23343

NOTICE OF DISTRAINT WARRANT ENTRY

Gentlemen:

I have entered a distraint warrant in the County Clerk Lien Record of this county as follows:

Employer	KLAMATH ATHLETIC CLUB INCORPORATED
cmb to yet	KLAMAIN AINLETIC CLUB INCORPORATED
 and the second s	
Account No.	643099-9
County of	Klamath , State of Oregon
Amount	\$1,357.03
Date Entered	08-08-96
Volume	M96
Page	24226
	C1erk

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.

	Annual Control of the
STATE OF OREGON, County of Klamath	
Filed for record at request of:	
State Of Oregon Em	ployment Dept.
on this 16th day of at 1:37 o'clock in Vol. M96 of Bernetha G Letsch Co	August A.D., 19 96 PM. and duly recorded cheer Page 25383 Dunty Clerk
Fee, \$5.00	Deputy.

VIRLENA CROSLEY, DIRECTOR EMPLOYMENT DEPARTMENT

By Authorized Representative of Director

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

Form 590 (7-92)

	Local File N			UEAIN III	Stat 2. SEX	te File Number 3. DATE OF DEATH (Month, Day, Year)	-
	4 SOCIAL SECURITY	NUMBER Sa. AGE Last Birthday	5b. Under 1 Year 5c. Under 1 D	ey 8 BIRTHPLACE (CITY	Male and State or Foreign	July 9, 1995	.
***	554-28-9739 8 WAS DECEDENT EV U.S. ARMED FORCE	ER IN	Mos. Days Hours Mins	ROUTEGU,	Canada	February 27, 1924	_
	XYOS □NO 90. FACILITY NAME (II	I not institution, give street and	☐EN/Outpatient ☐DOA OTHER	☐Nursing Home MDeci	edent's Home Do		<u>.</u>
-	4000 Bats	om Drive	and the second	Clamath Falls	Agrico de la	9d. County of DEATH Kiamath	-
		JAL OCCUPATION done during most of working life.	106 KIND OF BUSINESSINDUSTRY	11, MARITA Never M Divorced	L STATUS Marner arried, Widowed, (Specify)	d, 12. SPOUSE (If Married, Widowed)	-
_	134. RESIDENCE - STA	TE 130 COUNTY	Produce	Marr	ON NUMBER	Norma Jean Beem	_
	Oregon	Klamath	Klomath Falls	400	Balson I	Drive	
_	CMITS7	97601 Specify the Mexican, Specify:	DECEDENT OF HISPANIC ORIGINY NO OF Yes - If yes, specify Cuban, Puerse Bican, etc.) [And [] Yes.	15. RACE American In Black, White, etc. (S)	ctian, becity) (S Elemen	16. DECEDENT'S EDUCATION pecify cally highest grade completed? Lary/Secondary (0-12) College (1-4 or 5+)	-
	17. FATHER - NAME -	first middle test	18 MOTHER - HAME : JUST middle	White	S. O. B. S. S.	NAME and relationship to deceased	
-	\	OSITION Mausteleum	Ema Catherine	Honson	Norma .	Jean Beem	
	☐Buriel (ACrematic	on Diffemoval from State				City or Town, State	
-		UNITAL SERVICE LICENSERY	Etornal Hills Cren		Klamati	Falls, Oregon	
<u> </u>	Varla	aluh	3588		ietta Func 19 Klamati	eral Home 1 Falls, Oregon 97603	
	23. DATE FILED (Mont)	JUL 1	2 1995	24. RECUSTRANTS SH		•	
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ſ	YES DNO	XI NIA	1 4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	□YES □K	K) NIA		•
-	27. TIME OF DEATH	BE COMPLETED BY CERTIFY	NG PRYSICIAN	T0 8£ 0	COMPLETED ONLY	BY MEDICAL EXAMINER	
-	8:10 a	M Dres Xun		N N		DUNCED DEAD (Month, Day, Year, Hour)	
	due to the cruss(s) (Signature	nowledge, death occurred at manner, stated		SZ. On the basis of exar at the time, date, pla (Signature)	mination and/or invite and due to the	estigation, in my opinion death occurred cause(s) and manner stated.	
1	30. DATE SIGNED (MOR	rig. Day, year)	M.D.	33. DATE SIGNED (Month			
-	34 PANE TITLE AND	10195		Man mare orginen (mpul)	n vey rean	COUNTY	
1			The state of the s	A second		e ^r	
	James N.	. Beggs M.D. 23	MEDICAL EXAMINER (Type or A)mil 800 Clairmot Drive	Klomáth Fall	s. Oregon	97601	
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