91227

Vol. m88 Page 14654

IN C-20347-P

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

DEPARTMENT OF PROBATE

'88 APR 25 PM 12 51

Small Estate of:

NEWELL MARION SKINNER,

Deceased.

Case No.: 88-345E

AFFIDAVIT OF CLAIMING SUCCESSOR INTESTATE ESTATE

STATE OF ARIZONA)
) ss.
County of Maricopa)

I, MELVIN N. SKINNER, being first duly sworn, depose and say:

1. I am a claiming successor of NEWELL MARION SKINNER, who died intestate in Blythe, Riverside County, State of California on November 14, 1986.

2. All assets composing the estate of the decedent located in the State of Oregon and their fair market value are as follows:

REAL PROPERTY:

Klamath River Acres - 6th Addition, Lot 4, Block 36
Klamath County (Assessed Value) $16,020.00

Klamath River Acres - 6th Addition, Lot 6, Block 36
Klamath County (Assessed Value) $ 9,980.00

PERSONAL PROPERTY: None

3. I have made reasonable efforts to ascertain the creditors of the estate and the amounts of unpaid debts of the decedent. There are no creditors and no amounts owing.

4. A true and accurate copy of the Decedent's death certificate is attached hereto.

'88 SEP 8 PM 2 53

DOUGLAS V. OSBORNE
ATTORNEY AT LAW
439 PINE
KLAMATH FALLS, OR 97601
(503) 884-8152
OSB #72189

5. No application or petition for the appointment of a personal representative has been granted in any jurisdiction in the State of Oregon.

6. I have made reasonable efforts to determine and locate all of the heirs of the Decedent of the decedent and have delivered or mailed a copy of this Affidavit and a copy of the Decedent's Last Will to each one by delivering the same in hand or mailed to the last known address indicated below:

Heirs	Relationship	Address
Melvin N. Skinner	Son	2313 W. Ironwood Drive Chandler, Arizona 85224
Terrance M. Skinner	Son	3521 S. "J" Street Tacoma, WA 98408
Cheryl Ann Murray	Daughter	1308 S. 102nd Tacoma, WA 98444
Francis Rea Myers	Daughter	814 S 202nd Seattle, WA 98148

7. The Decedent died intestate.

8. The interest of each heir in the asset listed above is as follows:

Melvin N. Skinner	One-fourth interest
Terrance M. Skinner	One-fourth interest
Cheryl Ann Murray	One-fourth interest
Francis Rea Myers	One-fourth interest

9. I have mailed a copy of this Affidavit to the State Administration Section of the Adult and Family Services Division and to the Department of Revenue, both in Salem, Oregon.

10. A copy of this Affidavit has been filed with the County Clerk

///

DOUGLAS V. OSBORNE
ATTORNEY AT LAW
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in each county where the Decedent's real property is located.

Affiant

SUBSCRIBED AND SWORN to before me this 22 day of April, 1988.

NOTARY PUBLIC FOR ARIZONA
My Commission Expires: _____

OFFICIAL SEAL
TERI L. GILLET
Notary Public - State of Arizona
MARICOPA COUNTY
My Comm. Expires Nov. 2, 1991

DOUGLAS V. OSBORNE
ATTORNEY AT LAW
439 PINE
KLAMATH FALLS, OR 97601
(503) 884-8152
OSB #72189

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

14657

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MID.	1C. LAST
NEWELL	MARION	SKINNER

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
NOVEMBER 14, 1986	1200

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
Male	White/AMERICAN	NO ☒	DECEMBER 14, 1917

7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
68 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
OKLAHOMA	Frank M. Skinner; FLORIDA	Ida Mae Pond; KANSAS

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	19 N/A TO 19 N/A	324-03-9400	Divorced	None

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER OF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Electrician	40 yrs. +	Unknown	Electrical Work

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
8710 McLaughlin Lane		Keno

19D. COUNTY	19E. STATE
Klamath	OR 97627

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Rural Blythe/Midland Camp	Riverside

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
10 mi. No. on Midland Road	Blythe

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Mr. Melvin N. Skinner (SON)
2313 West Ironwood Drive
Chandler, AZ 85224

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

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

(A) Coronary artery occlusive disease — years
DUE TO, OR AS A CONSEQUENCE OF
(B) Arteriosclerotic heart disease — years
DUE TO, OR AS A CONSEQUENCE OF
(C) 11/11/86, 09:47 Cardiac Arrest — years

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? YES #59493
25. WAS BIOPSY PERFORMED? NO
26. WAS AUTOPSY PERFORMED? YES

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: None

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: NO — DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE | 28C. DATE SIGNED | 28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR
Natural				

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

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)
INVESTIGATION

35B. EDMUND G. BROWN JR. DYKES—CORONER
By: Raymond L. Parella Deputy

35C. DATE SIGNED: 11/15/'86

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
CREMATION	NOV. 18, 1986	MT. VIEW CEMETERY 1600 Steilacoome Blvd. Tacoma, WA 98402	NOT EMBALMED

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
FRYE CHAPEL Blythe, CA	F 596	Edward J. Callagher MD	NOV 17 1986

STATE REGISTRAR: A. | B. | C. | D. | E. | F.

VS-11 (1-05)

* This must be in red to be a * * * * * * * * * * * * * * * * * * *
"CERTIFIED COPY"

Return M.T.C. Pam

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

Date Of Amendments, if any _____

I hereby certify that this is a true copy of a certificate on file in the County of Riverside, Department of Health, if the certification is in red.

Edward J. Callagher, M.D.
Director of Health & Local Registrar

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF RIVERSIDE, CAL.

DOH-VS-004(REV 8/85)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 8th day of Sept. A.D., 19 88 at 2:53 o'clock P.M., and duly recorded in Vol. M88 of Deeds on Page 14654.

FEE $23.00

Evelyn Biehn County Clerk
By Pauline Muellenbore

Return: M.T.C.