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FILED Vol. 1287 Page 5550
STATE OF OREGON
CLERK OF COURT

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF KLAMATH 38

In the Matter of the Small Estate of:
WILSON O. PEARCE,

BY *C. C. [Signature]* No. 87-17 SE

Deceased.

AFFIDAVIT OF CLAIMING
SUCCESSOR
TESTATE ESTATE

STATE OF CALIFORNIA)
County of Los Angeles) ss.

I, Mary C. Melichar, being duly sworn, depose and say:
I am a devisee and a "Claiming Successor" of the above
named decedent. This Affidavit is made pursuant to ORS 114.515.

1. A description of all of decedent's property in
Oregon, including its location, the assessed value of the real
property and the fair market value of the personal property is:

REAL PROPERTY: The decedent, at the time of his death,
owned an undivided one-fourth (1/4) interest in the following
described real property situated within Klamath County, State of
Oregon, to-wit:

Township 40 South, Range 8 E.W.M., Klamath County,
Oregon
Section 7: East half of Southeast Quarter of
Southwest Quarter (20 acres).

Klamath County Assessor's Account Number: 4008-1700-06000-000
Klamath County Assessor's value at date of death: \$4,265.00
(Total value of \$17,060.00 divided by 4) Year 1981
Klamath County Assessor's value, present date: \$5,000.00
(Total value of \$20,000.00 divided by 4) Year 1984

PERSONAL PROPERTY: None

2. To affiant's best knowledge, there are no debts of
decedent remaining unpaid.

3. Decedent died March 11, 1985; a certified copy of

87 APR 3 PM 12 24

FORREST E. COOPER
ATTORNEY-AT-LAW
38 G STREET SOUTH
LAKEVIEW, OREGON 97630
TELEPHONE
AREA CODE (503) 947-3355

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1 decedent's 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
5 and the last address of each as known to affiant are:

6 Leslie Max Pearce, stepson, (died December 1, 1985)
7 Patricia Ann Massey, stepdaughter, Rt. 1, Box 626
8 Collinsville, OK 74021
9 Mary Carlene Melichar, daughter, 9717 Hayvenhurst
10 Sepulveda, CA 91343
11 Lynne Dee Graziano, daughter, 9717 Hayvenhurst
12 Sepulveda, CA 91343

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

16 6. The decedent died testate; a certified copy of
17 decedent's will is attached to this affidavit.

18 Anna Rae Pearce, the wife of Wilson P. Pearce, predeceased
19 him, therefore, the Third paragraph of his Last Will and Testament
20 became operative; a certified copy of her death certificate is also
21 attached hereto.

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

24 Patricia Ann Massey, Rt. 1, Box 626, Collinsville, OK 74021
25 Mary Carlene Melichar, 9717 Hayvenhurst, Sepulveda, CA 91343
26 Lynne Dee Graziano, 9717 Hayvenhurst, Sepulveda, CA 91343

27 8. The interest in decedent's property described in this
28 affidavit under paragraph one (1) above to which each devisee is
entitled is in accordance with the Last Will and Testament, page 1,
paragraph "THIRD" as follows: If my said wife fails to survive me,
or in the event our deaths occur simultaneously or approximately so,
or in the same common accident or calamity, then I give, devise and

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TELEPHONE
AREA CODE (503) 947-3388

1 bequeath all of such property to MARY CARLENE OLIVER MELICHAR,
2 LYNNE DEE GRAZIANO, LESLIE MAX PEARCE and PATRICIA ANN MASSEY, share
3 and share alike, or to their issue by right of representation."

4 9. A copy of this affidavit has been mailed to the Public
5 Welfare Division, Estate Administration Section, and to the
6 Department of Revenue, Salem, Oregon;

7 10. A clerk certified copy of this affidavit has been
8 recorded in the Records of Deeds in the County of Klamath, State of
9 Oregon, and a copy of the recorded affidavit will be provided the
10 Klamath County Assessor's office, Klamath County Courthouse Annex,
11 Klamath Falls, OR 97601.

12 11. The Claiming Successor has employed Forrest E.
13 Cooper, Attorney at Law, 35, G Street South, Lakeview, OR 97630,
14 telephone number (503)947-3355, as the attorney to assist in the
15 administration of the above-entitled small estate. The attorney
16 fees agreed upon at the time of employment is the sum of \$400.00
17 plus costs of filing fee and recording fee.

18 12. Pursuant to ORS 114.555, if a personal representative
19 has not been appointed within four (4) months after the filing of
20 this Affidavit, the interest of the decedent in all of the property
21 described herein is transferred to the persons shown by this
22 Affidavit to be entitled thereto and any other claims against the
23 property described herein are barred except as provided in
24 ORS 114.545.

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26
27 Mary C. Melichar
28 MARY C. MELICHAR, Claiming Successor

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35 G STREET SOUTH
LAKEVIEW, OREGON 97630
TELEPHONE
AREA CODE (503) 947-3355

AFFIDAVIT OF CLAIMING SUCCESSOR TESTATE

SUBSCRIBED AND SWORN to before me this 12th day of

December _____, 1986.



Sandy Galasso

NOTARY PUBLIC FOR CALIFORNIA
 My Commission Expires: Sandy Galasso

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 ATTORNEY-AT-LAW
 38 G STREET SOUTH
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 TELEPHONE
 AREA CODE (503) 947-2288

FILED AUG 02 1985 19
COUNTY CLERK
BY *[Signature]* DEPUTY

NVP 00740
FILED
STATE OF OREGON
CLERK OF COURT
1981 MAR 26 PM 4: 07

WILL
OF
WILSON O. PEARCE

* * * * *

I, WILSON O. PEARCE, a resident of Apple Valley, California, declare this to be my Will and revoke all former Wills and Codicils by me made.

FIRST: I declare that I am married to ANNA RAE PEARCE and that we have two children the issue of the marriage, whose names are MARY CARLENE OLIVER MELICHAR of Victorville, California, and LYNNE DEE GRAZIANO of Eagle Point, Oregon, and that my wife has two children of a prior marriage, whose names are LESLIE MAX PEARCE of Granada Hills, California, and PATRICIA ANN MASSEY of Collinsville, Oklahoma.

SECOND: I give, devise and bequeath to my wife, ANNA RAE PEARCE, all of the property, both real and personal, of which I die possessed.

THIRD: If my said wife fails to survive me, or in the event our deaths occur simultaneously or approximately so, or in the same common accident or calamity, then I give, devise and bequeath all of such property to MARY CARLENE OLIVER MELICHAR, LYNNE DEE GRAZIANO, LESLIE MAX PEARCE and PATRICIA ANN MASSEY, share and share alike, or to their issue by right of representation.

FOURTH: I appoint as Executrix of this Will my wife, ANNA RAE PEARCE, without

ANTHONY J. PIAZZA
ATTORNEY AT LAW
SUITE ONE, GREEN TREE INN
14173 GREEN TREE BOULEVARD
VICTORVILLE CALIFORNIA 92392

requirement of bond. If she for any reason is unable to serve in that capacity, I appoint in her stead PATRICIA ANN MASSEY, also without requirement of bond.

I authorize my Executrix to sell, with or without notice, at either public or private sale, and to lease any property belonging to my estate, subject only to such confirmation of Court as may be required by law.

FIFTH: I declare that except as otherwise provided in this Will, I have intentionally omitted to provide herein for any of my heirs. If any devisee, legatee or beneficiary to this Will or any legal heir of mine or person claiming under any of them shall contest this Will or attack or seek to impair or invalidate any of its provisions or conspire with or voluntarily assist any one attempting to do any of those things, in that event I specifically disinherit each such person and all legacies, bequests and interests given under this Will to that person shall be forfeit and shall augment proportionately the shares of my estate given under this Will to or in trust for such of my devisees, legatees and beneficiaries as shall not have participated in such acts or proceedings. If all my devisees, legatees and beneficiaries shall participate in such proceedings, I give, devise and bequeath the whole of my estate to my heirs at law, according to the laws of succession of the State of California then in force, excluding all contestants and persons conspiring with and voluntarily assisting them.

IN WITNESS WHEREOF, I have hereunto set my hand this 22 day of Aug, 1979.

ADMITTED INTO PROBATE

DATE NOV 5 1985

COUNTY CLERK JOHN J. CORCORAN

BY R. K. ZOLIN DEPUTY

Wilson O. Pearce
WILSON O. PEARCE

The foregoing instrument, consisting of three (3) pages, including this page, was at the date hereof, by WILSON O. PEARCE signed as and declared to be his Will, in the presence of us, who at his request and in his presence, and in the presence of each other, have subscribed our names as witnesses thereto. Each of us observed the signing of this Will by WILSON O. PEARCE and by each other subscribing witness and knows that each signature is the true signature of the person whose name was signed.

Each of us is now more than 21 years of age and a competent witness and resides at the address set forth after his or her name.

We are acquainted with WILSON O. PEARCE. At this time, he is over the age of 18 years, and to the best of our knowledge he is of sound mind and is not acting under duress, menace, fraud, misrepresentation or undue influence.

We declare under penalty of perjury that the foregoing is true and correct.

Executed on Aug. 22, 1979, at Victorville, California.

Betsy L. Skelton residing at 17582 Bangor
Wesperia, Calif.

Brenda L. Fisher residing at Star Route, Box 150
Henddale, Calif.

THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED IS A FULL, TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE AND OF RECORD IN MY OFFICE.

ATTEST JUL 14 1986
FRANK S. ZOLIN

County Clerk/Executive Officer of the Superior Court of California, County of

Los Angeles
BY R. [Signature] DEPUTY

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3600

5557

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

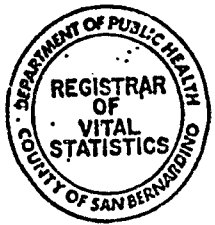
STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST ANNA		1B. MIDDLE Rae		1C. LAST PEARCE		2A. DATE OF DEATH (MONTH, DAY, YEAR) August 14, 1981		Found: 0615					
DECEDENT PERSONAL DATA	3. SEX Female	4. RACE White	5. ETHNICITY *****		6. DATE OF BIRTH August 11, 1914		7. AGE 67 YEARS		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES				
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) California		9. NAME AND BIRTHPLACE OF FATHER Max G. Sickmon - Illinois				10. BIRTH NAME AND BIRTHPLACE OF MOTHER Lottie E. Maillard - CA								
	11. CITIZEN OF WHAT COUNTRY United States		12. SOCIAL SECURITY NUMBER 547-24-9544		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE, (IF WIFE, ENTER BIRTH NAME) Hilson O. Pearce								
	15. PRIMARY OCCUPATION Home Maker		16. NUMBER OF YEARS THIS OCCUPATION Adult Life		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self-employed		18. KIND OF INDUSTRY OR BUSINESS Own Home								
USUAL RESIDENCE		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 23180 Esaws Rd.				19B. CITY OR TOWN Apple Valley		19C. COUNTY San Bernardino		19D. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Wilson O. Pearce - Husband 23180 Esaws Rd. Apple Valley, CA 92307			
PLACE OF DEATH		21A. PLACE OF DEATH Residence				21B. CITY OR TOWN Apple Valley		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 23180 Esaws Rd.		24. WAS DEATH REPORTED TO LOCAL HEALTH DEPARTMENT? No					
CAUSE OF DEATH		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Respiratory failure acute CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (B) Bronchogenic carcinoma & effusion (C) Interventricular Heart Disease						23. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3mo		25. WAS BIOPSY PERFORMED? Yes 8/4/81		26. WAS AUTOPSY PERFORMED? No			
PHYSICIAN'S CERTIFICATION		27. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH Interventricular Heart Disease				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE None		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 1-28-1970 7-31-81		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Harold H Zemelman MD		28C. DATE SIGNED 8-14-81		28D. PHYSICIAN'S LICENSE NUMBER A16458	
INJURY INFORMATION		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR					
CORONER'S USE ONLY		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)									
35A. 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)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE				35C. DATE SIGNED									
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR 8-18-1981		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Victor Valley Mem. Park-Victorville, CA				39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed							
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Kern Memorial Chapel				41. LOCAL REGISTRAR—SIGNATURE L.E. Mahoney MD by [Signature]				42. DATE ACCEPTED BY LOCAL REGISTRAR Aug 18 1981							
STATE REGISTRAR		A. 5-8-20		B.		C.		D.		E.		F. 1629			

VS-11 (10-78)

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

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

Louis E. Mahoney MD
LOUIS E. MAHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH



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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
KILMATH CITY

1987 MAR 26
CLERK
BY: [Signature]

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 3051901202

1A. NAME OF DECEDENT—FIRST WILSON		1B. MIDDLE ORA		1C. LAST PEARCE		2A. DATE OF DEATH MONTH, DAY, YEAR, 24 HOUR MARCH 11, 1985	
3. SEX Male		4. RACE/ETHNICITY White		5. SPANISH/SPIRANC NO		7. AGE 68 YEARS	
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Oklahoma		8. NAME AND BIRTHPLACE OF FATHER William Pearce - Oklahoma		9. DATE OF BIRTH February 14, 1917		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Hallie Connor - Oklahoma	
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 554-09-8173		13. MARITAL STATUS Widowed		14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME Mary Melichar - daughter Sepulveda, CA 91343	
16. PRIMARY OCCUPATION Custodian		15. NUMBER OF YEARS THIS OCCUPATION 15		17. EMPLOYER OF SELF-EMPLOYED, GO STATE LA City School District		18. FIELDS OF INDUSTRY OR BUSINESS Education	
19A. USUAL RESIDENCE—STREET ADDRESS, STREET AND NUMBER OR LOCATION 9717 Hayvenhurst Street		19B. COUNTY Los Angeles		19C. CITY OR TOWN Los Angeles		19D. STATE California	
21A. PLACE OF DEATH Granada Hills Community Hospital		21B. COUNTY Los Angeles		21C. CITY OR TOWN Granada Hills		21D. STATE California	
21E. STREET ADDRESS, STREET AND NUMBER OR LOCATION 10445 Balboa Blvd.		21F. COUNTY Los Angeles		21G. CITY OR TOWN Granada Hills		21H. STATE California	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OTHER CAUSE LAST		23. OTHER CAUSE OTHER CAUSE LAST		24. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4.7 to 10 min		25. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH None	
26. DEATH WAS REPORTED TO CORONER? NO		27. WAS DEATH REPORTED TO CORONER? NO		28. WAS DEATH REPORTED TO CORONER? NO		29. WAS DEATH REPORTED TO CORONER? NO	
30. PHYSICIAN'S CERTIFICATION I CERTIFY THAT DEATH OCCURRED AT THE PLACE AND DATE STATED ABOVE DATE OF DEATH 3/11/85		31. PHYSICIAN'S SIGNATURE AND RESIDE OR TITLE Linda Croad M.D.		32. PHYSICIAN'S LICENSE NUMBER AND ADDRESS 6035243		33. PHYSICIAN'S SIGNATURE AND RESIDE OR TITLE Linda Croad M.D.	
34. LOCATION STREET AND NUMBER BY LOCATION AND CITY OR TOWN 10401 Balboa Blvd. Granada Hills, CA		35. LOCATION STREET AND NUMBER BY LOCATION AND CITY OR TOWN 10401 Balboa Blvd. Granada Hills, CA		36. LOCATION STREET AND NUMBER BY LOCATION AND CITY OR TOWN 10401 Balboa Blvd. Granada Hills, CA		37. LOCATION STREET AND NUMBER BY LOCATION AND CITY OR TOWN 10401 Balboa Blvd. Granada Hills, CA	
38. DISPOSITION Cremation		39. DATE OF DISPOSITION 3-1-1985		40. NAME AND ADDRESS OF CORONER OR CREMATOR Grand View Memorial Park		41. CORONER'S SIGNATURE AND RESIDE OR TITLE Not Embalmed	
42. STATE REGISTRAR 410		43. COUNTY REGISTRAR 889		44. LOCAL REGISTRAR Not Embalmed		45. DATE REGISTERED BY LOCAL REGISTRAR MAR 12 1985	

01-7-1-05-5

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STATE OF OREGON)
County of Klamath)

I, LYN G. HARDY, 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 a true and correct transcript therefrom, and of the whole of such original and transcript as appears on file or of record in my office and in my possession.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court, this 31 day of March A.D. 1987

LYN G. HARDY, Clerk of Court
By Daniel Mitchell



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Forrest E. Cooper, Attorney at Law the 3rd day of April A.D., 19 87 at 12:24 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 5550.

FEE \$41.00

Evelyn Biehn, County Clerk
By Sam Smith