TA - 25135

19678

Vol. M82 Page 1151

RETURN TO:

AFFIDAVIT

STATE OF OREGON)
:ss.
County of Lane)

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 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

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

Notary Public for Oregon
My Commission Expires: 7-19-85

AFFIDAVIT

Oregon
STATE HEALTH DIVISION
Dept. of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

01332 Local File Number

1152

State File Number

Field	Entry
1 Deceased—Name (First, Middle, Last)	JANE ANGEL PRIEST
2 Date of Death	September 4, 1981
3 Race	WHITE
4 Sex	Female
5a Age—Last birthday (years)	78
6 Date of Birth	July 11, 1903
7a City, Town or Location of Death	Florence
7b Hospital or Other Institution—Name	2012 E. 12th, St.
7c County of Death	Lane
8 State of Birth	Illinois
9 Citizen of What Country	U.S.A.
10 Married, Never Married, Widowed, Divorced	widowed
11 Spouse	Robert Priest
12 Was Decedent Ever in U.S. Armed Forces?	No
13 Social Security Number	565-10-1912
14a Usual Occupation	Waitress
14b Kind of Business or Industry	Restaurant
15a Residence—State	Oregon
15b County	Lane
15c City, Town, or Location	Florence
15d Street and Number	2012 E. 12th St.
15e Inside City Limits	Yes
16 Father—Name	Joseph Kennis
17 Mother—Maiden Name	Angel Hermoille
18 Informant—Name and relationship to deceased	John Priest Son
Location	Eugene, Oregon
19a Burial, Cremation, Removal	Cremation
19b Cemetery or Crematory—Name	Lane Crematorium
20a Funeral Service Licensee (Signature)	[signature]
20b Name and Address of Facility	Riverside Chapel Box 250 Florence, Oregon
21a Certifier (Signature)	F.A. Bower MD
21b Date Signed	9/9/81
21c Hour of Death	-- M
21d Name and Address of Certifier	F.A. Bower M.D. 1225 Hwy 101 Florence, Oregon 97439
21e Name of Attending Physician if Other Than Certifier	
22a Date Received by Registrar	Sept. 10, 1981
22b Registrar (Signature)	Margaret M. Fitz, Registrar
23 Part I (a) Immediate Cause	myocardial infarction — Interval: ?
(b) Due to, or as a consequence of	Coronary arterio sclerosis — Interval: yrs
(c) Due to, or as a consequence of	Hypercholesterolemia — Interval: 20 yrs
Part II Other Significant Conditions	
24 Autopsy	No
25 Was Medical Examiner Notified	No
26a Accident	
26b Date of Injury	
26c Hour of Injury	M
26d Describe How Injury Occurred	
26e Injury at Work	
26f Place of Injury	
26g Location	

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1-80)

STATE OF OREGON, COUNTY OF MULTNOMAH)ss DATE ISSUED 15 1981

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.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

EXHIBIT A

FILED
1153

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR LANE COUNTY

In the Matter of the Small Estate
of
JANE ANGEL PRIEST,
Deceased.

) Probate No. 84 10210
)
) AFFIDAVIT OF CLAIMING
) SUCCESSOR INTESTATE ESTATE
)
)

STATE OF OREGON)
) ss.
County of Lane)

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 502 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 BNL 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 1, 1984; 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, Your Affiant herein	Son	2626 Van Street Eugene, Oregon 97404

EXHIBIT B

7. The decedent die ' 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, 1981.

Notary Public for Oregon
My Commission Expires:

CERTIFICATE OF DEATH

HEALTH DIVISION
Human Resources

Vital Records Unit

1155

State File Number

DECEASED NAME: JANE ANGEL PRIEST

DATE OF DEATH (month, day, year): September 4, 1981

SEX: Female

AGE: 78

DATE OF BIRTH (month, day, year): July 11, 1903

RACE: WHITE

HOSPITAL OR OTHER INSTITUTION NAME: 2012 E. 12th, St.

COUNTY OF DEATH: Lane

CITY, TOWN OR LOCATION OF DEATH: Florence

CITIZEN OF WHAT COUNTRY: U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: widowed

SPOUSE: Robert Priest

WAS DECEDENT EVER IN U.S. ARMED FORCES? No

STATE OF BIRTH: Illinois

USUAL OCCUPATION: Waitress

KIND OF BUSINESS OR INDUSTRY: Restaurant

SOCIAL SECURITY NUMBER: 565-10-1912

STREET AND NUMBER OR R.F.D., ZIP: 2012 E. 12th St.

Inside City Limits: Yes

RESIDENCE-STATE: Oregon

COUNTY: Lane

CITY, TOWN, OR LOCATION: Florence

FATHER NAME: Joseph Kennis

MOTHER NAME: Angel Bermaille

INFORMANT: John Priest — Son, Eugene, Oregon

BURIAL, CREMATION, REMOVAL: Cremation

CEMETERY OR CREMATORY NAME: Lane Crematorium

NAME AND ADDRESS OF FACILITY: Riverside Chapel Box 430 Florence, Oregon

F.A. Bower M.D. 1225 Bay St Florence Oregon 97439

Myocardial infarction

Coronary arteriosclerosis

Hypercholesterolemia

Interval between onset and death: 20 yrs

WAS MEDICAL EXAMINER NOTIFIED? No

No

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