

52752 '85 SEP 3 AM 11 29

352

STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH
ORS - 146

Vol 1485 Page 13993

Local File Number: 352

DECEASED - NAME: **WILLIAM JOSEPH MOZZINI**

RACE: **White** SEX: **Male** AGE - LAST BIRTHDAY (YEARS): **60** UNDER 1 YEAR: **NO** UNDER 1 DAY: **NO**

CITY, TOWN, OR LOCATION OF DEATH: **Chiloquin** HOSPITAL OR OTHER INSTITUTION: **Camp Klamath, Chiloquin Ridge** DATE OF DEATH (MONTH, DAY, YEAR): **August 26, 1985**

STATE OF BIRTH: **California** NAME (IF NOT IN U.S.A., NAME COUNTRY): **U.S.A.** DATE OF BIRTH (MONTH, DAY, YEAR): **January 2, 1925**

SOCIAL SECURITY NUMBER: **563-28-5717** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Divorced** COUNTY OF DEATH: **Klamath**

RESIDENCE - STATE: **Oregon** COUNTY: **Klamath** CITY, TOWN, OR LOCATION: **Chiloquin** STREET AND NUMBER OR R.F.D.: **Chiloquin Ridge Rd., Camp** KIND OF BUSINESS OR INDUSTRY: **Automobile Repair**

FATHER - NAME: **Paul - Mozzini** MOTHER - FIRST MIDDLE LAST: **Vivian Louise Cox** INFORMANT - NAME AND RELATIONSHIP TO DECEASED: **Jeanne Tubbs, Sister**

BURIAL, CREMATION, REMOVAL, MAUSOLEUM: **Cremerion** CEMETERY OR CREMATORY - NAME: **Klamath Cremerion Service** INSIDE CITY: **No**

CERTIFICATION - MEDICAL EXAMINER: **William H. Carney, M.D.** O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.

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 (HOUR) **Approx. 10:00 P.** MONTH **August** DAY **30** YEAR **1985** FROM: **NATURAL CAUSES** ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐ DEGREE OR TITLE

CERTIFIER SIGNATURE: **William H. Carney, M.D.** NAME - (TYPE OR PRINT) **William H. Carney, M.D.** DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): **SEP 3 1985** REGISTRAR (SIGNATURE): **Richard E. Carney** DATE SIGNED (MONTH, DAY, YEAR): **August 31, 1985**

PART I (A) **ARTERIO SCLEROTIC** (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)
(B) **HEART DISEASE**
(C) **HEART DISEASE**

PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)
DATE OF INJURY (MONTH, DAY, HOUR): **SEP 3 1985** HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)
INJ. AT WORK (SPECIFY YES OR NO): **NO** PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.: **NO** AUTOPSY (SPECIFY YES OR NO): **No**

RESERVED FOR REGISTRAR'S USE: **NO** LOCATION: **Chiloquin Ridge Rd., Camp**

ORIGINAL - VITAL STATISTICS COPY

48-107 REV. 12-83

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics
By **Richard E. Carney** Deputy Registrar
Date **SEP 3 1985**

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES.

RE: Jeanne Tubbs
10023 White Spring Drive
Witter, Calif 90604

10-5-73

OE

In the Probate Department of the County of Klamath, Oregon
Small Estate of: William Joseph Mozzini
Deceased. } Estate No. _____

13994

STATE OF OREGON, County of Klamath ss.
I, Jeanne Tubbs & Ruth Gorka, being first duly sworn, depose and say that: I am an heir of the

AFFIDAVIT OF CLAIMING SUCCESSOR
INTESTATE ESTATE

above named decedent and a "claiming successor" to the following described portion of said decedent's estate. This affidavit is made pursuant to Oregon Revised Statutes, Sections 114.515 and 114.525.
(1) A description of all of decedent's property, including the fair market value of the real property and the fair market value of the personal property, is:
Real Property Legal Description (Including County)

Personal Property Description

Fair Market Value

U.S. National Bank of Oregon Checking Account 0028 470 0209

(2) Reasonable efforts have been made to ascertain creditors of the estate. Any debts of the decedent remaining unpaid, and the names and addresses of the creditors as known to the affiant are:

Name of Creditor	Address	Debt	Amount
<u>O'Hair's Funeral Chapel, Inc.</u>	<u>515 Pine St., Klamath Falls, Ore.</u>		<u>\$850.00</u>

(If space insufficient, continue on reverse)

(3) Decedent died August 26, 1985; a certified copy of decedent's death certificate is attached hereto;

(4) An application or petition for the appointment of a personal representative has not been granted in Oregon;

(5) Decedent's heirs and the last address of each as known to affiant are:

Name	Last Known Address
<u>Jeanne Tubbs, Sister</u>	<u>16023 White Spring Dr., Whittier, Calif. 90604</u>
<u>Ruth Gorka, Sister</u>	<u>17069 North Indian Ave., Palm Springs, Calif. 92258</u>

A copy of this affidavit has been delivered to each heir or mailed to the heir at his, her or its last known address stated above;

(6) The decedent died intestate;

(7) The interest in decedent's said property to which each heir is entitled is

Name	Interest
<u>(6) Jeanne Tubbs, Sister</u>	<u>100% 50%</u>
<u>Ruth Gorka, Sister</u>	<u>50%</u>

(8) A copy hereof has been mailed to the Adult and Family Services Division, Estate Administration Section and to the Department of Revenue, Salem, Oregon.

(9) A copy of this affidavit has been filed with the county clerk in each county where said decedent's real property, if any, is located.

Subscribed and sworn to before me on September 3, 1985.

Notary Public for Oregon. My commission expires Feb. 10, 1989.

EXCERPT FROM ORS 114.515: "If the estate consists of personal property having a fair market value of \$10,000 or less, or real property having a fair market value of \$20,000 or less, or a combination of personal property having a fair market value of \$10,000 or less, and real property having a fair market value of \$20,000 or less, not less than 30 days after the death of the decedent, one or more of the claiming successors may file an affidavit with the county clerk in the county where the decedent died or was domiciled or resided at the time of his death or in the county where the property of the decedent was located at the time of his death or is located at the time the affidavit is filed, to be made a part of the probate records. The affidavit shall contain the information required by ORS 114.525."

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sept. A.D., 19 85 at 11:29 o'clock A M., and duly recorded in Vol. M85 day of Deeds on Page 13993

FEE \$9.00

Evelyn Biehn, County Clerk
By [Signature]