48019

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IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

In the Matter of the Estate of MATILDA VON CHIC,

Deceased.

No. 85-14 SE

SMALL ESTATE AFFIDAVIT

'85 APR 22 PM 4 22

STATE OF INDIANA)
County of LAKE) SS

I, Patricia I. Schaefer, being first duly sworn, make this Affidavit pursuant to the provisions of ORS 114.505 et seq. and depose and say as follows:

1.

All of the property of the Decedent subject to Probate in Oregon, and its fair market value is as follows:

Lots 5 and 6, Block 24, OREGON PINES, County of Klamath, State of Oregon, as the same is shown on plat filed June 30, 1969 in the office of the County Clerk of Klamath County, Oregon. Fair market value: $3,500.00

2.

After making reasonable efforts to ascertain creditors of the Estate, to the best knowledge of the Affiant there are no debts of Decedent remaining unpaid.

3.

The date of death of Decedent was June 15, 1984, and a certified copy of the death certificate is attached to this Affidavit.

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CK 21.00

WM. M. GANONG
ATTORNEY AT LAW
1151 PINE STREET
KLAMATH FALLS, OR.
97601
(503) 882-7228

4.

An application or petition of a Personal Representative has not been granted in Oregon.

5.

The only Heir of the Decedent and the last known address of said Heir as known to the Affiant is as follows:

Patricia I. Schaefer
1113 - 15th Street
DeMotte, Indiana 46310

Said person is of legal age. A copy of this Affidavit has been delivered to said Heir.

6.

The Decedent died intestate.

7.

The person entitled to all of the interest of the Decedent in the property described above is Patricia I. Schaefer.

8.

A copy of this Affidavit has been mailed to the Adult and Family Services Division, Estate Administration Section, Salem, Oregon 97310 and to the Department of Revenue, Salem, Oregon 97310.

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KLAMATH FALLS, OR
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(503) 882-7278

DECEDENT'S BIRTH NO. 826

REGISTRATION DISTRICT NO. 16-35

REGISTERED NUMBER 313

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors Handbook or Physicians Handbook for INSTRUCTIONS

DECEASED

1. DECEASED—NAME: MATILDA (First) VON CHIC (Last)
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JUNE 15, 1984
4a. RACE—(White, Black, American Indian, etc.) (Specify): WHITE
4b. ORIGIN OR DESCENT: ITALIAN
5a. AGE—Last Birthday (Years): 76
5b. If Under 1 Year: Months / Days
5c. If Under 1 Day: Hours / Minutes
6. DATE OF BIRTH (Mo., Day, Year): MAY 30 1908
7a. COUNTY OF DEATH: COOK
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: MELROSE PARK
7c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give STREET AND NUMBER): GOTTLIEB MEMORIAL HOSPITAL
7d. IF HOSP. OR INST., INDICATE DOA (Specify), EMER. RM., INPATIENT, ETC.: IN PATIENT
8. STATE OF BIRTH (If not in U.S.A. NAME COUNTRY): ILLINOIS
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
11. NAME OF SURVIVING SPOUSE (Maiden name, if wife):
12. SOCIAL SECURITY NUMBER: 319-07-4044
13a. USUAL OCCUPATION: SECRETARY
13b. KIND OF BUSINESS OR INDUSTRY: CENTRAL NATIONAL BANK
13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No): NO
13d. WAR OR DATES OF SERVICE:
14a. RESIDENCE—STREET AND NUMBER: 1424 D. HOLDEN AVE.
14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: ORLANDO
14c. INSIDE CITY LIMITS? (Yes or No): NO
14d. COUNTY: ORANGE
14e. STATE: FLORIDA

PARENTS

15. FATHER/PARENT—NAME (First, Middle, Last): CONSTANTINE CATALDO
16. MOTHER/PARENT—MAIDEN NAME (First, Middle, Last):

INFORMANT

17a. INFORMANT NAME (Type or Print): LE ANN KALNICKY
17b. RELATIONSHIP: RECORDS
17c. MAILING ADDRESS (Street and No. or R. F. D., City or Town, State, Zip): 8700 W. NORTH AVENUE MELROSE PARK, IL. 60160

CAUSE

18. DEATH WAS CAUSED BY:

PART I. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c)) — Approximate interval between onset and death

(a) ACUTE PULMONARY EDEMA
due to or as a consequence of:
(b) ACUTE CONGESTIVE HEART FAILURE
due to or as a consequence of:
(c) ARTERIO SCLEROTIC HEART DISEASE

Conditions, if any, which give rise to immediate cause (a) stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not related to cause given in Part I (a): METASTATIC CARCINOMA - PNEUMONIA

20a. DATE OF OPERATION, IF ANY:
20b. MAJOR FINDINGS OF OPERATION:
19a. AUTOPSY (Yes/No): NO
19b. If Yes, were findings considered in determining cause of death?
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☒

CERTIFIER

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (Month, Day, Year): 06 15 84
21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (Specify Yes or No):
21c. HOUR OF DEATH: 1:20 A.M.
22a. SIGNATURE: Thaleia Tsiatis MD
22b. DATE SIGNED (Mo., Day, Yr.):
22c. NAME AND ADDRESS OF CERTIFIER (Type or Print): 7010 W. NORTH AVE CHICAGO ILLINOIS 60635
22d. ILLINOIS LICENSE NUMBER: 36 36000
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. CEMETERY OR CREMATORY—NAME: MT. CARMEL
24c. LOCATION—City or Town, State: HILLSIDE ILLINOIS
24d. DATE (Month, Day, Year): JUN. 16, 1984

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

25a. FUNERAL HOME NAME: ROSARIO D. SALERNO'S SONS
Street and Number or R. F. D.: 6300 WEST NORTH AVENUE
City or Town: CHICAGO
State: ILLINOIS
ZIP: 60639
25b. FUNERAL DIRECTOR'S SIGNATURE: J. GEORGE SALERNO J. George Salerno
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 6865
26a. LOCAL REGISTRAR'S SIGNATURE: John O'Mara
26b. DATE REC'D. BY LOCAL REGISTRAR (Month, Day, Year): June 16-1984

VR 206 REV. 5/82

Illinois Department of Public Health · Office of Vital Records

(BASED ON 1978 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE June 16, 1984 SIGNED Joan O'Mara

AT MELROSE PARK Illinois OFFICIAL TITLE DEPUTY REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that such certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

THE DEPARTMENT OF PUBLIC HEALTH · SPRINGFIELD 62761

A copy of this Affidavit has been filed with the County Clerk in each county where the Decedent's real property is located.

Patricia I. Schaefer

Patricia I. Schaefer

Subscribed and sworn to before me this 1st day of April, 1985.

(SEAL)

John B. Laszlo

Notary Public for Indiana
My Commission expires: 8-2-87

Send Tax Statements to:
Patricia I. Schaefer
1113 - 15th Street
DeMotte, Indiana 46310

After Recording Return to:
John B. Laszlo
Attorney at Law
99 East 86th Avenue
Merrillville, IN. 46410

Clerk of the Circuit Court of the County
of Klamath and the State of Oregon do hereby certify that the foregoing
is a true copy compared with the original, and that it is a
correct transcription thereof, and of the whole of such original as the same ap-
pears 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 ___ day of _____ A.D. 19__
SCOTT M. BESSEDA, Clerk of Court
By _____

WM. M. GANONG
ATTORNEY AT LAW
1151 PINE STREET
KLAMATH FALLS, OR.
97601
(503) 882-7228

5828

After Recording return to:
John B. Laszlo, P.C.
Attorney at Law
99 East 86th Avenue
Merrillville, In. 46410

STATE OF OREGON)
County of Klamath)

I, SCOTT M. BESEDA 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 11 day of April A.D. 19 85

SCOTT M. BESEDA, Clerk of Court

By Deputy

CIRCUIT COURT, KLAMATH COUNTY, STATE OF OREGON

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 22nd day of April A.D., 19 85 at 4:22 o'clock P M, and duly recorded in Vol M85 of Deeds on page 5824

EVELYN BIEHN, COUNTY CLERK

Fee: $ 21.00

by: Pam Smith, Deputy