

19867



96519

03-21-95P03:51 RCVD

PERSONAL PROPERTY TAX WARRANT

(This is a lien demand and not an arrest warrant)

Vol. M96 Page 17773

Vol. M95 Page 6434

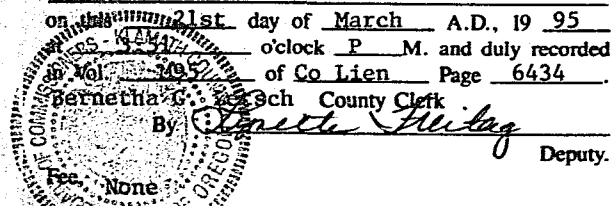
State of Oregon, County of Klamath Warrant Number STATE OF OREGON, ss. 95-130 County of Klamath ss.

Date Issued: on 02/15/95 Interest to: 03/15/95 Filed for record at request of: D I

INDEXED

Directed to:

MC'BANN ELAINE C
HARRIS GERALYN
P O BOX 64
CHEMULT, OR 97731



The above named appears as owning or having possession or control of certain personal property on the accounts listed below. Taxes lawfully assessed, levied, and charged on said personal property have not been paid and are delinquent for the years and in the respective amounts specified.

This warrant is issued to enforce payment of these taxes pursuant to Oregon Revised Statute 311.610.

The description of the personal property as it appears in the latest tax roll, the year(s) for which taxes are delinquent, the principal amount for delinquent taxes for each year plus interest to the date of issuance of this warrant, and service charges, are as follows:

Description of Personal Property			Tax Year	Amount of Taxes	Amount Due	
Code Area	Account Number	Kind of Property			Interest	Total
050	M790415	Mobile Home	1994	26.72	0.60	27.32
Total Amount of Taxes to be Recorded				Total Taxes and Interest		27.32
				Service Charges		15.00
				TOTAL Due		42.32

The amount due on this warrant is the sum of total taxes due, interest on all past due installments at the rate of 1.3333 percent per month until paid (ORS 311.505), and the service charges.

SERVICE OF WARRANT

A duplicate of this warrant was served on the person named by:

1. ☐ Personal Service (ORS 311.620)

Date of Service

Warrant served on

2. ☐ Publication (ORS 311.615)

Date of First Publication

The cost of such service, publication, or postage is

3. ☒ Certified Mail (ORS 311.620)

02/15/95

\$

Date Mailed

RELEASE OF LIEN

This warrant has been satisfied in full, and the lien is fully released.

Tax Collector

by

Deputy (MUST be signed to release lien)

Date

— AFTER RECORDING RETURN TO COUNTY TAX COLLECTOR —

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ken Wilson the 14th day of June A.D., 19 96 at 9:17 o'clock A. M., and duly recorded in Vol. M96 of County Lien Docket on Page 17773

FEE \$5.00

RETURN: Ken Wilson
PO BOX 170
Chemult Or 97731

Bernetha G. Leisner, County Clerk
By Lynette Huitag

96 JUN 14 A9:17

PARENT
CHECK INK

194748

LD. TAG NO.

156

Local File Number

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

136

State File Number

DECEDENT

PERMITS

DISPOSITION

REGISTRAR

CERTIFY

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

15

16

17

1. DECEDENT'S NAME First: Victoria Middle: Adela Last: SMITH		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) March 29, 1996
4. SOCIAL SECURITY NUMBER 546-48-6406		5a. AGE Last Birthday (Years) 102	5b. Under 1 Year Mo. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Indian Territory, OK		7. DATE OF BIRTH (Month, Day, Year) November 21, 1893	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input 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"/> 604a <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) 4622 BELLM DRIVE		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laundry Presser		10b. KIND OF BUSINESS/INDUSTRY Olive View Sanitorium	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Sylvester Smith	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 4622 BELLM DRIVE	
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. ZIP CODE 97603	
16. 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		17. RACE White	
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 5+)		19. INFORMANT - NAME and relationship to decedent Patricia Smith - Daughter	
20a. METHOD OF DISPOSITION <input 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) Eternal Hills Memorial Gardens	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) AE - 2778	
22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home		23. DATE FILED (Month, Day, Year) APR 03 1996	
24. REGISTRY'S SIGNATURE <i>[Signature]</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		27. TIME OF DEATH 0605	
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>[Signature]</i> M.D.	
30. DATE SIGNED (Month, Day, Year) 4-2-96		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) 4-2-96		34. COUNTY Klamath	
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Randolph Knight, M.D. 2800 Daggett Avenue Klamath Falls, Oregon 97601			
36. NAME OF ATTENDING PHYSICIAN (If other than certifier (Type or Print))			
37. 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) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Old Age (102!) DUE TO, OR AS A CONSEQUENCE OF: (c) Dementia OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause (given in PART I): Dementia			
38. Did tobacco use contribute to this death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other			
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M	
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)	

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

DATE ISSUED: **APR 08 1996**

[Signature]
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss

Filed for record at request of **Patricia Smith** the **14th** day of **June** A.D., 19 **96** at **9:17** o'clock **A** M., and duly recorded in Vol. **M96** of **Deeds** on Page **17774**

FEE \$10.00
RETURN: Patricia Smith
4622 Bellm Dr
Klamath Falls Or 97603

Bernetha G. Yetts
County Clerk
[Signature]