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RETURN TO: SAIF CORPORATION 400 High Street SE Salem, OR 97312 Adams Point Farm Inc., dba Honda/Yamaha of Southem Oregon	Claimant, VS.	))))))	Policy 498837 -124 NOTICE OF LIEN CLAIM Filed Pursuant to ORS 656.566
	Employer.	)	In the County of Klamath

Notice is hereby given that SAIF Corporation claims a lien on the following:

All real and personal property of the employer situated in Klamath County, State of Oregon, that is currently owned or may be acquired in the future.

For the following amount due SAIF Corporation on account of the employment of workers by the above named employer during the period January 1, 1995 through November 29, 1995, in the occupation of Motorcycle Sales:

\$52.33 \$276.37
\$69.44 \$1,560.73

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together with interest at the rate of one percent per month from the first day of April, 1996, on the sum of \$1,214.92. Written demand for the amount of Employer Premium and Department of Insurance and Finance Assessment then due for the above period was made on said employer on October 30, 1995 & January 16, 1996, and said employer failed to pay said amount within thirty days after said written demand and was thereby in default and subject to the above penalty and interest. The amount of which this lien is claimed is a net amount after deducting all just credits and offsets, if any.

( Corp ( Seal SAIF CORPORATION

By

STATE OF OREGON SS County of Marion

.)

Credit and Collections Program Manager

I, Larry McFarland, being first duly sworn, depose and say that I am Credit and Collections Program Manager for SAIF Corporation of the State of Oregon, and that by order of SAIF Corporation, I have authority to execute this instrument and that I executed the foregoing Notice of Lien Claim and affixed the Seal of SAIF Corporation for and on behalf of said Corporation.

( (	Notary Seal	)	Subscribed and sworn to before me this 13th day
MY COMME	COMMISSION	LSEAL AINARD IC-OREGON NO. 050322 ( JAN. 16, 2000)	Notary Public for Oregon My Commission Expires <u>1-16-2000</u>
Afte	er recording	g please returr	to SAIF Corporation, attention Legal Collections.
			STATE OF OREGON. County of Klamath ss.
			Filed for record at request of:
			<u>Saif Corporation</u> on this <u>19th</u> day of <u>March</u> A.D., 19 <u>96</u> at <u>11:36</u> o'clock <u>A.M.</u> and duly recorded in Vol. <u>M96</u> of <u>County Lien</u> Page <u>7390</u> Bernetha G Letsch, County Clerk By <u>Lieux</u> Fee, \$5.00

	BEACK IN		0080 AG NO.			R <b>HNANTHOF</b>	ICION				
			le Number		CENTER	FOR HEALT	HSTATIS	TICS 136-			
	$\bigcirc$	1. DECEDENT'S NAME	Rainh		Middle		Last		2. SEX	a File Nur	mber DF DEATH (Month, Day, Y
		4. SOCIAL SECUR 280-26-3	TY NUMBER 5	( icara)		Year 5c. Under	BOSWORTH	HPLACE (City and	Male State or Foreion	Febr	uary 19, 1996 F BIRTH (Month, Day, Ye
2	DECEDEN	8.WAS DECEDEN U.S. ARMED FO	EVER IN	68	Mos. Da		Ray	niny) PERSWOOD , IH (Check only on	w	1	<u>mber 14, 1927</u>
-		BLYES NO	ME (If not instituti	MTAL Inpatient	1 number		ER CNursing	Home Deceden	I's Home CO	ther (Specify	······
א	1	- Merle We	st Medica	al Center		[	Klamat	OR LOCATION OF	DEATH		R. COUNTY OF DEATH
-	2	- 10a. DECEDENT'S (Give kind of a Do not use re	lired)	tion lost of working life	10b. KIND OF	BUSINESSANDUSTR	· · · · ·		ATUS - Married d, Widowed,	12. SPOUS	E (If Married, Widowed)
Ξ,	4	Maintena:	STATE 136 C	UNTY TINUC	U. S.	Postal Ser	vice	Marrie	eđ.	Lora	a Mae
R	5	Oregon	K]	amath	K1	amath Fall	3	130. STREET AN 1813 I	D NUMBER VORY St	reet	
	6	- 130. INSIDE CITY LIMITS?		14, WAS (Specify F Mexican,	DECEDENT OF I No or Yes - If yes Puerto Rican, et	ISPANIC ORIGIN?	15. RACE Black, V	E American Indian While, etc. (Specify	1 150	16. DECED	ENT'S EDUCATION
	PARENTS	17. FATHER - NAM	97603 E first mide		18. MOTHER			hite	Erement	try/Seconda	17 (0-12) College (1-4 or 5
	C AN(INTS	Clyde -	- Bo	sworth	Freda	F. 1	lendersh	יו דר	INFORMANT	NAME and	relationship to deceased
	DISPOSITIO	Burlai 🗋 Cram	ation 🗍 Removal	from State				ematory, or 20c	LOCATION	City or Town	, State
	7 8	Donation On 21a. SIGNATURE OI BERSON ACTIV	F FUNERAL SER	ACE LICENSEE O	Mt Cal	215 LICENSE NUM		K	lamath	Falls,	OR 97603
	9			$\mathcal{D}$	D.V.	(Of Licensee)		enc 0000	Juenner	CG. 114	nport's Chape 20 So. 6th St
1999 - B.F	REGISTRAR	23. DATE FILED IM	onih, Day. Year)	FED of	Carr .	FS-0124		math Fall	ls, Orea	zon 97	603-7194
	$\bigcirc$	25. DID HOSPITAL F	PEPRESENTATIVE	MAKE REQUEST	FOR ANATOMIC	AL GIFT CONSENT?	لمب ا	GIFT MADE	v Se	mar	son
	()			· · · · · ·							
	10	27. TIME OF DEATH	TO BE COMPLET	ED BY CERTIFYIN	IG PHYSICIAN			TO BE COMP	LETED ONLY B		
	11	1100	Au	MEDICAL EXAMIN			31a. TIME O	F DEATH 316	DATE PRONOL	INCED DEAL	EXAMINER D (Month. Day, Year, Hour)
	CERTIFIER	29. To the best of m due to the cause (Signature)	y knowledge, deal (s) and manner st	th occurred at the aled.	time, date, place	and	32. On the b at the tin	M Asis of examination ne, date, place an	on and/or inves	ligation, in r	ny opinion death occurred
		30-DATE SIGNED (M	<u> Se B</u>	<u> </u>			(Signatum	e)		insels) and t	nanner stated
	12	February	7 19 100	6			DATE SIG	NED (Month, Day	Year)		COUNTY
	14	34. NAME, TITLE, AD Robert P	DRESS AND ZIP	OF CERTIFIER/ME	DICAL EXAMINE	R (Type or Print)	-				
	CONDITIONS	Robert P 35. NAME OF ATTEN	DING PHYSICIAN	IF OTHER THAN	CERTIFIER (Type	or Printy	th Falls	, Oregon	97601		
	WHICH GAVE RISE TO IMMEDIATE CAUSE	36. IMMEDIATE CAUS	E (ENTER ONLY	ONE CAUSE PER	LINE FOR (a), (b	ett Avenue	, Klamat	h Falls,	Oreogn	97601	Interval between onset
1 .	STATING THE UNDERLYING CAUSE LAST		S A CONSEQUEN		1-41	suyses					and death
		DUE TO, OR AS	A CONSEQUEN	CE OF:							Interval between onset and death
	CAUSE OF DEATH	PART (C)									Interval between onset and death
1:	5	Conditions Contr		at not resulting in I	he underlying cau	ise given in PART I.	1 ID THE D		38. AU	TOPSY 39	If YES were findings considere
1	6	40. MANNER OF DEA		Ta. DATE OF INJU	RY 415 TIME C	F 41c. INJURY	C Hea XI No	U Probably	🗆 Yes	KI No	UYes DNO MINIA
1	·	<b>m</b>	Pending Investigation Undetermined	(Month, Day.Yei	ar) INJUR	AT WOR		IBE HOW INJURY	OCCURRED		
. (	-' [	Suicida	Manner	te. PLACE OF IN.	JURY - At home,	M Yes An	ce 411. LOCATI	ON (Street and N	umber or P	Boute	nber, City or Town, States
		RESERVED FOR REGIS	TRAR'S USE		·						nder, City or Town, State)
	ining the	I CERTIFY THAT THE VITAL REC	THIS IS A T	RUE, FULL AN	D CORREC	T COPY OF THE	ORIGINAL	CERTIFICATE	ON FILE IN		- Service Internation
					SONSIALE	IEALTH DIVISIO	N.	2 00	0	D	A BALLE
	HS I	DATE ISSUED_	FEB 2	8 1996	e Ngananana		THE	Wand Xb	hund	×.	
			t i stan			-		EDWARD J. J			
TATE	OF OREG	ON: COUNTY	OFKIAN	<b>A</b> ATU	a defilie. •	a san M		STATE REG	ISTRAR		
				1 - C							
iled for f _ Ma	r record at	request of	<u>Lora M</u> D., 19 <u>96</u>							<u>19th</u>	
		Of	Deeds	at <u>11</u>		_ o'clock	<u>A</u> M., on Page _	and duly re	ecorded in	n Vol	M96
							age	<u></u>	<u> </u> .		