21891

Vol. M83 Page 4711

-COPY- FOR YOUR INFORMATION

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF POLK

PROBATE DEPARTMENT

In the Matter of the Estate of

EDMOND LUNDBERG,

Deceased.

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 Schuma
One of Attorneys for

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

Contract of sale dated December 13, 1978 $ 69.96
Balance due as of February 1, 1983
Undetermined

Reasonable efforts have been made to ascertain the $2500.00 creditors of this estate and to the best of my knowledge the following debts of the decedent remain unpaid.

1600 ck

LAWYERS
235 UNION STREET N.E.
P. O. BOX 804, SALEM, OREGON 97308
PHONE 585-2255

Claim of Adult & Family Services Division $22,169.66

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

The decedent died on September 26, 1982, at Cedarwood Care Center, 1525 Monmouth Ave., Independence, Oregon 97351. A certified copy of the death certificate of the decedent issued by the State Department of Health for the State of Oregon is hereto attached.

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

The decedent died intestate.

The decedent has no known heirs.

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

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

Don Stroup

Don Stroup

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

Sarah E Keil

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

PCL;hai
PROB1
1201035.01

LAWYERS
235 UNION STREET N.E.
P. O. BOX 804, SALEM, OREGON 97308
PHONE 585-2255

4713

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ORS - 146

Local File Number: 157

State File Number: 82-015790

DECEASED NAME: EDMUND C. LUNDBURG

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

1 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): WHITE
3 SEX: MALE
4 AGE - LAST BIRTHDAY (YEARS): 81
5A UNDER 1 YEAR (MONTHS): 5B UNDER 1 DAY (HOURS): 5C (MINUTES):
6 DATE OF BIRTH (MONTH, DAY, YEAR): NOVEMBER 19, 1900
7A CITY, TOWN, OR LOCATION OF DEATH: INDEPENDENCE
7B HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.): CEDARWOOD CARE CENTER
7C IF HOSPITAL, INDICATE WHETHER INPAT., OUTPAT., OR DOA: INPAT.
7D COUNTY OF DEATH: POLK
8A STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): OREGON
8B CITIZEN OF WHAT COUNTRY: U.S.A.
9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
10 SPOUSE (IF MARRIED, WIDOW(ER)): VERA ROWLEY
11 WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): NO
12 SOCIAL SECURITY NUMBER: 544 24 4277
13A USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED): SHOVEL OPERATOR
13B KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
14A RESIDENCE STATE: OREGON
14B COUNTY: POLK
14C CITY, TOWN, OR LOCATION: DALLAS
14D STREET AND NUMBER OR R.F.D.: 744 S.E. BIRCH ST.
14E INSIDE CITY LIMITS? (SPECIFY YES OR NO): YES
15A FATHER NAME FIRST MIDDLE LAST: SAMUEL LUNDBURG
15B MOTHER MAIDEN NAME FIRST MIDDLE LAST: -
16 INFORMANT - NAME AND RELATIONSHIP TO DECEASED: BURT McKIBBEN, NEPHEW
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): BURIAL
19B CEMETERY OR CREMATORY NAME: DALLAS CEMETERY
19C LOCATION - CITY OR TOWN, STATE: DALLAS, OREGON
20A UNDERTAKER OR PERSON ACTING AS SUCH - SIGNATURE: William Bollman
20B NAME AND ADDRESS OF FACILITY: BOLLMAN FUNERAL HOME; 694 MAIN STREET 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

21A DEATH OCCURRED (HOUR):
21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR):
21C FROM: NATURAL CAUSES [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]
21D CERTIFIER - SIGNATURE: William J. Brady
21E NAME (TYPE OR PRINT): WILLIAM J. BRADY, M.D.
21F MEDICAL EXAMINER FOR: STATE OF OREGON COUNTY
21G DATE SIGNED (MONTH, DAY, YEAR): OCTOBER 19, 1982

22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): October 20, 1982
22B REGISTRAR (SIGNATURE): Shirley Sloan

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) ARTERIOSCLEROTIC HEART DISEASE
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

INTERVAL BETWEEN ONSET AND DEATH:
INTERVAL BETWEEN ONSET AND DEATH:
INTERVAL BETWEEN ONSET AND DEATH:
24 AUTOPSY (SPECIFY YES OR NO): YES

25A DATE OF INJURY (MONTH, DAY, YEAR):
25B HOUR:
25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23):
25D INJ. AT WORK (SPECIFY YES OR NO):
25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE):

RESERVED FOR REGISTRAR'S USE

MD-137 REV. 1-82

ORIGINAL–VITAL STATISTICS COPY

DATE ISSUED FEBRUARY 16 1983

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.

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 (Local File Number)

CERTIFICATE OF DEATH

78-019632 (State File Number)

1. DECEASED - NAME: FIRST VERA; MIDDLE BEATRICE; LAST LUNDBURG
2. DATE OF DEATH (Month, Day, Year): October 29, 1979
3. RACE - (Specify) White
4. SEX: Female
5A. AGE - Last Birthday (Years): 75
5B. If UNDER 1 YEAR - MOS.: DAYS: If UNDER 1 DAY - HOURS: MIN.:
6. DATE OF BIRTH (Month, Day, Year): August 16, 1903
7. COUNTY OF DEATH: Klamath
8. CITY, TOWN, OR LOCATION OF DEATH: Crescent
9A. HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street & no.): Box 57
9B. If hosp. or inst. - DECEDENT'S USUAL RESIDENCE (Specify)
9C. If inpatient (Specify)
10. STATE OF BIRTH (If not in U.S.A., name country): Iowa
11. CITIZEN OF WHAT COUNTRY: USA
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
13. SPOUSE (If married, widowed or divorced): Edmund C.
14. SOCIAL SECURITY NUMBER: [illegible]-24-4277
15. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
16A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired): Crab Packer
16B. KIND OF BUSINESS OR INDUSTRY: Columbia River Packers
17A. RESIDENCE - STATE: Oregon
17B. COUNTY: Klamath
17C. CITY, TOWN, OR LOCATION: Crescent
17D. STREET AND NUMBER OR R.F.D.: Box 57
17E. INSIDE CITY LIMITS (Specify Yes or No): Yes
18. FATHER'S NAME - FIRST, MIDDLE, LAST: Henry Rowley
19. MOTHER - MAIDEN NAME - FIRST, MIDDLE, LAST: Emma Lee
20. INFORMANT - NAME AND RELATIONSHIP TO DECEASED: Edmund C. Lundburg (Spouse)
21A. BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial
21B. CEMETERY OR CREMATORY - NAME: Dallas Cemetery
21C. LOCATION - CITY OR TOWN, STATE: Dallas, Oregon
22A. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
22B. NAME AND ADDRESS OF FACILITY: Bowman Funeral Home 227 Main - 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 THE DATE AND HOUR STATED BELOW FROM THE CAUSES AND CONDITIONS SET FORTH.

23A. DEATH OCCURRED (Hour): About 7:30 A.M.
23B. THE DECEDENT WAS PRONOUNCED DEAD - MONTH, DAY, YEAR, HOUR: 10-29-78 8:10 A.M.
23C. FROM: NATURAL CAUSES [ ] HOMICIDE [ ] ACCIDENT [ ] UNDETERMINED [ ]
23D. CERTIFIER - SIGNATURE
23E. NAME - (TYPE OR PRINT): George R. Nicholson, M.D.
23F. MEDICAL EXAMINER FOR: Klamath COUNTY
23G. DATE SIGNED (Month, Day, Year): January 10, 1979
24A. DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): January 10, 1979
24B. REGISTRAR (SIGNATURE): Morgan Bowman

PART I
(a) IMMEDIATE CAUSE — DUE TO, OR AS A CONSEQUENCE OF:
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c)
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).
INTERVAL BETWEEN ONSET AND DEATH

(a) Pulmonary Edema
(b) Arteriosclerotic Heart Disease

PART II — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
25. AUTOPSY (Specify Yes or No): No
26. DATE OF INJURY (Month, Day, Year)
27. HOUR
28. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item)
29. INJ. AT WORK (Specify Yes or No)
30. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)
31. LOCATION (Street or R.F.D. No., City or Town, County, State)

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, 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., 19 83 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 [illegible] Deputy