

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

In the Matter of the Small Estate)
of:)
LEILA E. BRADFORD,)
Deceased.)

FILED
STATE OF OREGON
CLERK OF COURT
1959 FEB 21 PM 4:33
Case No: 89-00462 CV
BY 13/
AFFIDAVIT OF CLAIMING
SUCCESSOR/INTESTATE
ESTATE

STATE OF OREGON, County of Klamath)ss:

I, BILL DEES, pursuant to the provisions of ORS 114.525
depote and say as follows:

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

"The Westerly 70 feet of the following described
parcel:
Beginning at a point in the Easterly line of Altamont
Drive which lies North 0°31' West 131.95 feet from
the Northwest corner of Tract 18 of CASITAS,
according to the official plat thereof on file in the
office of the County Clerk of Klamath County, Oregon,
running thence, North 0°32' West along the Easterly
line of Altamont Drive 131.95 feet, more or less, to
the Southerly right of way line of Bristol Avenue;
thence South 89°53' East along the Southerly right of
way line of Bristol a distance of 165 feet; thence
South 0°32' East parallel with Altamont Drive a
distance of 131.95 feet; thence North 89°53' West 165
feet, more or less, to the point of beginning, being
a portion of the SW¼ SE¼ Section 10, Township 39
South, Range 9 East of the Williamette Meridian, and
the vacated County Road mentioned on page 273 of
Volume 8 Commissioners' Journal of Klamath County,
Oregon.

ALSO EXCEPTING THEREFROM the Northerly 5 feet thereof
conveyed to Klamath County for road purposes by
instrument recorded April 5, 1957 in Volume 290, page
612, Deed Records of Klamath County, Oregon.

FAIR MARKET

VALUE:.....\$11,300.00

///

AFFIDAVIT OF CLAIMING SUCCESSOR - Page 1

1 (a) At the time of her death decedent did not own
2 personal property having any significant value.

3 2. Reasonable efforts have been made to ascertain
4 creditors of the estate. No debts of the decedent remain unpaid.

5 3. The date of death of the decedent was June 6, 1984. A
6 certified copy of the Death Certificate is attached hereto.

7 4. No Application or Petition for the appointment of a
8 personal representative has been granted in Oregon.

9 5. The heirs of the decedent, and the last address of each
10 heir as is known to your affiant, is as follows:

11 A. Bill Dees - Brother
12 404 Elm
Midland, OR 97634

13 B. Esther Reneally - Sister
14 Rt. 2 Box 2666
Burley, ID 83318

15 C. Jerry D. Dees - Brother
16 8400 Division St.
White City, OR 87503

17 Decedent did not leave a spouse, issue, or the issue of issue,
18 surviving at the time of her death.

19 A copy of this Affidavit has been delivered to each heir or
20 mailed to the heir at the last known address set forth
21 hereinabove.

22 6. To your Affiant's best information and belief the
23 decedent died intestate.

24 7. There is no Will, and hence there are no devisees
25 entitled to notice, other than the heirs set forth herein.

26 8. The interest in the property described in the Affidavit
27 to which each heir or devisee is entitled is as follows:


28 ///

1 Bill Dees - One-Third
 2 Esther Reneally - One-Third
 3 Jerry E. Dees - One-Third

4 9. A copy of this Affidavit has been mailed to the Adult
 5 and Family Services Division, Estate Administration Section,
 6 Salem, Oregon, and to the Department of Revenue, Salem, Oregon.


7 10. A copy of this Affidavit has been filed with the County
 8 Clerk in each county where the decedent's real property is
 9 located.

10 DATED this 21 day of ~~August~~ ^{February, 1989}, 1988.

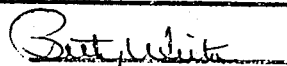
11 
 12 BILL DEES

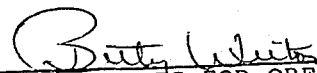
13 STATE OF OREGON/County of Klamath)ss:

14 I, BILL DEES, being sworn, say: I have caused the foregoing
 15 Affidavit of Claiming Successor/Intestate Estate to be prepared;
 16 that I have read the same, and that the facts contained therein
 17 are true, as I verily believe.

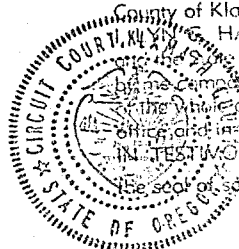
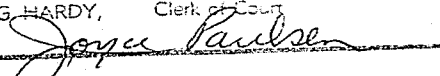
18 
 19 BILL DEES

20 1989 SUBSCRIBED AND SWORN to before me this 21 day of ~~August~~ ^{February},
 21 1988.

22 
 23 BETTY WHITTON
 24 NOTARY PUBLIC OREGON
 25 My Commission Expires 6-1-92

26 
 27 NOTARY PUBLIC FOR OREGON
 28 My Commission Expires: 6-1-92

29 STATE OF OREGON)
 30 County of Klamath)

31 
 32 LYN G. HARDY Clerk of the Circuit Court of the County of Klamath
 33 do hereby certify that the foregoing copy has been
 34 compared with the original, and that it is a transcript therefrom, and
 35 the whole of such original as the same appears on file or of record in my
 36 office, and in my care and custody.
 37 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed
 38 the seal of said Court, this 21 day of Feb AD. 19 89
 39 LYN G. HARDY, Clerk of Court
 40 By 

Return: 28
 NEAL G. BUCHANAN
 ATTORNEY AT LAW
 FIRST INTERSTATE
 BANK BLDG.
 601 MAIN STREET
 SUITE 215
 KLAMATH FALLS,
 OREGON 97601-6007
 503/882-6607
 O.S.B. #77127

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION VITAL STATISTICS SECTION

3205

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

84E010371

Local File Number 239 State File Number

CERTIFICATE OF DEATH

1. DECEASED - NAME LEILA EDNA BRADFORD		DATE OF DEATH (month, day, year) June 6, 1984	
2. RACE (Specify) White	3. SEX Female	4. AGE - Last birthday (years) 69	5. DATE OF BIRTH (month, day, year) April 2, 1915
6. CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7. HOSPITAL OR OTHER INSTITUTION - NAME (If not in error, give street and number) 4221 Altamont Drive	
8. STATE OF BIRTH (If not in U.S.A. name country) Oregon	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	11. SPOUSE (If married, D. WIDOWED) Roy Bradford
12. SOCIAL SECURITY NUMBER 550-44-0887		13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Licensed Practical Nurse	
14. RESIDENCE - STATE Oregon		15. COUNTY Klamath	
16. CITY, TOWN OR LOCATION Klamath Falls		17. STREET AND NUMBER OR R.F.D., ZIP 4221 Altamont Drive 97603	
18. FATHER - Name (last, middle, first) Bill Sweeney		19. MOTHER - Name (last, middle, first) Opal Dickson	
20. BIRTHAL, CREMATION, REINTERMENT, NAME, (Specify) Cremation		21. CEMETERY OR CREMATORY - NAME Eternal Hills Crematory	
22. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Specify) William F. Davenport		23. NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603	
24. To the best of my knowledge, death occurred on the time, date and place and due to the cause(s) stated. F. Geoffrey Marx, MD, 2614, Clover, Klamath Falls, Oregon 97601		25. DATE SIGNED (month, day, year) 6/14/84	
26. NAME AND ADDRESS OF CERTIFIER (Type or Print) F. Geoffrey Marx, MD, 2614, Clover, Klamath Falls, Oregon 97601		27. HOUR OF DEATH Approx 10:00 P.	
28. DATE RECEIVED BY REGISTRAR (month, day, year) JUN 15 1984		29. REGISTRAR (Specify) Edward J. Johnson	
30. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Arteriosclerotic Heart Disease		31. INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
32. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) None		33. AUTOPSY (Specify Yes or No) No	
34. ACCIDENT (Specify Yes or No) No		35. DATE OF INJURY (month, day, year) None	
36. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) None		37. LOCATION None	
38. STREET OR R.F.D. NO. None		39. CITY OR TOWN None	
40. STATE None		41. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes	

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45.2 REV 12/83

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

JUN 10 1988

DATE ISSUED

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Neal G. Buchanan the 21st day of Feb. A.D., 19 89 at 4:37 o'clock P.M., and duly recorded in Vol. M89 of Deeds on Page 3202.

FEE \$23.00

Evelyn Biehn - County Clerk

By Debra M. Mendenhall