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IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

To the Probate Clerk of Klamath County

Small Estate of LAURA KATHERINE PILKENTON, Deceased.	:	NO. 88 -41 SE AFFIDAVIT OF CLAIMING SUCCESSOR INTESTATE ESTATE

STATE OF WASHINGTON)
) SS
County of Skagit)

I, LORRAINE E. PILKENTON, being first 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.

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

The following described real property in Klamath County, Oregon:

Township 36 South, Range 8, East W.M., Klamath County, Oregon

Section 13: W$\frac{1}{2}$SW$\frac{1}{4}$NW$\frac{1}{4}$ - Value $10,000.00
Section 14: E$\frac{1}{2}$SE$\frac{1}{4}$NE$\frac{1}{4}$ - Value $10,000.00

2. Reasonable efforts have been made by the Affiant to ascertain creditors of the Estate. There are no known creditors: however, all debts, if any, will be paid through the probate of the decedent's estate in Skagit County, Washington.

3. Decedent died on August 26, 1987; a certified copy of decedent's death certificate is attached hereto.

4. An application or petition for the appointment of a personal representative has not been granted in Oregon.

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

Return
WILLIAM L. SISEMORE
Attorney at Law
540 Main Street
KLAMATH FALLS, ORE.
97601
503/882-7229
O.S.B. #701336

John J. Pilkenton - son
5010 Fulton Avenue
Sherman Oaks, CA 91423

Donald L. Pilkenton - son
777 Hobson Road
Bow, WA 98232

Mary C. Watts - daughter
780 Hobson Road
Bow, WA 98232

Patrick S. Pilkenton - son
778 Hobson Road
Bow, WA 98232

Lorraine E. Pilkenton - daughter
778 Hobson Road
Bow, WA 98232

A copy of this Affidavit has been delivered to each heir or mailed to the heir at the last known address stated above;

6. The decedent died intestate;

7. The interest in decedent's property to which each heir is entitled is:

John J. Pilkenton - one-fifth interest
Donald L. Pilkenton - one-fifth interest
Mary C. Watts - one-fifth interest
Patrick S. Pilkenton - one-fifth interest
Lorraine E. Pilkenton - one-fifth interest

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. Klamath County is the only county in Oregon where real property is located.

Lorraine E. Pilkenton
Lorraine E. Pilkenton,
Claiming Successor

STATE OF WASHINGTON)
) SS
County of Skagit)

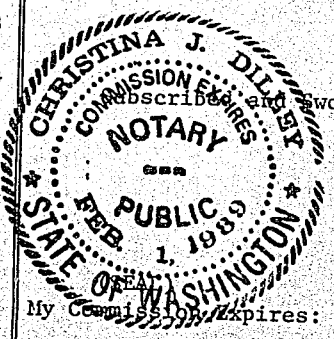
I, Lorraine E. Pilkenton, the Petitioner herein, being first duly sworn, say

WILLIAM L. SISEMORE
Attorney at Law
540 Main Street
KLAMATH FALLS, ORE.
97601
503/882-7229
O.S.B. #701336

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.

Lorraine E. Pilkenton

Lorraine E. Pilkenton



Subscribed and Sworn to before me this 10th day of May, 1988.

Christina J. Dilley

Notary Public for Washington

My Commission Expires: 2/1/89

WILLIAM L. SISEMORE
Attorney at Law
540 Main Street
KLAMATH FALLS, ORE.
97601
503/882-7229
O.S.B. #701338

DIVISION OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 451

146-8

STATE FILE NUMBER: 7761

DECEDENT

1 NAME FIRST, MIDDLE, LAST: LAURA KATHERINE PILKENTON
2 SEX: Female
3 DEATH DATE (MO DAY YR): AUG 26, 1987
4 RACE (WHITE, BLACK, AM IND ETC (SPECIFY)): WHITE
5 AGE - LAST BIRTH DAY (YRS): 80
6 UNDER 1 YEAR (MOS, DAYS):
7 UNDER 1 DAY (HOURS, MINS):
8 BIRTHDATE (MO DAY YR): FEB 12, 1907
9 COUNTY OF DEATH: SKAGIT
10 CITY, TOWN OR LOCATION OF DEATH: SEDRO WOOLLEY
11 PLACE OF DEATH - ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 0 ☐ HOME 2 ☐ INTRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☒ HOSP 5 ☐ NUR HOME 1 ☐ OTHER PLACE — UNITED GENERAL HOSPITAL
12 RECEIVED EMERGENCY CARE AMBULANCE, FIREFTR, PARAMED? (YES/NO): NO
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY): IOWA
14 CITIZEN OF WHAT COUNTRY: U.S.
15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: WIDOWED
16 SPOUSE (IF WIFE GIVE MAIDEN NAME): HERBERT M. PILKENTON
17 WAS DECEDENT EVER IN US ARMED FORCES? (YES/NO): NO
18 SOCIAL SECURITY NO.: 557-14-5858
19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): REGISTERED NURSE
20 KIND OF BUSINESS OR INDUSTRY: HEALTH CARE
21 RESIDENCE - NUMBER AND STREET: 778 HOBSON ROAD
22 CITY/TOWN, OR LOCATION: BOW
23 INSIDE CITY LIMITS? (YES NO): NO
24 COUNTY: SKAGIT
25 STATE: WASHINGTON

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 5.

PARENTS

26 FATHER - NAME FIRST, MIDDLE, LAST: CHARLES LEROY WELTY
27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: EDITH WYMER
28 INFORMANT NAME: LORRAINE PILKENTON
29 MAILING ADDRESS (STREET OR RFD NO, CITY OR TOWN, STATE, ZIP): 778 HOBSON ROAD BOW, WASHINGTON 98233

DISPOSITION

30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): BURIAL
31 DATE (MO DAY YR): AUG 29, 1987
32 CEMETERY/CREMATORY NAME: BOW CEMETERY
33 LOCATION CITY/TOWN STATE: BOW, WASHINGTON
34 FUNERAL DIRECTOR SIGNATURE: X [signature]
35 NAME OF FACILITY: LEMLEY CHAPEL
36 ADDRESS OF FACILITY: 1008 THIRD STREET SEDRO WOOLLEY, WA 98284

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X T.W. Mart Jr M.D.
38 DATE SIGNED (MO DAY YR): AUGUST 28,, 1987
39 HOUR OF DEATH (24 HRS): 1912 hrs
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X
42 DATE SIGNED (MO DAY YR):
43 HOUR OF DEATH (24 HRS):
44 PRONOUNCED DEAD (MO DAY YR):
45 HOUR PRONOUNCED DEAD (24 HRS):

46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): DR T.W. MARTIN, JR. M.D. 1918 HOSPITAL DR. SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))

	Cause	Interval between onset and death
(A)	Cardiac arrest	1 day
(B) DUE TO, OR AS A CONSEQUENCE OF	atherosclerotic heart disease	years
(C) DUE TO, OR AS A CONSEQUENCE OF	respiratory failure - Pickwickian syndrome	1 year

48 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE: diabetes mellitis
49 AUTOPSY? (YES/NO): NO
50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): NO
51 ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST (SPECIFY):
52 INJURY DATE (MO DAY YR):
53 HOUR OF INJURY (24 HRS):
54 DESCRIBE HOW INJURY OCCURED:
55 INJURY AT WORK? (YES NO):
56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY):
57 LOCATION STREET OR RFD NO. CITY/TOWN, STATE:

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.

58 REGISTRAR SIGNATURE: X Janice L. Belisle
59 DATE RECEIVED (MO DAY YR): 8/28/87

J K Neils M.D.
Julius K. Neils, M.D.
Health Officer

Signed Sharon S. Beeson
Skagit County Deputy Registrar

Date AUG 3 1 1987

DSHS 9-641A (11/85)

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 that it is a transcript therefrom, and of the whole of such original as the same appears on file or of record in my office and in my care and custody.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court, this 16 day of May A.D. 1988
LYN G. HARDY, Clerk of Court
By [signature]

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:
William L. Sisemore
on this 17 day of May A.D., 19 88
at 3:53 o'clock P M. and duly recorded
in Vol. M88 of Deeds Page 7758
Evelyn Biehn County Clerk
By [signature] Deputy.

Fee, $20.00