OFR89003

TYPE OF RECORD: PERMANENT

CATEGORY OF RECORD: MINUTES

CITY DEPARTMENT: ADMINISTRATIVE SERVICES

YEAR: 1989

FIRE PENSION BOARD MEETING

March 1, 1989

A meeting of the Fire Pension Board was called to order at 10:05 a.m. on March 1, 1989. In attendance were Claudia Hazelhurst, Allen Sartin, John Patterson, and John Bennett.

Minutes

The minutes of the January 9, 1989 meeting were read and approved.

New Business

Gary Tharp's proxy for this meeting was given in writing to John Patterson (see attached) which John submitted to the Board.

Claudia Hazelhurst informed the Board that retiree, Clarence Plowman, bassed away on 02/21/89. Board authorization was needed to notify FPPA of his death and to have them begin pension payments to Mrs. Plowman at the rate of 1/3 the top grade firefighter pay. A motion was made and carried to notify FPPA that effective 03/01/89, the benefit of \$741.67 per month be dispersed to Mrs. Plowman along with the \$100 burial stipend to Mrs. Plowman.

There was discussion on the approach that will be taken with regard to the rank escalation. Allen Sartin requested that data be gathered based on the percentage each retirees' pay was to the rank of firefighter. Claudia will do so and issue the information to the Board.

With regard to the waiting period for initiating COLA's on Avery and Smith, Claudia was informed by FPPA that the one year waiting period doesn't apply if our regular retirees are not required to wait a year before their retirement rate can change. Claudia will refigure the liability on these two retirees in light of this information and will present that figure to the Board.

Claudia will be having copies of her pension handbook made and forwarded to John Patterson.

The meeting was adjourned at 10:30 a.m.

file/firepen

STATE OF COLORADO CERTIFICATE OF DEATH

STATE FILE NUMBER

(PHYSICIAN OR CORONER)

	1 DECEDENT'S NAME (Fire	st, Middle, Lasti					2 SEX	3. DATE OF	F DEATH (Month, Da	y. Year)	
DECEDENT	Clarence Franklin PLOWMAN						Male	Febru	uary 21,19	89	
	4. SOCIAL SECURITY NUMBER	5a. AGE - Last 5b.	5a. AGE - Last 5b. UNDER 1 YEAR 5c. UNDER 1 DA			ATE OF BIRT Month, Day, Ye	H	7 BIRTHFLACE (City and State of Fo		or Foreign	
ì	522-10-2498	82				October 1,				111.	
	8. WAS DECEDENT EVER I U.S. ARMED FORCES?	IN 98. PLACE OF DEATH (9a. PLACE OF DEATH (Check only one)								
ļ	□Yes X No HOSPITAL: OTHER OTHER OTHER OTHER OTHER OTHER OTHER										
1	90. FACILITY NAME III not institution, give street and number! 9c. CITY, 10WN, OR LOCATION OF DEATH 9d. COUNTY OF DEATH									EATH	
2	St. Mary's Hospital & Medical Center Grand Junction, Colorado Mesa 10a DECEDENTS USUAL OCCUPATION 10b. KIND OF BUSINESS/INDUSTRY 11. MARITAL STATUS - Marineo 12. SPOUSE LIT wife, give maio										
3	(Give kind of work done Do <u>not</u> use retired.)	J. KIND OF BUSINESS/INDUSTRY			11. MARITAL STATUS - Married. Never Married, Widowed, Divorced (Specity)			OUSE III WIIE. GIVE M	ioc in who, give maloci malicy		
4	Captain	and Junction Fire Dept.			Married Vic			olet Moore			
5	Colorado	Mesa				221 Teller A			venue		
6	13e INSIDE 13f 7IP	EDENT OF HISPANIC ORIGIN? 15. RACE			221 Teller Avenue E. American Indian, Marie etc. (Specify) White. etc. (Specify) 16 DECEDENT'S Elegrade completed			DUCATION (Specify only highest			
°—	CITY LIMITS?				(0 throug		through 121 Co	ompleted: Elementary or secondary gh 12: College (13 through 16 or 17+)			
ţ	X≘Yes 81	501 Specify:	. 168		Wh	ite		12			
DA DENTS	17. FATHER-NAME (First.	Micdle, Lasti	16. MOTHER-NA	AME (First, Middle, La	st (Maiden i	Name/i	19. INFORMANT	NAME and rela	stionship to decease	d.	
PARENTS	William	Plowman	Nancy	Steine					nan - Wife		
	20a, METHOD OF DISPOSI		20b. PLACE OF other place	DISPOSITION (Name	of cemeter	y. crematory,	or 20c. LOCATI	ON - City or To	wr. State		
DISPOSITION	☐ Burial St Gremation ☐ ☐ Donation ☐ Other (Spec		Callaba	- F46 C				· · · · · · · ·			
	Callanan-Ediast C					rematory Grand Junction, Colorado					
7	21. SIGNATURE OF FUNER	AL DIRECTOR ON FERSON A	CING AG SUCH	1 .			Mortuary	7			
· — (Michael	11 (Kallachlu)	100				Junction		. zip 815	02	
8	23. TIME OF DEATH	24. DAZE PRONOUNCED D				25.	WAS CORONER				
9[7:30 P. M February 21 1989 7:30 P.M. No										
		BE COMPLETED ONLY BY CE			7.501		O BE COMPLET	ED BY CORON	NER		
	26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manne, as stated.					the basis of examination and/or investigation, in my opinion death occurred at the e. date and place, and due to the cause(s) and manner as stated.					
CERTIFIER	Signature	5.00	Sign			Signature					
	28. DATE SIGNED (McMir. Sey. Year;					29. DATE SIGNED (Month, Day Year)					
10	2/2	11/00					,				
11	a of a	4/89			L						
12	30. NAME. TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print)										
	William H. Dreher, M.D 403 Kennedy Ave., Grand Junction, Colorado ZIP 81501										
ţ	\	THE CHERT OF THE	DENTIFICA (Type, F								
	32. REGISTBAR'S SIGNAT	URE			33. 0	DATE FILED (Month, Day, Year)				
	Fam Miller, Claputy February 24,1							909			
13	34. MANNER OF DEATH	35a DATE OF INJU	JRY 355 760	OF 35c. INJURY	AT 350	DESCRIBE	HOW INJURY OF	CURRED	/ 6 /		
14	X Natural T Pendii Invest	ng (Month, Day, Y	ear) TNJL	M E Yes E							
	Accident	l l	- 1	ĺ	- 1						
15	□ Suicide □ Undet Manne □ Homicide	er 35e PLACE OF INJ building, etc. (S	URY-At home, farm specity)	street, factory office	351.	LOCATION	Street and Numbe	er of Rural Route	e Number, City, Coun	ty, State)	
	36. IMMEDIATE CAUSE IE	NTER ONLY ONE CAUSE PER	LINE FOP (a). (b), A	ND (c;) Do not poter r	node of dyir	g. e.g. Cardia	c or Respiratory	Arrest.	interval betwee	en onset	
CAUSE OF	PART 12 Cons. Heart Pailup										
DEATH	CONDITIONS DUE TO OR AS A CONSEQUENCE OF								Interval between and death	een onset	
	GAVE RISE TO IMPEDIATE CALLES (b) Sachemic Cardiomopally										
ļ	STATING THE UNDERLYING CAUSE	DUE TO OR AS A CONSEQUI	ENCE OF	4	, ,				Interval between and death	een onset	
	LAST (c) IC	ASHA									
	PART OTHER SIGNIFICAN II PART Lie.g., alcohol.	IT CONDITIONS - Conditions of abuse, obesity, smoker).	ntributing to death but not related to cause in			37. AUTOPSY (Yes or No)					
į	;0 'n A.						No .				
	\	Wial	vers							 .	
	C T T T	E OF COLODADO		CTES (אבר ביי	אוד תוא	CIT ON				

STATE OF COLORADO

CITY OF GRAND JUNCTION

I, KENNETH J. LAMPERT, M.D., LOCAL REGISTRAR OF VITAL STATISTICS FOR THE CITY OF GRAND JUNCTION AND COUNTY OF MESA, COLORADO, DO HEREBY CERTIFY THAT THE ABOVE IS A TRUE, FULL, AND CORRECT COPY OF THE CERTIFICATE IN MY CUSTODY AND ON FILE IN MY OFFICE.

THIS COPY NOT VALID UNLESS PREPARED ON GRAY BASKETWEAVE PAPER AND IMPRESSED WITH RAISED SEAL OF THE MESA COUNTY OFFICE OF VITAL RECORDS.

WITNESS MY HAND AND SEAL AT GRAND JUNCTION, AND SAID STATE, THE 24th DAY OF FEBRUARY, A.D., 1989.

Kometh A Same a contin