18107

Vol. M96 Page 13952

'96 MAY 15 A9:36

The undersigned states:

LIEN RECORD ABSTRACT

A: Creditor/Prevailing Party Information:

1. The creditor/prevailing party is Portland General Electric Company, 121 SW Salmon Street, 1WTC-13, Portland, Oregon 97204 under judgment entered on December 10, 1992 in the Circuit Court for Washington County, Oregon, under Case No. C920713TC.

2. The Creditor's attorney's name is Valencia Tolbert, 121 SW Salmon Street, 1WTC-13, Portland, Oregon 97204, telephone: 503-464-8850.

B. Debtor/Losing Party Information:

1. The Debtor/losing party's name and address is: Clifford G. Leatherman, PO Box 273, Chiloquin, Or 97624.

2. Social Security No. (if known): 540-90-6218

C. Judgment Information

1. The amount of the judgment is: $160.00.
2. The amount of the costs is: $160.70
3. The amount of attorneys' fees, if any, is: $234.00.

D. The Real Property to be Affected (check appropriate box):

☒ All real property of the debtor/losing party, now or hereafter acquired in Klamath County as provided under ORS 18.320 and 18.350.

☐ The following described real property of debtor (legal description as set forth on attached Exhibit): n/a

IN WITNESS WHEREOF, the undersigned person has executed this abstract this 9 day of May 1996.

Vickie L. Coonts

State of Oregon)
) ss.
County of Multnomah)

The foregoing instrument was acknowledged before me this 9 day of May, 1996, by Vickie L. Coonts of Portland General Electric Company, a corporation, on behalf of the corporation.

After recording return to:
Portland Gen'l Elec., 1WTC-13
121 SW Salmon Street
Portland, Or 97204

OFFICIAL SEAL
JILL M. LANDSTROM
NOTARY PUBLIC - OREGON
COMMISSION NO.019745
MY COMMISSION EXPIRES NOV. 05, 1996

Jill M. Landstrom
Notary Public for Oregon
My commission expires: 11-5-96

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Portland General Electric Company the 15th day of May A.D., 19 96 at 9:36 o'clock A M., and duly recorded in Vol. M96 of County Lien Docket on Page 13952.

FEE $5.00

Bernetha G. Letsch, County Clerk

By

ATTORNEY AT LAW
635 MAIN STREET
KLAMATH FALLS, OR 97601

After Recording, Return to:

PRINT IN PERMANENT BLACK INK

I.D. TAC. NO. 168122

Local File Number 216

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

State File Number 138

DECEDENT

1. DECEDENT'S NAME: First: Clifford; Middle: Carlisle; Last: YADEN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 5, 1996
4. SOCIAL SECURITY NUMBER: 583-10-2886
5a. AGE-Last Birthday (Years): 82
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, OR.
7. DATE OF BIRTH (Month, Day, Year): January 8, 1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☒ ER/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.): Service Station
10b. KIND OF BUSINESS/INDUSTRY: Petroleum
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Ella E. Yaden
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2900 Patterson
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Andrew Carlisle Yaden
18. MOTHER - NAME first middle maiden: Irene V. Rutunic
19. INFORMANT - NAME and relationship to deceased: Ella E. Yaden - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Mausoleum ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O Rice
21b. LICENSE NUMBER (Of Licensee): 3573
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, Oregon 97601
23. DATE FILED (Month, Day, Year): MAY 07 1996
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☒ YES ☐ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 7:38 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): Wendy Warren MD M.D.
30. DATE SIGNED (Month, Day, Year): 5/6/96

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)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Wendy A. Warren, M.D. 1905 Main Street, Klamath Falls Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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
(a) Myocardial Infarction — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 4 years
(b) Left Ventricular Systemic Fiasg. — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) — Interval between onset and death:

PART II 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? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☒ 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)

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED: MAY 07 1996

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of William M Ganong the 15th day of May A.D., 19 96 at 9:36 o'clock A M., and duly recorded in Vol. M96, of Deeds on Page 13953.

FEE $10.00

Bernetha G. Letsch, County Clerk
By