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ACCEPTANT AND SPENCER ATTORNETS AT LAIM AND PINE ALLS, CRITISH (SEE ALLS, CRITISH) (SEE ALLS, CRITISH) (SEE ALLS, CRITISH)

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

DEPARTMENT OF PROBATE

Small Estate of:
JOSEPH L. ROY,

Deceased.

Case No. 86-12 SE

AFFIDAVIT OF SMALL ESTATE

STATE OF NEW HAMPSHIRE ) ss.
County of )

I, DORIS E. ROY, being first duly sworn, depose and say:

- 1. I am a claiming successor of JOSEPH LOUIS ROY, who died in Portland, Multnomah County, Oregon on March 16, 1982.
- 2. All assets composing the estate of the decedent located in the State of Oregon and their fair market value are as follows:

REAL PROPERTY located in Klamath County, Oregon, more particularly described as:

Lot 13, Block 3, FIRST ADDITION TO NIMROD RIVER PARK, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

VALUE: less than \$6900.00

## PERSONAL PROPERTY

There is no personal property.

3. I have made reasonable efforts to ascertain the creditors of the estate and the amounts of unpaid debts of the decedent. An estate proceeding had earlier been filed in the State of California and all debts have been paid.

AFFIDAVIT OF SMALL ESTATE Page 1

- 4. A true and accurate copy of the Decedent's death certificate is attached hereto.
- 5. No application or petition for the appointment of a personal representative has been granted in any jurisdiction in the State of Oregon.
  - $\theta_{m}$  . I have made reasonable efforts to determine and locate all of the
- heirs of the Decedemt and the only heir is myself.
  - $\eta_*$  The Decedent died testate and a true and accurate copy of his Will
  - B. The interest of each heir in the asset listed above is as follows: is attached hereto.
    - 1. Doris E. Roy, all assets.
  - 9. I have mailed a copy of this Affidavit to the State Administration Section of the Adult and Firmily Service's Division and to the Department of Fevenue, both in Salem, Orngon.
  - 10. A copy of this Affidavit has been filed with the County Clerk in each county where the Decedent's real property is located.

Doriv E. Roy

SUBSCRIBED AND SWORN to before me this 14th day of Fabrixity 1985.

THOTARY-PUBLIC FOR NEW HAMPSHIRE My Commission Expires: 1988

[ Justice of the Peace.

MURRIVIO HEALTH DIVISION CERTIFICATE OF DEATH neral of Hium in Resources Vital Records Unit Local File Number State File Number RALE. LICENSED MUC M della DATE OF DEATH (month, day, year) Last JOSEPH LEWIS ROY POM. 2 MARCH 16, 1982 BLAT TICHES PACE Africe Black American Indian. AGE-Last birthday Under 1 year mos days Under 1 day DATE OF BIRTH (month, day, year) MC200.300 FE INTELLE 66 51 June 1 HOSPHIAL O. 4 STHEIR INSTITUTION—NAME
(Frod 1.6 a.m.e., give street and number)

TOVET FRAMS ADMINISTRATION IF HOSP, OR INST, Indicate DOA OF/Emer., Pirn., Inpatient (Specify 2 COUNTY OF DEATH PORTLAND, OREGON 7dMULTNOMAII INPATIENT 70 MARRIED, HEVER MARRIED, WIDOWLD, DIVORCED (Spucity) STATE OF MATHEMAN ALLSA CITIZEN OF A HAT COUNTRY BPOUSE (IF MARRIED, WIDOWED) WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Canada U.S.A. to Married Doris 12 YES S SCHL BECKHITT HE PHEEN USU PL OCOUP JPATION (give lund of work done during most , every if retired) KIND OF BUSINESS Driver 11551 14 6191 14b A.C. Transit CITY, TOWN, OR LOCATION Inside City Limits (specify yes or no) 15e NO STREET AND NUMBER OR PLF.D., ZIP OFFER tto Klamath Month Sprague O. Box 285 15e INFORMANT-NAME and relationship to Les Roy , Lillian Grant Doris Roy, Wife AMERICAN CONTRACTOR OF THE SECOND CONTRACTOR O CEMETERY OF CHES VITORY - JULE LOCATION city or town Cremation
while service keeper to represent Unistryice Grematory Portland Oregon WE ACTE AND ALDERES OF FACILITY ym Ward's Funeral Home, 1945 Main St., Klamath Falls, 1/12 C. John DATE SIGNED [Ato. Day. 11] PalSgreyelf VETERANS ADMINISTRATION CEITEEN JOHN D ি-ব্যুভ্যাcal Center/Portland Division WHE OF I IN CERTIFIER (TIPE OF ALV) 3710 S.W. U. S. Veterans Hospital! Velto Hr. MET COME PERSON COME SECTION METAL TE COME THE SECTION COME SECTION CO P. O. Box 1034, Portland, OR 9720 2861 6 1 HMM garages احصي I ENTER ONLY ONE CAUSE PER LINE FOR (8), [0], AND [0] at between onset and death Lung UnKnown DUE TO CE AS A CO al between onset and death Visintan Interval between onset and death ohe: 1) Condeons (times) ling to ideath but not if fied to cause given in PART I (a) AUTOPSY (Specify Yes WAS MEDICAL EXAMINER NOTIFIED NO 24 ACCOUNT [GOODY THE OF AD] DATE IN BOURY [40 1297. 0 ] HOUR OF BUURY DESCRIBE HOW INJURY OCCURRED

HS-2 (Rev. 1/80)

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STATE OF GREGON, COUNTY OF MULTNOMAH)ss

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PLACE OF PLEAY—As no ne, for a school factory, of car building, and [Son ay]

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THE COTT AT MOOR

PERSONAL FOR REDSTRAFT USE

DATE ISSUED April: 14 1982

STREET OR R.F.D. NO.

CITY OR TOWN

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 PUCCEDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

26d

Joseph D. Carney, State Registrar

NOT YALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH: 88.	
Enland for encount at incorporation	the 13th day
Fixed for record at request of	o'clock A M., and duly recorded in Vol. M86,
of Degris	on Page 4211
	Evelyn Biehn, County Clerk By
FEE \$13.00	By