26122

'96 OCT -2 P3:34 Vol. M96 Page 31319

Enterprise Irrigation District

RET: 4806 Highway 39

Klamath Falls, Oregon 97603

(503) 884-4986

RELEASE OF LEIN

Enterprise Irrigation District releases the lein on following property:

Map# 3809-035CC-05900-000 (4355 Shasta Way)

Key# 448162

Property Owner (s): Michael R. & Janice L. Sparks
6738 Eberlein Ave.

Lein: 16357
Vol: M96
Page: 10313

Secretary of the Board

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Enterprise Irrigation District the 2nd day of October A.D., 19 96 at 3:34 o'clock P. M., and duly recorded in Vol. M96 of County Lien Docket on Page 31319.

Bernetha G. Letsch County Clerk

By Kathleen Knox

FEE $5.00

PERMANENT BLACK INK

I.D. TAG NO. 194807

Local File Number 344

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

State File Number 136-

DECEDENT

1. DECEDENT'S NAME: First: George; Middle: Robert; Last: ELLIS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 10, 1996
4. SOCIAL SECURITY NUMBER: 543-07-3365
5a. AGE-Last Birthday (Years): 78
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign): Leavenworth, Wa
7. DATE OF BIRTH (Month, Day, Year): August 30, 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): Klamath Regional Rehabilitation 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.): Electrician
10b. KIND OF BUSINESS/INDUSTRY: Electric Company
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Laura Ellis
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2813 Homedale Road
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): 10; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Seth -- Ellis
18. MOTHER - NAME first middle maiden: Olive -- Carnahan
19. INFORMANT - NAME and relationship to deceased: Laura Ellis - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ 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 LICENSEE OR PERSON ACTING AS SUCH: Dale A. Smith
21b. LICENSE NUMBER (Of Licensee): 3588
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 9711 Highway 39 Klamath Falls, Oregon 97603

REGISTRAR

23. DATE FILED (Month, Day, Year): JUL 15 1996
24. REGISTRAR'S SIGNATURE: Evelyn Simpson
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: 11:15 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): [signature] M.D.
30. DATE SIGNED (Month, Day, Year): 7/13/96

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): Geoffrey Marx M.D. 2614 Clover 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) Hypoxic Brain Damage — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 7ds
(b) Cardiac Tamponade → Cardiac Arrest — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 1 hr.
(c) Open Heart Surgery - Coronary Artery Bypass — Interval between onset and death: 3ds

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: JUL 17 1996

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY DEPARTMENT OF HEALTH OREGON

'96 OCT -2 P3:34

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Laura Ellis the 2nd day of October A.D., 19 96 at 3:34 o'clock P.M., and duly recorded in Vol. M96 of Deeds on Page 31320.

FEE $10.00

Bernetha G. LEtsch County Clerk
By Kathleen Knox