28075

CITY OF KLAMATH FALLS

Vol. M96 Page 35366

226 S. 5TH STREET - P. O. BOX 237
KLAMATH FALLS, OREGON 97601
Sister City - Rotorua, New Zealand
FAX (541) 883-5390 - TDD (541) 883-5324

NOTICE OF TERMINATION OF ABATEMENT LIEN

Notice is hereby given that the City of Klamath Falls has terminated abatement proceedings initiated on November 18, 1993, against the property located as described below in the City of Klamath Falls, Klamath County Oregon

'96 NOV -8 A11:38

Owner: PC/UP & Merging Corp./Property Tax Department

Address: 1200 Block of Front

Tax Lot 1200-1300, MP 3809-30BB

Lot 9 & 10, Block 10 & 30, Buena Vista Addition

Said property has had the lien or liens satisfied as required and is no longer subject to City proceedings.

Additional information is available in the office of the Public Safety Officer, 226 North 5th Street, Klamath Falls, Oregon.

Dated this 5th day of November 1996

Public Safety Officer

After recording return to:
City Community Development Department
P.O. Box 237
Klamath Falls, OR 97601

CODE ENFORCEMENT (541) 883-5358
COMMUNITY DEVELOPMENT/PLANNING (541) 883-5361
BUSINESS LICENSES (541) 883-5360

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of City of Klamath Falls the 8th day of November A.D., 19 96 at 11:38 o'clock A.M., and duly recorded in Vol. M96, of Deeds on Page 35366.

Bernetha G. Letsch County Clerk
By Kathleen Ross

FEE $5.00

PERMANENT BLACK INK

224006 I.D. TAG NO.

488 Local File Number

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

136 State File Number

DECEDENT

1. DECEDENT'S NAME: First: Oleeta; Middle: Imogene; Last: BONSELL
2. SEX: Fem.
3. DATE OF DEATH (Month, Day, Year): October 18, 1996
4. SOCIAL SECURITY NUMBER: 572 38 1608
5a. AGE-Last Birthday (Years): 63
5b. Under 1 Year - Mos. / Days
5c. Under 1 Day - Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Poteau, OK.
7. DATE OF BIRTH (Month, Day, Year): February 9, 1933
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): 2202 Oregon Avenue
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): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Cecil
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2202 Oregon Avenue
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
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): 11; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: William C. Ray
18. MOTHER - NAME first middle maiden: Grace - Stark
19. INFORMANT - NAME and relationship to deceased: Sadie Bonsell / Dau.

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Roselawn Cemetery & Crem.
20c. LOCATION - City or Town, State: Livermore, CA.

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601
23. DATE FILED (Month, Day, Year): OCT 22 1996
24. REGISTRAR'S SIGNATURE: Lisa Simonson
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: 0900 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): L D Smith MD
30. DATE SIGNED (Month, Day, Year): Oct 18, 1996

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): Lowell Smith, MD / 2610 Uhrmann Road / 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) Cancer of Pancreas — Interval between onset and death: 1 MO
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (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.

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: NOV 07 1996

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON — COUNTY OF KLAMATH — 1854

COUNTY DEPARTMENT OF OREGON

96 NOV -8 P1:12

PENALTY FOR PRIVATE USE OF THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Return: Sadie Bonsell
2202 Oregon Ave. KFO 97601

Filed for record at request of Sadie Bonsell the 8th day of November A.D., 19 96 at 1:12 o'clock P. M., and duly recorded in Vol. M96, of Deeds on Page 35367.

FEE $10.00

Bernetha G. Letsch, County Clerk
By Kathleen Rose