

19279

**DISTRAINT WARRANT  
AND  
WRIT OF EXECUTION**

Vol. m96 Page 16468

Notice Date: 5/30/96

Reference Number: R557-55-5173 100 95 12 1

6187514

HOBBS, LARRY P  
8011 PACIFIC AVE  
KLAMATH FALLS OR 97603

**DISTRAINT WARRANT**

This warrant has been issued against the above named debtor(s) because the tax or debt shown below has not been paid in full.

Type of Tax: Personal Income Tax

Period	Assessment Date	Tax Debt	Penalty	Interest	Filing Fee	Balance Due
1995	4/03/96	\$73.00	3.65	.91	10.00	\$87.56

Interest is computed through the date of this warrant. Add daily interest from the date of this warrant until paid.  
Daily interest is: \$0.02

**WRIT OF EXECUTION**

Recorded with Klamath County

Once recorded in the County Clerk Lien Record, this warrant is a judgement against the debtor(s) and a lien on any real or personal property they now own or may acquire in the future.

Judgement Entered	
Date	June 05, 1996 10:47am
County	Klamath
Reference	M96-16468
County Lien Docket	
Bernetha G Letsch, Co Clerk	
By	<i>[Signature]</i>
Fee \$5.00	

**OREGON DEPARTMENT OF REVENUE**

*[Signature]*

Return to:  
Mary Jenkins 98049  
Revenue Agent  
Collection Division  
Telephone: (503) 858-6512  
PO Box 14725  
Salem OR 97309-5018

19279  
M96-16468  
5173 100 95 12 1

F 1903  
I.D. TAG NO.

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

136

State File Number

Local File Number 1-19132

1. DECEDENT'S NAME First: <b>Albert</b> Middle: <b>Merton</b> Last: <b>PORTER, SR</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>January 17, 1992</b>
4. SOCIAL SECURITY NUMBER <b>544-05-5862</b>		5a. AGE Last Birthday (Year, Mos., Yrs., Days, Hours, Mins.) <b>86</b>	5b. Under 1 Day <b>0</b>
6. BIRTHPLACE (City and State or Foreign Country) <b>Cass Lake, MN</b>		7. DATE OF BIRTH (Month, Day, Year) <b>May 9, 1905</b>	
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"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <b>FOSTER CARE</b>			
9b. FACILITY NAME (If not institution, give street and number) <b>5401 Gatewood Drive</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Steam Fitter</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Industrial Pipe Fitter</b>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>		12. SPOUSE (If Married, Widowed) <b>Cora Ruth Porter</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. CITY, TOWN OR LOCATION <b>Klamath Falls</b>	
13c. STREET AND NUMBER <b>5401 Gatewood Street</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	
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 (13-16) Postgraduate (17-24) <b>12</b>	
17. FATHER - NAME first middle last <b>Nelson - Porter</b>		18. MOTHER - NAME first middle maiden <b>Marguerite - Bealieu</b>	
19. INFORMANT - NAME and relationship to decedent <b>Betty Neubert Daughter</b>		20. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael J. [Signature]</i>		21b. LICENSE NUMBER (Of Licensee) <b>47-3287</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>O'Hair's Funeral Chapel, INC. 515 Pine ST. Klamath Falls, OR 97601</b>		23. DATE FILED (Month, Day, Year) <b>JAN 21 1992</b>	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		25. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH M <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <b>Charles D. Bury</b>		29. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 30. DATE SIGNED (Month, Day, Year) <b>January 17, 1992</b>	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Charles D. Bury M.D. 2300 Clairmont Street, Klamath Falls, Oregon 97601</b>		32. DATE SIGNED (Month, Day, Year) <b>January 17, 1992</b>	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING (Type or Print)		34. DATE SIGNED (Month, Day, Year)	
35. IMMEDIATE CAUSE (ENTER) ONLY ONE CAUSE PER LINE (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. PART I (a) <b>Undetermined Natural Causes</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Undetermined Natural Causes</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Undetermined Natural Causes</b> DUE TO, OR AS A CONSEQUENCE OF:			
36. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause(s) given in PART I.			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES, were findings reported in determining cause of death? <input type="checkbox"/> Yes <input checked="" 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"/> Legal intervention <input type="checkbox"/> Homicide	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> AM <input type="checkbox"/> PM	
41c. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41d. DESCRIBE HOW INJURY OCCURRED	
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

Return to: Klamath Co Title

DATE ISSUED **JAN 24 1992**

*Donna Q. Verling*  
DONNA Q. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of **Klamath County Title** the **5th** day of **June** A.D. 19 **96** at **10:56** o'clock **AM**, and duly recorded in Vol. **M96** of **Deeds** on Page **16469**.

Bernetha G. Letsch, County Clerk

FEE \$10.00

By

*Cheryl Russell*

C-4793  
LD. TAG NO.REGION DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

138-

State File Number

Local File Number

76

1549132

1. DECEDENT'S NAME First: Cora Middle: Ruth Last: PORTER		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) February 19, 1990
4. SOCIAL SECURITY NUMBER 540-36-2855		5. AGE at Birth (Year, Month, Day) Mo: 09, Da: 12, Yr: 1905	6. BIRTHPLACE (City and State or Foreign Country) Deering, Alaska
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):			
10. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath			
13a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		13b. KIND OF BUSINESS/INDUSTRY Own Home	
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		15. SPOUSE (If Married, Widowed) Merton	
16. RESIDENCE - STATE Oregon		17. CITY, TOWN, OR LOCATION Chiloquin	
18. STREET AND NUMBER LaLakes Street		19. P.O. Box 306	
20. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. ZIP CODE 97624	
22. 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		23. RACE American Indian, Black, White, etc. (Specify) Eskimo	
24. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11		25. College (1-4 or 5+)	
26. FATHER - NAME first middle last Jim - Black		27. MOTHER - NAME first middle maiden Elsie - Harvey	
28. INFORMANT - NAME and relationship to decedent Merton Porter - Husband			
29. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Burial from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
31. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Bernice Seid		32. LICENSE NUMBER (Of Licensee) 3329	
33. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, OR			
34. DATE FILED (Month, Day, Year) FEB 21 1990		35. REGISTRAR'S SIGNATURE Dancey Kennedy	
36. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		37. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
38. TIME OF DEATH 5:15 P.M.		39. WAS A MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Richard P. Sargent M.D.			
41. DATE SIGNED (Month, Day, Year) February 20, 1990		42. COUNTY Klamath	
43. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Richard P. Sargent M.D. Chiloquin Plaza Chiloquin, OR 97624			
44. NAME OF ATTENDING PHYSICIAN OTHER THAN CERTIFYING (Type or Print)			
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STAYING THE UNDERLYING CAUSE LAST			
45. IMMEDIATE CAUSE (ENTER ONLY CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) PART (a) Sepsis DUE TO, OR AS A CONSEQUENCE OF: PART (b) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: PART (c) Myelodysplastic Syndrome (Pre-leukemia) OTHER SIGNIFICANT CONDITIONS contributing to death: Coronary Artery Disease, Aortic Aneurysm, Diabetes Mellitus, Organic Brain Syndrome			
46. INTERVAL BETWEEN ONSET AND DEATH 12 hours		47. INTERVAL BETWEEN ONSET AND DEATH Two days	
48. INTERVAL BETWEEN ONSET AND DEATH 3 months		49. INTERVAL BETWEEN ONSET AND DEATH	
50. 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"/> Homicide <input type="checkbox"/> Legal Intervention		51. DATE OF INJURY (Month, Day, Year)	
52. TIME OF INJURY		53. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
54. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		55. 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.

45-2 REV. 1-89

Return to: Klamath Co Title

DATE ISSUED

FEB 21 1990

Donna A. Verling  
DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 5th day of June A.D., 1990 at 10:56 o'clock A.M., and duly recorded in Vol. M96 of Fees on Page 16470

FEE \$10.00

By Bernetha G. Leitch, County Clerk