

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

To the Probate Clerk of Klamath County

SMALL ESTATE OF ARIO BIANCHI,

Deceased.

: CASE NO. 88 - 91 SE: AFFIDAVIT OF CLAIMING SUCCESSOR  
: INTESTATE ESTATESTATE OF OREGON )  
County of Klamath ) SS

I, Walter John Bianchi, 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:

One-half interest in:

Parcel 1:

A parcel of land situated in Lot 2 of Section 31, Twp. 37S, Range 9, E.W.M. known as Tract No. 7, and being more particularly described as follows: Beginning at a point N89° 49' W. 1444.55 feet from the ¼ corner common to Section 31 and 32 of Twp. 37S, Range 9, E.W.M., and running thence N. 1° 10' S 620 feet to a point being the true point of beginning of this description; thence N 89° 49' W. 582 feet, more or less, to the Easterly boundary of the Dalles-California Highway; thence N 2° 50' E. along the Easterly boundary of said Dalles-California Highway 100.63 feet to a point; thence S. 89° 49' E. 566 feet, more or less, to a point N 1° 10' E. 100 feet from the point of beginning; thence S 1° 10' W. 100 feet to the point of beginning.

Klamath County Assessor's Account No. 379888

Value of one-half interest

\$8,205.00

Parcel 2:

Affidavit of Claiming Successor  
Intestate Estate - Page 1.

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

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 22 day of Nov 1988.

LYN G. HARDY,

By Joyce Paulson

Beginning at the quarter corner common to Sections 31 and 32, Township 37 South of Range 9 East of the Willamette Meridian and thence running North 89°49' West for a distance of 1444.55 feet; thence North 1° 10' East 720 feet to the Southeast corner of the tract herein described; thence North 1°10' East 100 feet to a point; thence North 89°45' West 563 feet, more or less, to a point on the Easterly right-of-way of the Dalles-California Highway; thence South along Highway 100.04 feet; thence South 89°49' East 566 feet, more or less, to the place of beginning, being a portion of SW $\frac{1}{4}$ NE $\frac{1}{4}$  of Section 31, Township 37 South Range 9 East of the Willamette Meridian, in Klamath County, Oregon.

Subject to the right of the owner of tract directly South of the above described tract to have water from well located on above described land as set forth in deed from Walter Lentz to Karl R. Anderson, et ux, recorded in Book 188 at page 290, Deed Records of Klamath County, Oregon.

Klamath County Assessor's Account No. 379860

Value of one-half interest \$8,165.00

Location: Klamath County, Oregon;

Personal Property - 1965 Ford, Oregon License No. FCA158 - value \$200.00, located in Klamath County, Oregon;

(2) Reasonable efforts have been made by the affiant to ascertain creditors of the estate. The debts of the decedent remaining unpaid, including the amounts thereof, and the names and addresses of the creditors known to the affiant are:

NONE

(3) Decedent died October 20, 1988; 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:

William Lewis Bianchi - son  
4501 Rosebud Circle  
Las Vegas, NV 89108

Affidavit of Claiming Successor  
Intestate Estate - Page 2.

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

503/882-7229  
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Linda Sue Lewellyn - daughter  
4015 N. W. Elmwood Rd  
Corvallis, OR 97330

Walter John Bianchi - son  
3220 Round Lake Road  
Klamath Falls, OR 97601

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:

William Lewis Bianchi - one-third interest

Linda Sue Lewellyn - one-third interest

Walter John Bianchi - one-third 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) A copy of this affidavit has been filed with the County Clerk of each county where the decedent's real property is located.

Walter John Bianchi  
Walter John Bianchi  
Claiming Successor

STATE OF OREGON       )  
                                  ) SS  
County of Klamath     )

I, Walter John Bianchi, 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.

Walter John Bianchi  
Walter John Bianchi

Subscribed and Sworn to before me this 21 day of November, 1988.

William L. Sisemore  
Notary Public for Oregon

(SEAL)

My Commission Expires: 11/28/1990  
Affidavit of Claiming Successor  
Intestate Estate - Page 3.

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

411  
Local File NumberVital Records Unit  
CERTIFICATE OF DEATH

-136-

State File Number

1. DECEDENT'S NAME First: <b>Ario</b> Middle: <b>BIANCHI</b> Last: <b>BIANCHI</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>October 20, 1988</b>
4. SOCIAL SECURITY NUMBER <b>543-10-9457</b>		5a. AGE - Last Birthday (Years) <b>78</b>	5b. UNDER 1 YEAR Mos. <b>Days</b> Hours <b>Mins.</b>
6. BIRTHPLACE (City and State or Foreign Country) <b>Italy</b>		7. DATE OF BIRTH (Month, Day, Year) <b>November 5, 1910</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)			
10a. FACILITY NAME (If not institution, give street and number) <b>Klamath Convalescent Center</b>		10b. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
10c. COUNTY OF DEATH <b>Klamath</b>			
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Divorced</b>		12. SPOUSE (If Married, Widowed) <b>-</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>	
13c. CITY, TOWN, OR LOCATION <b>Klamath Falls</b>		13d. STREET AND NUMBER <b>Rt. 5 Box 1149</b>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: <b>White</b>		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 16) <b>10</b>			
17. FATHER - NAME first middle last <b>Bianchi</b>		18. MOTHER - NAME first middle maiden <b>John Bianchi - Son</b>	
19. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <b>Eternal Hills Memorial Gardens</b>		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Falls, Oregon</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Gavin Lancaster</i>		21b. LICENSE NUMBER (Of Licensee) <b>3224</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>WARD'S / 1945 Main St. Klamath Falls, Oregon 97601</b>			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
23. TIME OF DEATH <b>6:30 A</b> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>Edward McClure</i>			
25. DATE SIGNED (Month, Day, Year) <b>10/31/88</b>			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27a. TIME OF DEATH M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M			
28. 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)			
29. DATE SIGNED (Month, Day, Year) COUNTY			
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Edward McClure, MD - 2301 Clairmont - Klamath Falls, Oregon 97601</b>			
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
32. 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.			
PART I (a) <b>Cancer of the lung</b> Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			
33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 34. 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"/> Undetermined Manner <input type="checkbox"/> Homicide			
36a. DATE OF INJURY (Month, Day, Year)			
36b. TIME OF INJURY M			
36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36d. DESCRIBE HOW INJURY OCCURRED			
36e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)			
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
37. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>			
38. DATE FILED (Month, Day, Year) <b>NOV 2 1988</b>			
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
40. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

45-2 REV 1-88

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

DATE ISSUED

NOV 2 1988

*Marian Ackerman*  
 MARIAN ACKERMAN  
 COUNTY REGISTRAR  
 KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William L. Sisemore the 22nd day  
 of Nov. A.D., 19 88 at 9:23 o'clock AM., and duly recorded in Vol. M88,  
 of Deeds on Page 19787

FEE \$23.00

Evelyn Biehn County Clerk  
 By *Daniel Mullins*