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CLERK OF COURT

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

BY _____

To the Probate Clerk, Klamath County

Small Estate of:

BEATRICE G. WILKES, aka
Beatrice F. Wilkes,Deceased. : AFFIDAVIT OF CLAIMING SUCCESSOR TESTATE
: ESTATE

NO. 88 - 68 S.E.

STATE OF OREGON)
) SS
County of Klamath)

I, Donna May Rainwater, being first duly sworn, say that: I am a devisee and "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:

Beginning at a point 37 feet Southerly along Westerly boundary of Stukel Street from the Northeasterly corner of Lot 58 of Block 18, of Industrial Addition to the City of Klamath Falls, Oregon, being the corner of Stukel and Martin Streets, thence Westerly at right angles to Stukel Street, 70 feet; thence Southerly and parallel with Stukel Street, 40 feet; thence Easterly parallel with Martin Street 70 feet to the West line of Stukel Street; thence Northerly along the Westerly line of Stukel Street, 40 feet to the point of beginning, being a part of Lots 56, 57, 58 of said Block 18 of Industrial Addition to Klamath Falls, Oregon.

Lot 5 in Block 200 of Mills Second Addition to Klamath Falls, Oregon.
(2130 Stukel, Klamath Falls, OR 97601)

Assessed Value: \$18,360.00

2. Reasonable efforts have been made by the affiant to ascertain creditors of the Estate. All debts of the decedent have been paid.

3. Decedent died April 2, 1988; a certified copy of decedent's death certificate is attached hereto.

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

Affidavit of Claiming Successor
Testate Estate - Page 1.

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

5. Decedent's sole heir and devisee and her last known address is:

Donna May Rainwater, daughter
1706 Modoc Street
Klamath Falls, OR 97601

A copy of this affidavit and a copy of the will have been delivered to the said heir and devisee.

6. The decedent died testate; decedent's will is attached to this affidavit.

7. The interest in decedent's property described in this affidavit to which the devisee is entitled is:

Donna May Rainwater, all of the 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.

Donna May Rainwater
Donna May Rainwater
Claiming Successor

STATE OF OREGON)
) SS
County of Klamath)

I, Donna May Rainwater, the Petitioner herein, being first duly sworn, say that I have read the foregoing Affidavit of Claiming Successor Testate Estate, know the contents thereof and that the same is true as I verily believe.

Donna May Rainwater
Donna May Rainwater

Subscribed and Sworn to before me this 12th day of August, 1988.

Clayton M. Folger
Notary Public for Oregon

(SEAL)

My Commission Expires: 2-5-89

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

503/832-7229
O.S.B. #701356

Affidavit of Claiming Successor
Testate Estate - Page 2.

LAST WILL AND TESTAMENT

OF

BEATRICE G. WILKES

KNOW ALL MEN BY THESE PRESENTS, That I, BEATRICE G. WILKES, of Klamath Falls, Oregon, being of legal age and of sound and disposing mind and memory and not acting under fraud, duress, menace, coercion or undue influence of any person whomsoever, do hereby make and declare this to be my Last Will and Testament and I hereby revoke all former Wills and Codicils heretofore made by me.

ARTICLE I

I direct that my just debts and funeral expenses be promptly paid. I direct my personal representative to treat as an obligation of my estate, and to pay, without any apportionment thereof, all estate, inheritance or other death taxes or duties imposed and made payable by reason of my death by the laws of the United States or of any state, territory, or country, and if any other person shall pay any such tax, my personal representative shall reimburse such person.

ARTICLE II

I declare that I am married and that my husband's name is FLOYD E. WILKES; I further declare that I have only one child, namely, my daughter, DONNA MAY RAINWATER, presently residing in Klamath Falls, Oregon.

ARTICLE III

I give and bequeath all my property, both real and personal,

Beatrice G. Wilkes

PRENTISS K. PUCKETT, P.C.
ATTORNEY AT LAW
FIRST FEDERAL SAVINGS
& LOAN BUILDING
KLAMATH FALLS, ORE.

1 of whatsoever kind and wheresoever situated, unto my husband, FLOYD
 2 E. WILKES, to his own use and behoof forever, provided, however,
 3 that he shall survive me for a period of at least thirty days; in
 4 the event my said husband should fail to survive me for said thirty
 5 day period, then and in such case, I give and bequeath all my pro-
 6 perty, both real and personal, of whatsoever kind and wheresoever
 7 situated, unto my said daughter, DONNA MAY RAINWATER, to her own
 8 use and behoof forever, with the right of representation.

9 ARTICLE IV

X 10 I nominate and appoint my daughter, DONNA MAY RAINWATER, as
 11 personal representative of this my Last Will and Testament, to so
 12 serve without bond or other security; in the event of the death,
 13 refusal or incapacity of my said daughter to so act as personal
 14 representative hereof, then and in such case, I nominate and appoint
 15 my son-in-law, JERRY RAINWATER, to so act as personal representative
 16 without bond or other security.

17 IN WITNESS WHEREOF, I have hereunto set my hand and seal
 18 this 15th day of April, 1975.

19 Beatrice G. Wilkes

20 This 15 day of April, 1975, we and each of us saw BEATRICE
 21 G. WILKES sign the foregoing instrument, consisting of two pages,
 22 and heard her declare that it was her Will. At the time of signing
 23 this Will by the Testatrix, she was, to the best knowledge and be-
 24 lief of each of us, 18 years old or older, and of sound mind.

25 IN WITNESS WHEREOF, we do hereby attest the foregoing Will by
 26 signing our names to it in the presence of the Testatrix and at her
 request.

25 Donna May Rainwater Residing at Klamath Falls, Oregon

26 O. H. O'Quinn Residing at Klamath Falls, Oregon

PRENTISS K. PUCKETT, P.C.
 ATTORNEY AT LAW
 FIRST FEDERAL SAVINGS
 & LOAN BUILDING
 KLAMATH FALLS, ORE.

CERTIFICATION OF VITAL RECORD

21036

I.D. TAG NO.

121

Local File Number

OREGON STATE HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES Vital Records Unit CERTIFICATE OF DEATH

136-

13093

State File Number

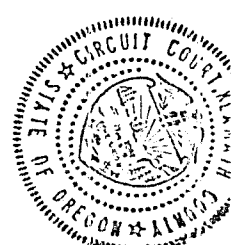
1. DECEDENT'S NAME Beatrice F WILKES		2. SEX F	3. DATE OF DEATH (Month, Day, Year) April 2, 1988
4. SOCIAL SECURITY NUMBER 543-18-6828		5. AGE - Last Birthday 81	6. BIRTHPLACE (City and State or Foreign Country) Spokane, Washington
7. DATE OF BIRTH (Month, Day, Year) December 28, 1906		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Out of state <input type="checkbox"/> D.O.A. <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath		13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during last 12 months, do not use initials) Sales Clerk		15. SPOUSE (If Married, Widowed, Divorced (Specify)) Floyd	
16. KIND OF BUSINESS/INDUSTRY Clothing Store		17. STREET AND NUMBER 2130 Stukel Street	
18. RESIDENCE - STATE Oregon		19. CITY, TOWN, OR LOCATION Klamath Falls	
20. COUNTY Klamath		21. RACE American Indian, Black, White, etc. (Specify) White	
22. ZIP CODE 97601		23. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+)	
24. WAS DECEDENT OF HIS PANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		25. INFORMANT - NAME and relationship to decedent Donna Rainwater, daughter	
26. FATHER - NAME last middle first LeRoy - Fordyce		27. MOTHER - NAME last middle first Ellen - Cook	
28. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Human Remains <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park	
30. LOCATION - City or Town, State Klamath Falls, Oregon		31. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Merrill Reid</i>	
32. LICENSE NUMBER (Of Licensee) 3329		33. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, 97601 515 Pine St., Klamath Falls, Ore.	
34. TIME OF DEATH 6:30 P.M.		35. DATE SIGNED (Month, Day, Year) April 4, 1988	
36. DATE SIGNED (Month, Day, Year) April 4, 1988		37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING/MEDICAL EXAMINER (Type or Print) Mark S. Kochevar, M.D., 1905 Main Street, Klamath Falls, Oregon 97601	
38. NAME OF ATTENDING PHYSICIAN (If other than Certifier) (Type or Print)		39. 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)	
40. PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Respiratory arrest		41. PART I (b) DUE TO, OR AS A CONSEQUENCE OF: Intra cerebral hemorrhage	
42. PART I (c) DUE TO, OR AS A CONSEQUENCE OF: Cerebral arteriosclerosis		43. PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not listed as cause given in PART I (a) Senile hypertension	
44. 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"/> Undetermined <input type="checkbox"/> Homicide		45. 36. DATE OF INJURY (Month, Day, Year) April 2, 1988	
46. 37. TIME OF INJURY 11:00 A.M.		47. 38. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
48. 39. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) At home		49. 40. DESCRIBE HOW INJURY OCCURRED	
50. 41. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2130 Stukel Street, Klamath Falls, Oregon		51. 42. REGISTRAR'S SIGNATURE <i>Michelle Burtell</i>	
52. 43. DATE FILED (Month, Day, Year) APR 04 1988		53. 44. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
54. 45. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		55. 46. RESERVED FOR REGISTRAR'S USE	

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED **APR 04 1988**

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



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 true and correct 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 12 day of August, A.D. 1988.
LYN G. HARDY, Clerk of Court
By *Debbie Miller*



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William L. Sisemore the 12th day of Aug. A.D. 19 88 at 4:25 o'clock P.M. and duly recorded in Vol. 999 of Deeds on Page 13089.
Evelyn Biehn - County Clerk
By *William L. Sisemore*

FEE 28.00