

91 Z Hd 61 Hf 26

Vol. 187 Page 10557

SMALL ESTATE NO. 87-33 SE
AMENDED
AFFIDAVIT OF CLAIMING
SUCCESSOR INTESTATE ESTATE

I, BERNIE SIMONSON, JR., being duly sworn, say that: I am an heir and a "claiming successor" of the above-named decedent. This affidavit is made pursuant to ORS 114.515.

REAL PROPERTY:

"Lot 15, FRONTIER TRACTS, a platted portion of Klamath County, Oregon, according to the duly recorded plat thereof.

Subject to the reservation that no commercial enterprise or enterprises shall be operated on the above described real property"

The fair market value of the property is \$2,000.

PERSONAL PROPERTY:

Account No. 42610 at Forest Products Federal Credit Union, Klamath Falls, Oregon with \$9,287.77 balance

There is no other personal property.

(2) Reasonable efforts have been made by the affiant to ascertain creditors of the estate. To the best of affiants knowledge, of the expenses of the decedent's last illness, a

AMENDED
AFFIDAVIT OF CLAIMING SUCCESSOR TESTATE ESTATE -1-

MICHAEL C. MILLER
ATTORNEY AT LAW
FIRST INTERSTATE
BANK BUILDING
601 MAIN STREET
SUITE 210
KLANATH FALLS
OREGON 97631-6007
(503) 864-1800

OREGON STATE BAR NO. 80138
CALIFORNIA STATE BAR NO. 88998

1 significant, but yet undetermined, portion will be paid by
2 Medicare. It is the affiant's intention to apply the assets
3 described above toward satisfaction of any unpaid remainder.

4 (3) Decedent died on April 3, 1987; a certified copy of
5 decedent's death certificate is attached hereto.

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

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

10 Bernie Simonson, Jr., son
11 2101 Gary Street
12 Klamath Falls OR 97603

13 Lillian McLeod, daughter
14 11617 Ryerson
15 Downey CA

16 Betty Allen, daughter
17 Post Office Box 945
18 Julian CA

19 Norma Simonson, son
20 208 Gagg Road
21 Klamath Falls OR

22 A copy of this affidavit has been delivered to each heir
23 or mailed to the heirs at the last known address stated
24 above;

25 (6) The decedent died intestate;

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

Bernie Simonson, Jr. an undivided 1/4 interest

AMENDED

AFFIDAVIT OF CLAIMING SUCCESSOR TESTATE ESTATE

-2-

1 Lillian McLeod, an undivided 1/4 interest

2 Betty Allen, an undivided 1/4 interest

3 Norman Simonson, an undivided 1/4 interest

4 (8) A copy of this affidavit has been mailed to the
5 Adult and Family Services Division, Estate Administration
6 Section, Salem, Oregon and to the Department of Revenue,
7 Salem, Oregon.

8 (9) A copy of this affidavit has been filed with the
9 county clerk of each county where the decedent's real
10 property is located.

11
12 Bernie Simonson Jr.
13 Bernie Simonson, Jr., Affiant
14 Claiming Successor

15 STATE OF OREGON, County of Klamath) ss.

16 SUBSCRIBED AND SWORN to before me this 17th day of
17 June, 1987 in Klamath Falls, Oregon.

18
19 Wendy Young
20 NOTARY PUBLIC FOR OREGON

21 My Commission Expires: 8-31-89

22 STATE OF OREGON)

23 County of Klamath)

24 LYN G. HARDY

Clark of the Circuit Court of the County

of Klamath and the State of Oregon do hereby certify that the foregoing

affidavit has been compared with the original and that it is a true and

correct copy of the original and that it is a true and correct copy of the

original and that it is a true and correct copy of the original and that it is

By Cathy Schenck June 18, 1987 A.D. 1987
LYN G. HARDY, Clerk of Court

25
26 AMENDED AFFIDAVIT OF CLAIMING SUCCESSOR TESTATE -3-

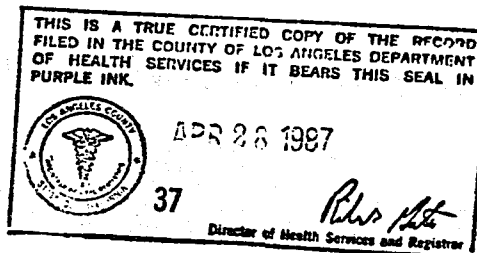
10560

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

38719016462

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		BERNIE				SIMONSON		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC NO		6. DATE OF BIRTH		7. AGE	
Male		White/American		12		October 3, 1897		89 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
Nebraska		Bjorn Simonson, Norway		543-10-0605		Widowed		Karina Sjerson, Norway	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATED)		18. KIND OF INDUSTRY OR BUSINESS	
U.S.A.		19 -- TO 19 --		51		Weyerhaeuser Lumber Co.		Lumber Mills	
13. PRIMARY OCCUPATION		18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Lumberman		11617 S. Ryerson Ave.				Downey		Lillian K. McLeod, daughter	
19A. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. CITY OR TOWN		22. DATE OF DEATH	
Los Angeles		California		11617 Ryerson Ave.		Downey, California		90241	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		21E. STATE	
Downey Community Hospital		Los Angeles		11500 Brookshire Ave.		Downey		California	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?		25. WAS BOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?	
(A) <i>Coronary artery</i>		(B) <i>acute anterior wall myocardial infarction</i>		No		No		No	
(C) <i>Coronary artery disease</i>				No		No		No	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		29. DATE SIGNED		30. PHYSICIAN'S LICENSE NUMBER		31. INJURY AT WORK	
No		Leonard G. Rawson, M.D.		4/3/87		#G-028300		32A. DATE OF INJURY—MONTH, DAY, YEAR	
32. LOCATION—STREET AND NUMBER OR LOCATION AND CITY OR TOWN		33. INJURY AT WORK		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. CORONER—SIGNATURE AND DEGREE OR TITLE		36. DATE SIGNED	
11832 E. Rosecrans Ave., Norwalk, California									
37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		40. DATE ACCEPTED BY LOCAL REGISTRAR		41. LOCAL REGISTRAR—SIGNATURE	
April 7, 1987		Klamath Memorial Park, Klamath Falls, Or.		John T. Zrelak #4341		APR 04 1987		Robert M. [Signature]	
40A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. LOCAL REGISTRAR—SIGNATURE	
DOWNEY Zrelak Family MORTUARY		F-954		Robert M. [Signature]		APR 04 1987		[Signature]	
STATE REGISTRAR		A.		B.		C.		D.	
VS-1111-88		410							



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Michael C. Miller, Attorney at Law the 18th day of June A.D. 19 87 at 2:16 o'clock P.M., and duly recorded in Vol. M87 on Page 10557

FEE \$17.00

Evelyn Biehn,
By [Signature] County Clerk