

FILED  
STATE OF OREGON  
KLAMATH COUNTY  
CIRCUIT COURT

IN THE CIRCUIT COURT OF THE STATE OF OREGON

MAR 15 PM 2:49

FOR THE COUNTY OF KLAMATH

TRIAL COURT CLERK

2

3 IN THE MATTER OF THE SMALL ESTATE)

4

OF

NO. 84 - 8

SE

5 ANNA RAE PEARCE,

AFFIDAVIT OF CLAIMING SUCCESSOR

6

Deceased.) TESTATE ESTATE

7 STATE OF OREGON, County of Jackson) ss.

8 I, WILSON O. PEARCE, being duly sworn, depose and say that:

9 I am a devisee and a "Claiming Successor" of the above named  
10 decedent. This Affidavit is made pursuant to ORS 114.515.11 1. A description of all of decedent's property in Oregon,  
12 including its location, the assessed value of the real property and  
13 the fair market value of the personal property is:14 REAL PROPERTY: An un-divided one-fourth (1/4) interest in the  
15 following described real property situated within Klamath County,  
16 State of Oregon, to-wit:17 "Township 40 South, Range 8 E.W.M., Klamath County, Oregon  
18 Section 7: East half of Southeast Quarter of Southwest  
Quarter (20 acres)"

19 Klamath County Assessor's Account Number: 4008-1700-06000-000

20 Klamath County Assessor's Value at date of death: \$4,265.00  
21 (Total value of \$17,060.00 divided by 4) YEAR 1981 &/or  
22 Klamath County Assessor's Value present date: 5,000.00  
(Total value of \$20,000.00 divided by 4) YEAR 198423 PERSONAL PROPERTY: None24 2. To affiant's best knowledge, there are no debts of decedent  
25 remaining unpaid;

26 3. Decedent died August 14, 1981; a certified copy of decedent's

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NO. 84- 8 SE

84 MAR 13 AM 8 38

OK  
32.00

1 death certificate is attached hereto;

2 4. An application or petition for the appointment of a  
3 personal representative has not been granted in Oregon;

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

6 Wilson O. Pearce, spouse, 18285 Hwy. 62, Eagle Point, OR 97524;  
7 Leslie Max Pearce, son, 16728 Bermuda, Granada Hills, CA 91344;  
8 Patricia Ann Massey, daughter, Rt.1, Box 626, Collinsville, OK 74021;  
9 Mary Carlene Melichar, 9717 Hayvenhurst, Sepulveda, CA 91343; and  
10 Lynne Dee Graziano, 18285 Hwy. 62, Eagle Point, OR 97524;

11 A copy of this affidavit and a copy of the will have been delivered  
12 to each heir or mailed to the heir at the last known address stated  
13 above;

14 6. The decedent died testate; decedent's will is attached to  
15 this affidavit;

16 7. Decedent's devisees and the last address of each as known to  
17 affiant are:

18 Wilson O. Pearce, spouse, 18285 Hwy. 62, Eagle Point, OR 97524;

19 8. The interest in decedent's property described in this  
20 affidavit under paragraph one (1) above to which each devisee is  
21 entitled is in accordance with the Last Will and Testament, page 1  
22 "FOURTH" as follows: I give, devise and bequeath to my husband,  
23 WILSON ORA PEARCE, if he survives me for a period of one hundred  
24 twenty (120) days, the whole of my estate;

25 9. A copy of this affidavit has been mailed to the Public  
26 Welfare Division, Estate Administration Section, and to the Depart-  
ment of Revenue, Salem, Oregon;

10. A clerk certified copy of this affidavit has been recorded

1 in the Records of Deeds in the County of Klamath, State of Oregon,  
2 and a copy of the recorded affidavit will be provided the Klamath  
3 County Assessor's office, Klamath County Courthouse Annex, Klamath  
4 Falls, OR 97601.

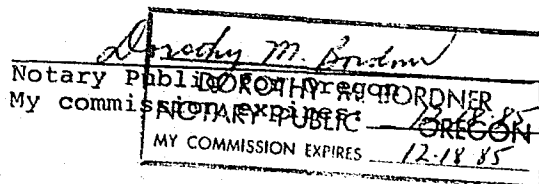
5 11. The Claiming Successor has employed Beddoe & Beddoe,  
6 Attorneys at Law, 296 Main Street, Klamath Falls, OR 97601, Tele-  
7 phone number (503) 882-4624, as the attorneys to assist in the  
8 administration of the above-entitled small estate. The attorney  
9 fees agreed upon at the time of employment is the sum of \$400.00  
10 plus costs of filing fee and recording fee.

11 12. Pursuant to ORS 114.555, if a personal representative  
12 has not been appointed within four (4) months after the filing of  
13 this Affidavit, the interest of the decedent in all of the property  
14 described herein is transferred to the person shown by this Affidavit  
15 to be entitled thereto and any other claims against the property  
16 described herein are barred except as provided in ORS 114.545.

17  
18  
19 Wilson O. Pearce  
WILSON O. PEARCE, Claiming Successor

20  
21 SUBSCRIBED AND SWORN to before me this 4th day of March, 1984.

22  
23  
24 (SEAL)



**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

**3600**

**4248**

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST <b>ANNA</b>		1B. MIDDLE <b>Rae</b>	
1C. LAST <b>PEARCE</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>August 14, 1981</b>	
3. SEX <b>Female</b>		4. RACE <b>White</b>	
5. ETHNICITY <b>* * * * *</b>		6. DATE OF BIRTH <b>August 11, 1914</b>	
7. AGE <b>67</b> YEARS		IF UNDER 1 YEAR MONTHS    DAYS    IF UNDER 24 HOURS HOURS    MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>California</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Max G. Sickmon - Illinois</b>	
10. CITIZEN OF WHAT COUNTRY <b>United States</b>		11. SOCIAL SECURITY NUMBER <b>547-24-9544</b>	
12. MARITAL STATUS <b>Married</b>		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>Wilson O. Pearce</b>	
14. PRIMARY OCCUPATION <b>Home Maker</b>		15. NUMBER OF YEARS THIS OCCUPATION <b>Adult Life</b>	
16. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Self-employed</b>		17. KIND OF INDUSTRY OR BUSINESS <b>Own Home</b>	
18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>23180 Esaws Rd.</b>		19. CITY OR TOWN <b>Apple Valley</b>	
19A. COUNTY <b>San Bernardino</b>		19B. STATE <b>California</b>	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Wilson O. Pearce - Husband</b>		21. CITY OR TOWN <b>Apple Valley, CA 92307</b>	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>Respiratory failure, acute</b> (B) <b>Bronchogenic carcinoma + effusion</b> (C) <b>Interventricular Heart Disease</b> OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <b>Interventricular Heart Disease</b>		23. WAS DEATH REPORTED TO CORONER? <b>No</b>	
24. WAS SPOUSE PERFORMED? <b>Yes</b>		25. WAS AUTOPSY PERFORMED? <b>No</b>	
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? <b>No</b>		27. DATE SIGNED <b>8-14-81</b>	
28. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE <b>Harold H Zemelman MD</b>		29. PHYSICIAN'S LICENSE NUMBER <b>A16458</b>	
30. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) <b>1-28-1970</b>		31. I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) <b>7-31-81</b>	
32. TYPE PHYSICIAN'S NAME AND ADDRESS <b>HAROLD ZEMELMAN MD. 13652 CANTARA ST. PAN CT. CA</b>		33. INJURY AT WORK <b>No</b>	
34. SPECIFY ACCIDENT, SUICIDE, ETC. <b>No</b>		35. PLACE OF INJURY <b>No</b>	
36. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) <b>No</b>		37. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <b>No</b>	
38. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION) <b>No</b>		39. CORONER—SIGNATURE AND DEGREE OR TITLE <b>No</b>	
40. DATE SIGNED <b>No</b>		41. EMBALMER'S LICENSE NUMBER AND SIGNATURE <b>Not Embalmed</b>	
42. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>rn Memorial Chapel</b>		43. LOCAL REGISTRAR—SIGNATURE <b>L.E. Mahoney MD by [Signature]</b>	
44. DATE ACCEPTED BY LOCAL REGISTRAR <b>Aug 18 1981</b>		45. STATE REGISTRAR <b>A. 5-8-20</b>	
46. B. <b>1029</b>		47. C. <b>1029</b>	
48. D. <b>1029</b>		49. E. <b>1029</b>	
50. F. <b>1029</b>		51. G. <b>1029</b>	

This must be in red to be a  
"CERTIFIED COPY"

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY  
OF A CERTIFICATE OF DEATH TO FILE IN THE SAN BERNARDINO COUNTY  
HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN  
RED.

**LOUIS E. MAHONEY, M.D., M.P.H.**  
DIRECTOR OF PUBLIC HEALTH



## LAST WILL AND TESTAMENT

OF

ANNA RAE PEARCE

I, ANNA RAE PEARCE, a resident of the County of Los Angeles, State of California, declare this to be my Last Will and Testament and hereby revoke all other wills and codicils heretofore made by me.

FIRST: I declare that I am married; that my husband's name is WILSON ORA PEARCE, and all references in this Will to my husband are to him. I have four (4) children now living, two (2) of which are from a former marriage; the names of my four children are: LESLIE MAX PEARCE, PATRICIA ANN MASSEY, MARY OLIVER MELICHAR, and LYNNE DEE GRAZIANO.

SECOND: I direct that my Executor pay as soon after my death as is convenient, expenses of my last illness and funeral expenses, and just debts.

THIRD: It is my intention by this Will to dispose of all property of which I die possessed, all of my separate property, quasi-community property, if any, and my one-half interest in the community property of myself and my husband over which I have testamentary disposition.

FOURTH: I give, devise and bequeath to my husband, WILSON ORA PEARCE, if he survives me for a period of one hundred twenty (120) days, the whole of my estate. In the event that my husband, WILSON ORA PEARCE, does not so survive me, I devise and bequeath my estate to my children, LESLIE MAX PEARCE, PATRICIA ANN MASSEY, MARY OLIVER MELICHAR, and LYNNE DEE GRAZIANO in equal shares.

If any of my said children, LESLIE MAX PEARCE,

PATRICIA ANN MASSEY, MARY OLIVER MELICHAR, or LYNNE DEE GRAZIANO, do not survive me, then I devise and bequeath such deceased child's share of my estate to such deceased child's lawful descendants, living at my death, in equal shares, and if such deceased child leaves no lawful descendants living at my death, I then devise and bequeath such deceased child's share of my estate to my children living at my death.

If none of my said children nor any lawful issue of said children survive me, I devise and bequeath my estate to those persons who would have been my heirs if I had died one hundred twenty (120) days after my actual death, their identities and respective shares to be determined according to the laws of the State of California in effect at the date of my death relating to the succession of separate property not acquired from a predeceased spouse.

FIFTH: I have, except as otherwise provided in this Will, intentionally and with full knowledge, declined to provide for any heirs of mine who are living at my death and I direct that such persons, if any, shall take no part of my estate.

SIXTH: All estate, inheritance, succession, or other death taxes, duties or assessments imposed upon or in relation to any property by reason of my death, whether passing under this Will or otherwise, shall be paid by my Executor out of the residue of my estate without proration of any charges therefore against any person who receives such property under the terms of this Will or otherwise.

SEVENTH: I nominate and appoint as Executor of this Will, my attorney, SAM M. THOMPSON. In the event that he shall fail to qualify or cease to act as Executor, I nominate

BRENT M. THOMPSON of the law firm of THOMPSON & THOMPSON of Newhall, California, as Executor.

I authorize my Executor to sell, lease, or mortgage, the whole or any part of my estate at either public or private sale, with or without notice, but subject to such confirmation as may be required by law.

My Executor may, at his option, and in his sole and absolute discretion, retain any securities, properties, or other investments and continue to hold, manage, and operate any properties that I may own, in whole or in part, at the time of my death, with or without order of Court, the profits and losses therefrom, if any, to inure to or be chargeable against my estate and not my Executor.

IN WITNESS WHEREOF, I have hereunto set my hand this 20 day of April, 1976.

Anna Rae Pearce  
ANNA RAE PEARCE  
Testatrix

This Will, consisting of four (4) pages, including the next page, signed or initialed by the Testatrix, ANNA RAE PEARCE, was subscribed on the date thereof by her and declared by her to be her Last Will and Testament. Said subscription and declaration was made in our presence, we being present at the same time, and we, at her request and



in her presence, and in the presence of each other, have signed said instrument as witnesses. We further state at the signing hereof that the Testatrix appears of sound mind and faculties; that she willingly makes this Will and that she is aware of the nature of this act, according to our present observations.

Sam W. Thompson residing at 26837 N Sand Canyon Rd  
Saugus, Calif.  
Norma J. Fish residing at 24935 Wiley Canyon Rd.  
Newhall, Ca. 91321

SMALL ESTATE NO. 84-8 SE

In The Matter of the Small Estate  
of Anna Rae Pearce, Deceased

AFTER RECORDING RETURN TO:

BEDDOE & BEDDOE  
Attorneys at Law  
296 Main St.  
Klamath Falls, OR 97601

STATE OF OREGON )  
County of Klamath )

I, Laurie Mitchell, Clerk of the Circuit Court of the County of Klamath and the State of Oregon do hereby certify that the foregoing copy has been by me compared with the original, and that it is a transcript therefrom, and of the whole of such original as the same appears on file or of record in my office and in my care and custody. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court, this 15 day of March A.D. 1984.

By Laurie Mitchell Clerk of Court



A. R. P.  
A. R. P.

-4-

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 16th day of March A.D., 1984 at 8:38 o'clock A. M. and duly recorded in Vol M84, of Deeds on page 4245.

EVELYN BIEHN, COUNTY CLERK

by: Tom Smith, Deputy.

Fee: \$ 32.00