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RETURN TO:

AFFIDAVIT

STATE OF OREGON)
County of Lane) :ss.

I, MARC D. PERRIN, being first duly sworn do hereby
depose and say as follows:

On September 4, 1981 Jane Angel Priest died. A certified true copy of her death certificate is attached hereto, marked Exhibit "A" and incorporated herein as though fully set forth. Jane Angel Priest died in Florence, Lane County, Oregon at 2012 East 12th Street. At the time of her death she was widowed.

Attached hereto, marked Exhibit "B" and incorporated herein as though fully set forth is an affidavit of claiming successor estate which was filed in the Lane County Circuit Court on November 9, 1981. That affidavit was signed by John T. Priest and states as follows. First, that John T. Priest is the sole surviving son and heir of the decedent, Jane Angel Priest, and the one claiming successor in all property owned by the decedent. Second, that an application or petition for the appointment of a personal representative has not been granted in Oregon. Third, that the decedent died intestate. Finally, that John T. Priest as sole heir is entitled to the entire property interest of the decedent.

John T. Priest is the son of Jane Angel Priest and is 41 years of age.

No children of deceased children have survived the decedent.

The Circuit Court probate file number for the estate of Jane A. Priest is: 53-81-10210.

DATED this 28th day of December, 1982.

Marc D. Perrin
Marc D. Perrin

Subscribed and sworn to before me this 28th day of December, 1982.

David J. Burke
Notary Public for Oregon
My Commission Expires: 7-19-85

AFFIDAVIT

CERTIFICATE OF DEATH

Vital Records Unit

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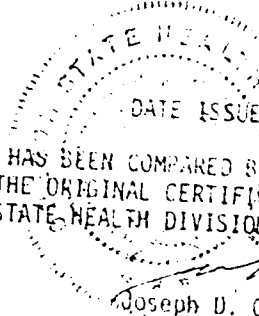
DECEASED—NAME First Middle Last JANE ANGEL PRIEST		State File Number 1152	
RACE White, Black, American Indian, etc. (specify) WHITE		SEX Female	AGE—Last birthday (years) 78
CITY, TOWN OR LOCATION OF DEATH Florence		DATE OF DEATH (month, day, year) 2 September 4, 1981	
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 2012 E. 12th, St.		DATE OF BIRTH (month, day, year) 6 July 11, 1903	
STATE OF BIRTH (If not in U.S.A., name country) Illinois	CITIZEN OF WHAT COUNTRY U.S.A.	COUNTY OF DEATH Lane	
SOCIAL SECURITY NUMBER 565-10-1912	USUAL OCCUPATION (give kind of work done during last of working life, even if retired) Waitress	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) widowed	
RESIDENCE—STATE Oregon	COUNTY Lane	SPOUSE (If married, widowed) Robert Priest	
FATHER—NAME first middle last Joseph Kennis	MOTHER—Maiden Name first middle last Angel Hermoille	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Crementation		KIND OF BUSINESS OR INDUSTRY Restaurant	
CEMETERY OR CREMATORY—NAME Lane Crematorium		INFORMANT—NAME and relationship to deceased John Priest Son	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) F.A. Bower M.D.		LOCATION city or town state Eugene, Oregon	
NAME AND ADDRESS OF FACILITY Riverside Chapel Box 250 Florence, Oregon		DATE SIGNED (M, D, Y) 9/9/81	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Specify Yes or No) F.A. Bower M.D. 1225 Hwy 101 Florence, Oregon 97439		HOUR OF DEATH --	
DATE RECEIVED BY REGISTRAR (M, D, Y) Sept. 10, 1981		REGISTRAR Margaret M. Fitch	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR PART I) (a) DUE TO, OR AS A CONSEQUENCE OF: myocardial infarction (b) DUE TO, OR AS A CONSEQUENCE OF: Coronary atherosclerosis (c) DUE TO, OR AS A CONSEQUENCE OF: Hypercholesterolemia			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) (b) (c) 20 yrs			
ACCIDENT (Specify Yes or No) No	DATE OF INJURY (M, D, Y) No	HOUR OF INJURY No	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No
INJURY AT WORK (Specify Yes or No) No	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No	LOCATION No	STREET OR R.F.D. NO. No
RESERVED FOR REGISTRAR'S USE			

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

EXHIBIT A



DATE ISSUED: **October 15, 1981**

Joseph D. Carney, State Registrar

FILED 1153

NOV 19 1981

CLERK OF COURT
JANE ANGELO

IN THE CIRCUIT COURT OF THE STATE OF OREGON
In the Matter of the Small Estate

of
JANE ANGEL PRIEST,

Deceased.

STATE OF OREGON

County of Lane

) Probate No. 1-10210-5

) AFFIDAVIT OF CLAIMING
) SUCCESSOR INTESTATE ESTATE

) ss.

I, JOHN T. PRIEST, being first duly sworn on oath, depose and say:

1. That I am the sole surviving son and heir of the decedent, Jane Angel Priest, and the one claiming successor in all property owned by the decedent. This Affidavit is made pursuant to ORS 114.515.

2. The only property of the decedent in any jurisdiction consists of the following described personal property in the State of Oregon, to-wit:

(a) Savings account number 602 68715 with Citizens Bank of Oregon, Main Branch, having a current balance of \$2,462.24.

(b) Checking account number 1508045 with Oregon Pacific Banking Company, having a current balance of \$2,605.19.

(c) 1968 Volkswagen 2-door Sedan, Oregon License Number BML 995, Serial Number 118258788, with a current fair market value of \$1,100.00.

(d) Miscellaneous personal property and effects with a total fair market value of approximately \$500.00.

3. To the best of your affiant's knowledge, there are no debts of decedent remaining unpaid.

4. Decedent died September 4, 1981; a certified true copy of decedent's death certificate is attached hereto.

5. An application or petition for the appointment of a personal representative has not been granted in Oregon.

6. Decedent's heirs and relationships to the decedent and the last address of each as known to affiant are:

Name	Relationship	Last Known Address
John T. Priest,	Son	2826 York Street
Your Affiant herein		Eugene, Oregon 97404

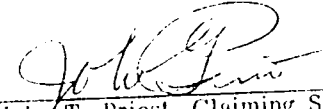
Page 1 - Affidavit of Claiming Successor Intestate Estate

EXHIBIT B

7. The decedent died intestate.

8. John T. Priest, as sole heir, is entitled to the entire property interest of the decedent.

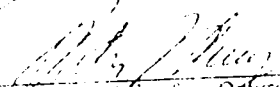
9. A copy hereof has been mailed to the Public Welfare Division, Estate Administration Section, and to the Department of Revenue, Salem, Oregon.


John T. Priest, Claiming Successor

I, JOHN T. PRIEST, being first duly sworn, declare that the foregoing Affidavit is true.


John T. Priest

SUBSCRIBED AND SWORN to before me this 26 day of October, 1961.


Notary Public for Oregon
My Commission Expires 1962

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Vital Records Unit

[illegible]

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was read and explained to the parties, and they executed the same at 12:15 o'clock P. M., and duly recorded in

1 hereby certify that the within instrument was
20 day of Jan A.D., 1983 at 3:47 o'clock P M., and duly recorded in
 EVELYN BIEHN
 COUNTY CLERK

Vol M83 of Deeds on page 1151.

Fee \$20.00

By James H. [unclear] Deputy