

27179

FORM No. 748

STECKING-NESS LAW PUBLISHING CO., PORTLAND, OR 97204

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Vol. M96 Page 33475REMOVE YELLOW COPY, COMPLETE AND POST  
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## COMPLETION NOTICE

Notice is hereby given that the building, structure or other improvement on the following described premises (insert legal description including street address, if known):

Lot 11 in Block 1 of LATAKOMIE SHORES, ACCORDING to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

3435 Maiduway  
Chiloquin, OR 97624

has been completed.

All persons claiming a lien upon the same under Oregon's Construction Lien Law are hereby notified to file a claim of lien as required by ORS 87.035.

Dated October 22, 19 96.

LARRY R. LEWIS AND JANET F. LEWIS

Larry R. Lewis and Janet F. Lewis

By Larry R. Lewis and Janet F. Lewis

P. O. Address 178 Crest Drive  
Myrtle Creek, OR 97457

STATE OF OREGON

County of Klamath } ss.

I, Larry R. Lewis and Janet F. Lewis, being first duly sworn, depose and say:

That on my behalf or as agent for

I did on October 22, 19 96, duly post a notice of which the above is a true copy, in a conspicuous place upon the land or upon the improvement situated thereon described in the notice, to-wit: by posting, nailing, tacking, pasting, fastening or (indicate which) such notice at the front entrance of the building or improvement constructed, altered or repaired on the above described land. (If no building, state in what manner posted.)



Signed and sworn to before me on October 22, 19 96.

by Larry R. Lewis and Janet F. Lewis

Notary Public for Oregon

My commission expires April 10, 2000

Record with recording officer within 5 days after posting.  
ORS 87.045(3).

After recording return to (Name, Address, Zip):

Larry R. Lewis  
178 SE Crest Dr  
Myrtle Creek, OR 97457

SPACE RESERVED  
FOR  
RECORDER'S USE

Fee: \$5.00

STATE OF OREGON,  
County of Klamath } ss.

I certify that the within instrument was received for record on the 22nd day of October, 19 96, at 3:42 o'clock P. M., and recorded in book/reel/volume No. M96 on page 33475 and/or as fee/file/instrument/microfilm/reception No. 27179, of the Construction Lien Book of said County.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co. Clerk

By Rathburn Ross, Deputy

ck  
500

# STATE OF CALIFORNIA

## DEPARTMENT OF HEALTH SERVICES

MTC 360773 DS

88-118888

### CERTIFICATE OF DEATH

STATE OF CALIFORNIA

42 88-1430

STATE FILE NUMBER <b>88-118888</b>		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER <b>42 88-1430</b>	
1A. NAME OF DECEDENT—First, Middle, Last <b>MADGE</b>		1C. LAST <b>EGOLF</b>	
3. SEX <b>Female</b>	4. RACE/ETHNICITY <b>White</b>	5. SPANISH/PORTUGUESE <b>NO</b>	6. DATE OF BIRTH <b>SEPTEMBER 6, 1910</b>
7. AGE <b>77</b>		8. DATE OF DEATH <b>JULY 13, 1988</b>	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>UT</b>		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Lizzie Barlow UT</b>	
11A. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		11B. IF DECEDENT WAS EVER IN MILITARY SERVICE, GIVE DATES OF SERVICE <b>NO</b>	
12. PRIMARY OCCUPATION <b>Clerk</b>		13. EMPLOYER OF SELF-EMPLOYED, SO STATE <b>Sensum Clinic</b>	
14. NAME OF SURVIVING SPOUSE IF WIFE, GIVE BIRTH NAME <b>Marion Egolf</b>		15. FRO OF DECEASED OR BUSINESS <b>Medical Secretary</b>	
16. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>2908 Serena Road</b>		17. CITY OR TOWN <b>Santa Barbara</b>	
18. COUNTY <b>Santa Barbara</b>		19. STATE <b>California</b>	
20. NAME AND ADDRESS OF INFORMANT—RELATIVES <b>Self before Demise</b>		21. PLACE OF DEATH <b>Santa Barbara Cottage Hospital</b>	
22. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>320 W. Pueblo Street</b>		23. CITY OR TOWN <b>Santa Barbara</b>	
24. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <b>RESPIRATORY FAILURE</b>		25. DATE REPORTED TO CORONER <b>NO</b>	
26. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STAYING THE UNDERLYING CAUSE LAST. <b>CHLORAMPHENICOL</b>		27. WAS DEATH REPORTED TO CORONER? <b>NO</b>	
28. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 24A <b>EARLY DEMENTIA</b>		29. WAS DEATH REPORTED TO CORONER? <b>NO</b>	
30. PHYSICIAN'S CERTIFICATION 30A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 30B. INTERPRET—SIGNATURE AND DEGREE OR TITLE <b>James P. Jones M.D.</b> 30C. DATE SIGNED <b>7-14-88</b> 30D. PHYSICIAN'S LICENSE NUMBER <b>A-23403</b>		31. DATE OF DEATH <b>7-13-88</b>	
32. SPECIFY ACCIDENT, SUICIDE, ETC. <b>NO</b>		33. PLACE OF DEATH <b>3370 Hollister Ave., Suite K, Santa Barbara, CA</b>	
34. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) <b>3370 Hollister Ave., Suite K, Santa Barbara, CA</b>		35. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <b>NO</b>	
36. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE MADE AN (EXAMINE)—OBSERVATION <b>NO</b>		37. CORONER—SIGNATURE AND DEGREE OR TITLE <b>NO</b>	
38. DEPOSITION <b>Cremation</b>		39. DATE—MONTH, DAY, YEAR <b>JULY 15, 1988</b>	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Welch-Ryce-Haider Funeral Chapels</b>		40B. LICENSE NO. <b>303</b>	
41. LOCAL REGISTRAR—SIGNATURE <b>Not Embalmed</b>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>JUL 13 1988</b>	

180239

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records and Statistics.  
S. Kimberly Belsha, Director and State Registrar of Vital Records and Statistics  
by: **PL ALB**  
GEORGE B. (PETER) ABBOTT, JR., M.D., M.P.H., CHIEF  
OFFICE OF VITAL RECORDS AND STATISTICS  
DATE ISSUED  
**OCT 15 1988**  
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle  
of October A.D. 19 96 at 3:56 o'clock P. M., and duly recorded in Vol. M96  
of Deeds on Page 33476  
FEE \$10.00  
Bernetha G. Letsch County Clerk  
By Kathleen Ross