

IN THE CIRCUIT COURT OF THE STATE OF OREGON APR 20 AM 9 32

FOR THE COUNTY OF KLAMATH

To the Probate Clerk of Klamath County

BY

Small Estate of :

MARY J. MC CORMICK, :

Deceased. :

No. 88- 32 SE

AFFIDAVIT OF CLAIMING SUCCESSOR
INTESTATE ESTATESTATE OF OREGON)
) SS
County of Deschutes)

I, SHARON HOLMES, being first duly sworn, say that I am an heir and a
"Claiming Successor" of the above-named decedent. This Affidavit is made pur-
suant to ORS 114.515.

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

Oregon: The following described real property in Klamath County,

All that portion of Lot 17 of LAKESHORE
GARDENS, bounded as follows:

Beginning at the Northwest corner of Lot 17
marked by an iron stake of 1½ inch pipe driven
in the ground; thence

South 0°41' West along the lot line 163.2 feet
to the Southwest corner of Lot 17; thence
Easterly along the Southerly line of the lot,
85.00 feet; thence

North 2°4' West 105 feet more or less to a point
marked by an iron stake of 1½ inch pipe driven
in the ground at or near the Northerly lot line;
thence

North 51° 41' West along the lot line 100.00 feet
more or less to the point of beginning.

Fair market value according to Klamath County Assessor's Key #425249
is \$25,380.00.

Personal property and fair market value is:

Checking account 119.00

WILLIAM L. SISEMORE
Attorney at Law
540 Main Street
AMATH FALLS, ORE.
97601

503/882-7229

O.S.B. #701336

Affidavit of Claiming Successor
Intestate Estate - Page 1.

1	Car - 1962 Pontiac	100.00
	Stove	40.00
2	Refrigerator-freezer	30.00
	Microwave & stand	70.00
3	Television	35.00
	Washer & dryer	50.00
4	2 table lamps	20.00
	1 chair	15.00
5	3 end tables	30.00
	1 single bed	20.00
6	2 chairs	no value
	1 full bed	no value

7
8 2. Reasonable efforts have been made by the Affiant to ascertain creditors
9 of the Estate. The debts of the decedent remaining unpaid, including the amounts
10 thereof, and the names and addresses of the creditors known to the Affiant are:

11	Pacific Power & Light Co., 500 Main St., Klamath Falls, Or.	174.00
	Pacific Northwest Bell Co. Portland, Or.	29.95
12	City of Klamath Falls, Klamath Falls, Or.	9.72
	Cooke Cablevision	7.95
13	Merle West Medical Center, Klamath Falls, Or.	591.60
	Kenneth L. Tuttle, MD, 2680 Uhrmann Rd, Klamath Falls, Or.	1200.00
14	Samuel Bennett, MD., 626 S. 7th St., Klamath Falls, Or.	387.50
	Wm. R. Stewart, MD., 2600 Campus Dr., Klamath Falls, Or.	35.10
15	Klamath Medical Clinic, 1905 Main St., Klamath Falls, Or.	596.26
	David A. Frestrom, MD., Bend, Or.	23.00
16	Klamath Radiology Assoc., P.C., 2600 Campus Dr., Klamath Falls, Or.	35.93

17 3. Decedent died January 22, 1988; a certified copy of decedent's death
18 certificate is attached hereto;

19 4. An application or petition for the appointment of a personal repre-
20 sentative has not been granted in Oregon;

21 5. Decedent's heirs and relationships to the decedent and the last address
22 of each as known to affiant are:

23 Sharon Holmes, daughter
24 1246 NW Watson
25 Bend, Oregon 97701

26 6. The decedent died intestate;

Affidavit of Claiming Successor
Intestate Estate - Page 2.

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Attorney at Law
540 Main Street
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7. The interest in decedent's property to which each heir is entitled is:

Sharon Holmes - entire net estate

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

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

Sharon L. Holmes
Sharon Holmes,
Claiming Successor

STATE OF OREGON)
) SS
County of Deschutes)

I, Sharon Holmes, the Petitioner herein, being first duly sworn, say that I have read the foregoing Affidavit of Claiming Successor intestate estate, know the contents thereof and that the same is true as I verily believe.

Sharon L. Holmes
Sharon Holmes

Subscribed and Sworn to before me this 15th day of April, 1988.

Maureen C. Roman
Notary Public for Oregon

(SEAL)
My Commission Expires: 3-21-92

Affidavit of Claiming Successor
Intestate Estate - Page 3.

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3

87474
I.D. TAG NO
31
Local File NumberOREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

6214

1. DECEDENT'S NAME First: <u>Mary</u> Middle: <u>Juanita</u> Last: <u>MC CORMICK</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>Jan. 22, 1988</u>
4. SOCIAL SECURITY NUMBER <u>531 10 9789</u>	5a. AGE - Last Birthday (Years) <u>83</u>	5b. UNDER 1 YEAR Mo: <u> </u> Days: <u> </u>	6. BIRTHPLACE (City and State or Foreign) <u>Philadelphia, PA</u>
7. DATE OF BIRTH (Month, Day, Year) <u>Aug. 11, 1904</u>		8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) <u>1246 N. E. Watson</u>		10. CITY, TOWN, OR LOCATION OF DEATH <u>Bend</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>		12. SPOUSE (If Married, Widowed) <u>Frank C.</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Deschutes</u>	
13c. CITY, TOWN, OR LOCATION <u>Bend</u>		13d. STREET AND NUMBER <u>1246 N. E. Watson</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify: <u> </u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (13-16 or 17+)		17. INFORMANT - NAME and relationship to decedent <u>Sharon Holmes Daughter</u>	
18. FATHER - NAME first middle last <u>Joseph Schibelberger</u>		19. MOTHER - NAME first middle last <u>Thekla Jairol</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Central Oregon Cremation Assn.</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>David L. Engley</u>		21b. LICENSE NUMBER (Of Licensee) <u>47-3074</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Niswonger-Reynolds, Inc.</u> <u>105 N.W. Irving Bend, OR 97701</u>		23. TIME OF DEATH <u>12:30 A.</u>	
24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature) <u>David A. Fredstrom</u>	
26. DATE SIGNED (Month, Day, Year) <u>1-22-88</u>		27. DATE PHONOUNCED DEAD (Month, Day, Year) <u> </u>	
28. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>David A. Fredstrom 361 N.E. Franklin Bend, Oregon 97701</u>		29. DATE SIGNED (Month, Day, Year) <u> </u>	
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>		31. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) <u>Stroke</u>	
32. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) <u> </u>		33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. IF YES were findings considered in determining cause of death?		35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	
36a. DATE OF INJURY (Month, Day, Year) <u> </u>		36b. TIME OF INJURY <u> </u>	
36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36d. DESCRIBE HOW INJURY OCCURRED <u> </u>	
36e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <u> </u>		36f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	
37. REGISTRAR'S SIGNATURE <u>Jacqueline Mathis</u>		38. DATE FILED (Month, Day, Year) <u>January 22, 1988</u>	
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

45-2 REV. 1-88

STATE OF OREGON, COUNTY OF DESCHUTES

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 RECORDS UNIT OF THE DESCHUTES COUNTY HEALTH DEPARTMENT AND IN MY OFFICIAL CARE AND CUSTODY.

NOT VALID WITHOUT RAISED SEAL OF
DESCHUTES COUNTY HEALTH DEPARTMENT

Jacqueline Mathis, Deputy Registrar

January 22, 1988

STATE OF OREGON

County of Klamath

I, LYN G. HARDY, Clerk of the Circuit Court of the County of Klamath, do hereby certify that the foregoing is a true and correct copy of the original, and that it is a true and correct copy of the original as the same appears on file in the Vital Records Unit of the Deschutes County Health Department and in my official care and custody.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court, this 22 day of April, A.D. 1988.

By LYN G. HARDY, Clerk of Court

Return to William L. Sisemore, Trustee

540 Main

Klamath Falls

Oregon

97601

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

William L. Sisemore, Trustee
on this 20th day of April A.D. 1988
at 1:36 o'clock P.M. and duly recorded
in Vol. M88 of Deeds Page 6211
Evelyn Biehn, County Clerk
By Bernetha A. Webb Deputy.

Fee, \$20.00