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FILED Vol. 1887 Page 5550  
 STATE OF OREGON  
 CLERK OF COURT  
 1987 MAR 26 AM 11:38

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,  
 Deceased.

No. 87-17 SE

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

FORREST E. COOPER  
 ATTORNEY-AT-LAW  
 38 G STREET SOUTH  
 LAKEVIEW, OREGON 97630  
 TELEPHONE  
 AREA CODE (503) 947-3358

87 APR 3 PM 12 24

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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

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

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

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

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

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

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

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

## AFFIDAVIT OF CLAIMING SUCCESSOR TESTATE

SUBSCRIBED AND SWORN to before me this 12th day ofDecember, 1986.

A handwritten signature in cursive script, appearing to read "Sandy Galasso", written over a horizontal line.

NOTARY PUBLIC FOR CALIFORNIA

My Commission Expires: Sandy Galasso

FORREST E. COOPER  
ATTORNEY-AT-LAW  
38 S STREET SOUTH  
LAKEVIEW, OREGON 97030  
TELEPHONE  
AREA CODE (503) 947-2288

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COUNTY CLERK  
BY *[Signature]* DEPUTY

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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

- 2 -

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. Foy residing at Star Route, Box 155  
Hillendale, Calif.

THIS 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. Ingram, DEPUTY

**CERTIFICATE OF DEATH**  
**STATE OF CALIFORNIA**

**3600**

**5557**

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST <b>ANNA</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>August 14, 1981</b>	
1B. MIDDLE <b>Rae</b>		Found: <b>0615</b>	
1C. LAST <b>PEARCE</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		8. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Lottie E. Maillard - CA</b>	
9. NAME AND BIRTHPLACE OF FATHER <b>Max G. Sickmon - Illinois</b>		10. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>Hilson O. Pearce</b>	
11. CITIZEN OF WHAT COUNTRY <b>United States</b>		12. SOCIAL SECURITY NUMBER <b>547-24-9544</b>	
13. MARITAL STATUS <b>Married</b>		14. KIND OF INDUSTRY OR BUSINESS <b>Own Home</b>	
15. PRIMARY OCCUPATION <b>Home Maker</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>Adult Life</b>	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Self-employed</b>		18. CITY OR TOWN <b>Apple Valley</b>	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>23180 Esaws Rd.</b>		19B. CITY OR TOWN <b>Apple Valley</b>	
19C. COUNTY <b>San Bernardino</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Wilson O. Pearce - Husband</b> <b>23180 Esaws Rd.</b> <b>Apple Valley, CA 92307</b>	
21A. PLACE OF DEATH <b>Residence</b>		21B. COUNTY <b>San Bernardino</b>	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>23180 Esaws Rd.</b>		21D. CITY OR TOWN <b>Apple Valley</b>	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <b>Respiratory failure acute</b> (B) <b>Bronchogenic carcinoma &amp; effusion</b> (C) <b>Interventricular Heart Disease</b> CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (A) <b>3mo</b> (B) <b>3mo</b> (C) <b>3mo</b>			
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <b>Interventricular Heart Disease</b>			
24. WAS DEATH REPORTED TO LOCAL HEALTH DEPARTMENT? <b>No</b>		25. WAS BIRTH REPORTED TO LOCAL HEALTH DEPARTMENT? <b>Yes 8-16-81</b>	
26. WAS AUTOPSY PERFORMED? <b>No</b>		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? <b>No</b>	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. <b>1-28-1970 7-31-81</b>		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <b>Harold H. Zemelman MD</b>	
28C. DATE SIGNED <b>8-14-81</b>		28D. PHYSICIAN'S LICENSE NUMBER <b>A16458</b>	
29. SPECIFY ACCIDENT, SUICIDE, ETC. <b>1-28-1970 7-31-81</b>		30. PLACE OF INJURY <b>HAROLD ZEMELMAN MD. 13652 CANTARA ST. - PAN CT - CA</b>	
31. INJURY AT WORK <b>None</b>		32. DATE OF INJURY—MONTH, DAY, YEAR <b>8-14-81</b>	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) <b>23180 Esaws Rd. Apple Valley, CA</b>		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <b>None</b>	
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) <b>1-28-1970 7-31-81</b>		35B. CORONER—SIGNATURE AND DEGREE OR TITLE <b>None</b>	
36. DISPOSITION <b>Cremation</b>		37. DATE—MONTH, DAY, YEAR <b>8-18-1981</b>	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>Victor Valley Mem. Park-Victorville, CA</b>		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <b>Not Embalmed</b>	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Kern Memorial Chapel</b>		41. LOCAL REGISTRAR—SIGNATURE <b>L.E. Mahoney MD by [Signature]</b>	
42. DATE ACCEPTED BY LOCAL REGISTRAR <b>Aug 18 1981</b>		43. STATE REGISTRAR <b>A. 5-8-20</b>	

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.

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





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STATE OF CALIFORNIA  
CLERK OF SUPERIOR COURT  
KALAMATH CO.

1987 MAR 26  
CLERK

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

3051981202

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		WILSON		ORA		PEARCE		3051981202			
2. SEX		4. RACE/ETHNICITY		6. SPANISH/SPANISH		8. DATE OF BIRTH		7. AGE		3A. DATE OF DEATH MONTH, DAY, YEAR, 24 HOUR	
Male		White		MD		February 14, 1917		68 YEARS		MARCH 11, 1985	
3. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		5. NAME AND BIRTHPLACE OF FATHER		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		3B. TIME OF DEATH	
Oklahoma		William Pearce - Oklahoma		554-09-8173		Widowed		Hallie Connor - Oklahoma		7:34	
11. CITIES OF WHAT COUNTRY		16. PRIMARY OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATE		14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME		15. FIRM OF INDUSTRY OR BUSINESS		18. CITY OR TOWN	
U.S.A.		Custodian		LA City School District		Education					
19A. USUAL RESIDENCE—STREET ADDRESS STREET AND NUMBER OR LOCATION		19B. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. CITY OR TOWN		22. STATE		23. ZIP CODE	
9717 Hayvenhurst Street		Los Angeles		Mary Melichar - daughter		Los Angeles		California		91343	
24. PLACE OF DEATH		25. STREET ADDRESS STREET AND NUMBER OR LOCATION		26. CITY OR TOWN		27. STATE		28. ZIP CODE		29. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Granada Hills Community Hospital		10445 Balboa Blvd.		Granada Hills		California		91343		Mary Melichar - daughter	
30. CAUSE OF DEATH		31. IMMEDIATE CAUSE		32. OTHER CAUSE		33. MANNER OF DEATH		34. WAS DEATH REPORTED TO CORONER?		35. WAS DEATH REPORTED TO CORONER?	
		Mucocutaneous Infection & 3rd degree burn		Arteriosclerosis Heart Disease		None		NO		NO	
36. PHYSICIAN'S CERTIFICATION		37. DATE OF DEATH		38. TIME OF DEATH		39. PHYSICIAN'S SIGNATURE AND TITLE		40. DATE OF DEATH		41. PHYSICIAN'S LICENSE NUMBER	
Linda Croad M.D.		3/11/85		3:11 PM		Linda Croad M.D.		3/12/85		6035243	
42. LOCATION OF DEATH		43. STREET ADDRESS STREET AND NUMBER OR LOCATION		44. CITY OR TOWN		45. STATE		46. ZIP CODE		47. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Granada Hills		10445 Balboa Blvd.		Granada Hills		California		91343		Mary Melichar - daughter	
48. DISPOSITION		49. DATE OF DISPOSITION		50. TIME OF DISPOSITION		51. DISPOSITION		52. DATE OF DISPOSITION		53. TIME OF DISPOSITION	
Cremation		3-1985		3:11 PM		Cremation		3-1985		3:11 PM	
54. STATE		55. COUNTY		56. CITY OR TOWN		57. STATE		58. ZIP CODE		59. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
California		Los Angeles		Granada Hills		California		91343		Mary Melichar - daughter	

01-7-1-0525

STATE OF CALIFORNIA

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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 is a true and correct transcript therefrom, and of the whole of such original.

It 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 James 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,  
 By Sam Smith County Clerk