

**- COPY -
FOR YOUR
INFORMATION**

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF POLK
PROBATE DEPARTMENT

Case No.

STATE OF OREGON)
County of Marion) ss.

I hereby certify that the foregoing is
a true and correct copy of the original.

Dated Feb 28, 1983.

Paul Schine

One of Attorneys for

In the Matter of
the Estate of

EDMOND LUNDBERG,

Deceased.

AFFIDAVIT OF CLAIMING SUCCESSOR IN SMALL ESTATE

STATE OF OREGON)
County of Marion) ss.

I, DON STROUP, being first duly affirmed, depose and
say:

I am the designated representative of the Adult &
Family Services Division, and submit this Affidavit pursuant
to ORS 114.505-114.555.

The County of Polk has jurisdiction over this estate as
it is the county where the decedent was domiciled at the
time of his death.

The decedent's property consists of the following items
having a fair market value of:

Cash

\$ 69.96

Contract of sale dated December 13, 1978
Balance due as of February 1, 1983

\$2500.00

Undetermined

Reasonable efforts have been made to ascertain the
creditors of this estate and to the best of my knowledge the
following debts of the decedent remain unpaid.

Page

1 - AFFIDAVIT OF CLAIMING SUCCESSOR IN SMALL ESTATES;
Lundberg

LAWYERS
235 UNION STREET N.E.
P. O. BOX 804, SALEM, OREGON 97308
PHONE 585-3255

1600 CL

1 Claim of Adult & Family Services Division \$22,169.66

2 Claim of Churchill, Leonard, Brown
3 & Donaldson for attorney fees (approximate) \$ 400.00

4 The decedent died on September 26, 1982, at Cedarwood
5 Care Center, 1525 Monmouth Ave., Independence, Oregon 97351.

6 A certified copy of the death certificate of the decedent
7 issued by the State Department of Health for the State of
8 Oregon is hereto attached.

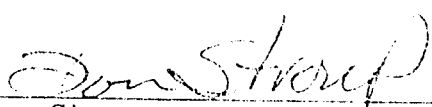
9 No application or petition for appointment of the
10 personal representative of the estate of said decedent has
11 been granted in any jurisdiction in the State of Oregon.

12 The decedent died intestate.

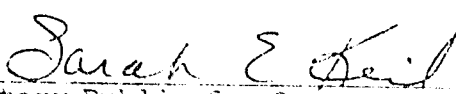
13 The decedent has no known heirs.

14 A copy of the affidavit has been mailed to the Adult &
15 Family Services Division, Estate Administration Unit, Salem,
16 Oregon, and to the Department of Revenue, Salem, Oregon.

17 A copy of the affidavit has been filed with the county
18 clerk in the County where decedent above described real
19 property is located.

20 
21 Don Stroup

22 Subscribed and sworn to before me this 10th day of
23 February, 1983.

24 
25 Notary Public for Oregon
26 My commission expires: 3-17-84

25 PCL;hai
26 PROB1
1201035.01

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH
ORS - 145

4713

82-015790

Local File Number 157 State File Number

DECEASED NAME FIRST MIDDLE LAST EDWARD C. LUNDBURG

DATE OF DEATH (MONTH, DAY, YEAR) SEPTEMBER 26, 1982

RACE WHITE SEX MALE AGE LAST BIRTHDAY (MONTH, DAY, YEAR) 81

CIT. TOWN, OR LOCATION OF DEATH INDEPENDENCE HOSPITAL OR OTHER INSTITUTION CEDARWOOD CARE CENTER INPAT.

STATE OF BIRTH OREGON CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED

SOCIAL SECURITY NUMBER 544 24 4277 USUAL OCCUPATION SHOVEL OPERATOR

RESIDENCE STATE OREGON COUNTY POLK CITY, TOWN, OR LOCATION DALLAS STREET AND NUMBER OR R.F.D. 744 S.E. BIRCH ST.

FATHER NAME FIRST MIDDLE LAST SAMUEL LUNDBURG MOTHER MAIDEN NAME FIRST MIDDLE LAST BURT MCKIBBEN, NEPHEW

BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) BURIAL CEMETERY OR CREMATORY NAME DALLAS CEMETERY

Funeral Service (Name, Address, Phone) BOLLMAN FUNERAL HOME; DALLAS, OREGON 97338

CERTIFICATION MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT

DEATH OCCURRED MONTH DAY YEAR FROM NATURAL CAUSE ACCIDENT SUICIDE

CERTIFICATE SIGNATURE WILLIAM J. BRADY, M.D. DATE SIGNED (MONTH, DAY, YEAR) OCTOBER 19, 1982

DATE RECEIVED BY REGISTRAR (MONTH, DAY, YEAR) October 20, 1982 REGISTRAR SIGNATURE Shirley Sloan

PART I IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC HEART DISEASE

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) DUE TO, OR AS A CONSEQUENCE OF:

PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

DATE OF INJURY (MONTH, DAY, YEAR) HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 21)

INJ. AT WORK PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. LOCATION

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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.

DATE ISSUED FEBRUARY 16 1983

Joseph B. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

490 78-019632

LOCAL FILE NUMBER CERTIFICATE OF DEATH

DECEASED NAME FIRST MIDDLE LAST VERA BEATRICE LINDBURG		DATE OF DEATH (MONTH, DAY, YEAR) October 29, 1978	
HAIR, EYES, SKIN, COMPLEXION White	SEX Female	AGE, LAST BIRTHDAY (YEARS) 75	DATE OF BIRTH (MONTH, DAY, YEAR) August 16, 1903
CITY, TOWN, OR LOCATION OF DEATH Klamath	CITY, TOWN, OR LOCATION OF DEATH Crescent	HOSPITAL OR OTHER INSTITUTION Box 57	IF DECEASED IN A HOSPITAL, CLINIC, OR OTHER INSTITUTION, SPECIFY NAME, ADDRESS, CITY, STATE, ZIP CODE
CITIZENSHIP USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SPOUSE (IF MARRIED) Edmund C.	IF DECEASED IN A HOSPITAL, CLINIC, OR OTHER INSTITUTION, SPECIFY NAME, ADDRESS, CITY, STATE, ZIP CODE
SOCIAL SECURITY NUMBER 4-24-4277	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Crab Packer	KIND OF BUSINESS OR INDUSTRY Columbia River Packers	IF DECEASED IN A HOSPITAL, CLINIC, OR OTHER INSTITUTION, SPECIFY NAME, ADDRESS, CITY, STATE, ZIP CODE
RESIDENCE STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Crescent	STREET AND NUMBER OR R.F.D. Box 57
FATHER NAME FIRST MIDDLE LAST Henry Rowley	MOTHER, MAIDEN NAME FIRST MIDDLE LAST Emma Lee	INFORMANT NAME AND RELATIONSHIP TO DECEASED Edmund C. Lindburg (Spouse)	
BURIAL, CREMATION, REMOVAL, GRAVE, (SPECIFY) Burial	CEMETERY OR CREMATORY NAME Dallas Cemetery	LOCATION CITY OR TOWN Dallas, Oregon	
FUNERAL SERVICE, NAME OF PERSON ARRANGING AL NAME AND ADDRESS OF FACILITY Bowman Funeral Home 227 Main - Dallas, Oregon 97338			
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED FROM: DEATH OCCURRED THE DECEASED WAS PRONOUNCED DEAD 7:30 A.M. 10-29-78 8:10 A.M. NATURAL CAUSES ☐ ACCIDENT ☐ HOMICIDE ☐ UNDETERMINED ☐ MADNESS ☐ OTHER ☐ MANNER (TYPE OR PRINT) George R. Nicholson, M.D. DATE SIGNED (MONTH, DAY, YEAR) January 10, 1979			
DATE RECEIVED BY REGISTRAR (MO. DAY, YR.) January 10, 1979		REGISTRAR Marian Sherman	
IMMEDIATE CAUSE (a) <i>Refractory Ventricular fibrillation</i> (b) <i>Arteriosclerotic Heart Disease</i> (c) <i>Other significant conditions - conditions contributing to death but not related to cause given in part I (a)</i>		INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH	
DATE OF INJURY (MONTH, DAY, YEAR) 25A		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I, OR PART II, ITEM 21) 25C	
PLACE OF INJURY AT HOME, FARM, (SPECIFY YES OR NO) 25B		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 25F	
RESERVED FOR REGISTRAR'S USE			

CHURCHILL, LEONARD, BROWN & DONALDSON - STATISTICS COPY
LAWYERS
235 UNION STREET N.E.
P. O. Box 804
SALEM, OREGON 97308

STATE OF OREGON, County of Multnomah)ss

Date Issued Feb. 16 1983

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
Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH ;ss

I hereby certify that the within instrument was received and filed for record on the 30th day of March A.D., 1983 at 11:24 o'clock A.M. and duly recorded in Vol. M83, of Deeds on page 4711

FEE \$16.00

EVELYN BIEHN COUNTY CLERK
by *Lucy Selvia* Deputy