

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

In the Matter of the Estate of:
WILLIAM THOMAS ENGLISH,
Deceased.

Case No: 88-54-SE

SMALL ESTATE AFFIDAVIT
(AFFIDAVIT OF CLAIMING
SUCCESSOR)

The undersigned, pursuant to the provisions of ORS 114.505, files herein her Small Estate Affidavit alleging:

1. The property of the decedent, including a legal description of any real property and it's fair market value and the fair market value of personal property is as follows:

(a) At the time of his death, decedent owned in fee simple that certain real property located in the County of Klamath, State of Oregon, legally described as follows, to-wit:

Lot 38, Block 15, Klamath Forest Estates,
according to the official plat thereof on
file in the Office of the County Clerk of
Klamath County, Oregon.

which said real property has a tax assessed valuation of \$1,580.00, and thus, for purposes of this Affidavit, the value is alleged to be:.....\$1,580.00

2. Reasonable efforts have been made to ascertain creditors of the estate. To your affiant's best information and belief, no debts of the decedent remain unpaid.

3. The date of death of the decedent was June 1, 1986. A certified copy of the Certificate is attached hereto and incorporated by this reference herein as if fully set forth.

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

5. The heirs of the decedent, and the last addresses of each of such heirs as known to your affiant are as follows:

VIVIAN T. ENGLISH - wife - 7516 Snowgoose Lane,
Citrus Heights, CA 92621

WILLIAM KEVIN ENGLISH - son - 17323 10th Ave. E.,
Spanaway, WA 98387

A copy of this Affidavit with attachments has been delivered to each heir or mailed to the heir at the said last known address.

6. The decedent died intestate.

7. A copy of this Affidavit and attachments has been delivered to each devisee or mailed to such devisees at the last addresses of the devisees known to the affiant, as stated herein.

8. The interest in the property described in this affidavit to which each heir or devisee is entitled is as follows:

VIVIAN T. ENGLISH

50%

WILLIAM KEVIN ENGLISH

50%

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

10. A copy of this affidavit and attachments has been filed

with the County Clerk in each county where the decedent's real property, if any, is located.

DATED this 8 day of June, 1988.

Vivian T. English
Vivian T. English

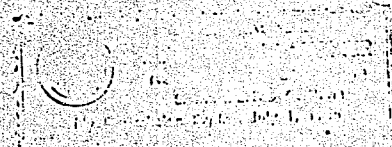
STATE OF CALIFORNIA/County of San Bernardino ss:

I, Vivian T. English, being sworn, say: I have caused the foregoing Small Estate Affidavit to be prepared; that I have read the same, and that the facts contained therein are true, as I verily believe.

Vivian T. English
Vivian T. English

SUBSCRIBED AND SWORN to before me this 8 day of June, 1988.

Mary Lou Klausner
NOTARY PUBLIC FOR CALIFORNIA
My Commission Expires: 7-1-88

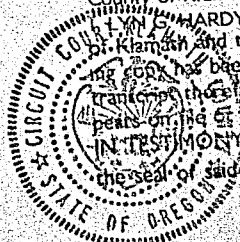


STATE OF OREGON)
County of Klamath)

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 true and correct copy of the whole of such original as the same appears on the records 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 10 day of June, A.D. 1988.

LYN G. HARDY, Clerk of Court

By James H. Hardy



Not. to:
ZAMSKY & BELCHER
ATTORNEYS AT LAW
SUITE 204 - 801 MAIN STREET
KLAMATH FALLS, OREGON 97601
(503) 883-7781

CERTIFICATE OF DEATH STATE OF CALIFORNIA

38634

10787

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
William		Thomas		ENGLISH	
2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR			
June 1, 1986		2045			
DECEDENT PERSONAL DATA	3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO ☒ YES	6. DATE OF BIRTH	
	Male	Black		July 1, 1917	
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		7. AGE
	West Virginia		Thomas English, West Virginia		68 YEARS
	11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA		19 43 TO 19 44		Vivian Thompson	
12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
235-09-1682		Married		Geneva Penn, WV	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
Salesman		45		Levitz Furniture Corp	
18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			
Retail Sales		6800 Leatherwood Way			
19B. CITY OR TOWN		19C. CITY OR TOWN			
Sacramento		Sacramento			
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		19D. COUNTY			
Wife		Sacramento			
Vivian English		19E. STATE			
6800 Leatherwood Way		California			
Sacramento, CA 95842		21A. PLACE OF DEATH			
		Residence			
		21B. COUNTY			
		Sacramento			
		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			
		6800 Leatherwood Way			
		21D. CITY OR TOWN			
		Sacramento			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					
IMMEDIATE CAUSE					
(A) <i>Circumstances</i>					
(B) <i>ASHD</i>					
(C)					
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A					
<i>Cholesterol</i>					
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION					
<i>Coronary artery bypass</i>					
28. DATE SIGNED					
<i>6/5/86</i>					
28D. PHYSICIAN'S LICENSE NUMBER					
<i>C-21463</i>					
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED					
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE					
<i>Stephen E. Cox, M.D.</i>					
28C. TYPE PHYSICIAN'S NAME AND ADDRESS					
6620 Olive Avenue Suite 408, Carmichael, CA 95608					
29. SPECIFY ACCIDENT, SUICIDE, ETC.					
30. PLACE OF INJURY					
31. INJURY AT WORK					
32A. DATE OF INJURY—MONTH, DAY, YEAR					
32B. HOUR					
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					
06/06/1986					
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY					
Mt. Vernon Crematory, Fair Oaks					
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)					
Russ Monroe Company					
40B. LICENSE NO.					
F-1323					
41. LOCAL REGISTRAR—SIGNATURE					
<i>Paul F. Ham</i>					
42. DATE ACCEPTED BY LOCAL REGISTRAR					
JUN 5 1986					
STATE REGISTRAR					
A. B. C. D. E. F.					

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE SACRAMENTO COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL STATISTICS SECTION, SACRAMENTO COUNTY DEPARTMENT OF HEALTH, SACRAMENTO, CALIFORNIA.

Paul F. Ham M.D.
Bonnie York

REGISTRAR

DEPUTY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Zamsky & Belcher the 8th day of July A.D., 19 88 at 4:37 o'clock P.M., and duly recorded in Vol. M88 of Deeds on Page 10784

FEE \$23.00

Evelyn Biehn County Clerk

By *Pauline Mullendore*