

NOTICE OF DISTRAINT WARRANT ENTRY AND RELEASE

23343

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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. 49304
Employer KLAMATH ATHLETIC CLUB INCORPORATED
Account No. 643099-9
County of Klamath, State of Oregon
Amount \$1,357.03
Date Entered 08-08-96
Volume M96
Page 24226

Clerk _____

RELEASE OF LIEN

The above described distraint warrant is suspended, and the lien of the distraint warrant is fully released and extinguished, however, there is no satisfaction of the underlying debt nor waiver of the right to file another distraint warrant or complaint on said debt.

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

State Of Oregon Employment Dept.

on this 16th day of August A.D., 19 96
at 1:37 o'clock P M. and duly recorded
in Vol. M96 of Co Lien Page 25383

Bernetha G Letsch, County Clerk

By [Signature] Deputy.

Fee, \$5.00

VIRLENA CROSLLEY, DIRECTOR
EMPLOYMENT DEPARTMENT

By [Signature]
Authorized Representative of Director

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

Form 590 (7-92)

96 AUG 16 P1:37

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

WILLIAM M. GANONG
ATTORNEY AT LAW
635 MAIN STREET
KLAMATH FALLS, OR 97601

194611
I.D. TAG NO.
317

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS

136-

95-014642

State File Number

1. DECEDENT'S NAME Lenard Earl BEEM		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) July 9, 1995	
4. SOCIAL SECURITY NUMBER 554-28-9739		5a. AGE Last Birthday (Years) 71		5b. Under 1 Year Mo. 0 Days 0 Hours 0 Mins. 0	
6. BIRTHPLACE (City and State or Foreign) Rouletau, Canada		7. DATE OF BIRTH (Month, Day, Year) February 27, 1924			
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"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):			
9b. FACILITY NAME (If not institution, give street and number) 4006 Balsam Drive		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life) Business Owner		10b. KIND OF BUSINESS/INDUSTRY Produce		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed, Divorced (Specify) Norma Jean Beem					
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 4006 Balsam Drive					
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) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (14 or 5+)	
17. FATHER - NAME first middle last Jack - Beem		18. MOTHER - NAME first middle maiden Emma Catherine Hanson		19. INFORMANT - NAME and relationship to decedent Norma Jean Beem	
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):		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSER OR PERSON ACTING AS SUCH <i>Donald A. Webb</i>		21b. LICENSE NUMBER (For Licenses) 3588		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy 39 Klamath Falls, Oregon 97603	
23. DATE FILED (Month, Day, Year) JUL 12 1995		24. REGISTRAR'S SIGNATURE <i>Edward J. Johnson</i>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 8:10 a.m.	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
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>James N. Beggs</i> M.D.		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)	
30. DATE SIGNED (Month, Day, Year) 7/10/95		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Beggs M.D. 2300 Clairmont Drive Klamath Falls, Oregon 97601			
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) Malnutrition		Interval between onset and death 6 mos.	
(b) Acute & Chronic Alcoholism		Interval between onset and death years	
(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. Yes			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES were findings consistent in determining cause of death? <input type="checkbox"/> Yes <input 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"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal intervention		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. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED:

AUG 1 2 1996

Edward J. Johnson
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss:

Filed for record at request of William M Ganong the 16th day of August A.D., 19 96 at 1:37 o'clock PM., and duly recorded in Vol. M96 of Deeds on Page 25384.

Bernetha G Letsch, County Clerk

By *Christy J. Swannell*

FEE \$10.00