	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	

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REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED: **SEP 0 9 1992**

ARTHUR W. BLOOM  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Peter Neldner** the **19th** day  
of **October** A.D., 19 **95** at **10:35** o'clock **A** M., and duly recorded in Vol. **M95**  
of **Deeds** on Page **28525**

FEE \$10.00  
Ret: Peter Neldner, 18441 S. Ferguson  
Oregon City, OR 97045

Bernetha G. Letsch, County Clerk  
By *Annette Mueller*