

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

In the Matter of the Small  
Estate of LILLIAN I. MILLIGAN,

Deceased.

NO. 89 01049CV

AFFIDAVIT OF  
CLAIMING SUCCESSOR

STATE OF OREGON )  
County of Klamath ) ss.

I, Esther Milligan, being first duly sworn, state that to the best of my knowledge the following information is true and correct:

1.

The following information is given concerning the Decedent:

- a. Name: Lillian I. Milligan
- b. Date of Death: February 25, 1989
- c. Place of Death: Klamath Falls, Oregon
- d. Domicile at time of death: Klamath County, Oregon
- e. Social Security No.: 543-28-7225

A certified copy of the death certificate is attached hereto.

2.

All of the property of the Decedent that would otherwise be subject to probate and the fair market value thereof:

Certificate of Deposit #0907405897 at Klamath First  
Federal Savings & Loan Association, Klamath Falls, Oregon \$7,001.24

3.

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

4.

The Decedent's Last Will and Testament dated February 11, 1983 is attached hereto.

89 APR 21 PM 2 26

5.

Reasonable efforts have been made to ascertain creditors of the estate and all claims have been paid as they were received.

6.

All funds remaining after payment of the expenses of administration are payable to the decedent's surviving spouse, Joseph Albert Milligan.

7.

The names, addresses and relationship to the decedent of the devisees named in her Will, all of whom are of legal age, are:

Joseph Albert Milligan, husband  
315 Roosevelt  
Klamath Falls, OR 97601

Robert Eugene Milligan, Son  
4770 Shasta Way  
Klamath Falls, OR 97603

Joseph Albert Milligan, Jr., Son  
1724 Ivory  
Klamath Falls, OR 97601

The above named devisees are also the heirs of the decedent.

8.

A true copy of this Affidavit has been mailed to the Devisees and the heir of the Decedent named above. In addition, true copies of this Affidavit have been mailed to the State of Oregon, Adult and Family Services Division, at the address shown hereto, and to the Department of Revenue, Salem, Oregon.

State of Oregon, Adult &  
Family Services Division  
Estate Administration Unit  
P.O. Box 14021  
Salem, OR 97309

9.

A true copy of this Affidavit and attachments have been recorded in the Klamath County Clerk's office, Klamath Falls, Oregon.

10.

The undersigned Affiant is the alternative Executrix named in Decedent's Will. Joseph Albert Milligan is unable to serve as Executor.

Esther Milligan  
Esther Milligan

Subscribed and sworn to before me this 21 day of April, 1989.

(SEAL)

LINDA R. LUNDAHL  
NOTARY PUBLIC - OREGON  
My Commission Expires 9-29-91

Linda R. Lundahl  
Notary Public for Oregon  
My commission expires: 9-29-91

After recording return to: Esther Milligan  
4770 Shasta Way  
Klamath Falls, OR 97603

William M. Ganong  
Attorney at Law  
292 Main Street  
Klamath Falls, OR 97601  
882-7228

# CERTIFICATION OF VITAL RECORD

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

6770

55240  
I.D. TAG NO.

103

136

State File Number

TYPE OF  
PRINTING

1. DECEDENT'S NAME First: <u>Lillian</u> Middle: <u>Icy</u> Last: <u>MILLIGAN</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>February 25, 1989</u>
4. SOCIAL SECURITY NUMBER <u>543-28-7225</u>		5a. AGE - Last Birthday (Years) <u>84</u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Naper, Nebraska</u>
5b. UNDER 1 YEAR Mos. <u>  </u> Days <u>  </u>		5c. UNDER 1 DAY Hours <u>  </u> Mins. <u>  </u>	7. DATE OF BIRTH (Month, Day, Year) <u>January 29, 1905</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): <u>  </u>			
9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9c. COUNTY OF DEATH <u>Klamath</u>	
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Housewife</u>			
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Joseph</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>315 Roosevelt</u>	
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: <u>  </u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. MOTHER - NAME first middle maiden <u>Oliver McClurg Icy Munt</u>		17. INFORMANT - NAME and relationship to decedent <u>Esther Milligan / Daughter Law</u>	
18. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify): <u>  </u>		19. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>College (1-4 or 5+)</u>	
20a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>		20b. LOCATION - City or Town, State <u>Klamath Falls, Ore.</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jim Lancaster</u>		21b. LICENSE NUMBER (Of Licensee) <u>3224</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>WARD'S / 1945 Main St. Klamath Falls, Oregon 97601</u>		23. DATE FILED (Month, Day, Year) <u>MAR 1 1989</u>	
24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIA	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIA			
27. TIME OF DEATH <u>1635</u> M <input type="checkbox"/> P <input type="checkbox"/> A			
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Blake Berven</u>			
30. DATE SIGNED (Month, Day, Year) <u>February 28, 1989</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Blake Berven, MD - 2616 Clover - Klamath Falls, Oregon 97601</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>			
33. 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) <u>Acute Myocardial Infarction</u>		Interval between onset and death <u>10 minutes</u>	
(b) <u>ASHD</u>		Interval between onset and death <u>15 years</u>	
(c) <u>Old CVA</u>		Interval between onset and death <u>  </u>	
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Hanging <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		36. DATE OF INJURY (Month, Day, Year) <u>  </u>	
37. TIME OF INJURY <u>  </u> M <input type="checkbox"/> P <input type="checkbox"/> A		38. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>  </u>		40. DESCRIBE HOW INJURY OCCURRED <u>  </u>	
41. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>			

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 MAR 1 1989

Marian Ackerman  
CLERK  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

1 I, LILLIAN I. MILLIGAN, of Klamath County, Oregon, do hereby make  
2 and declare this to be my Last Will and Testament, hereby revoking all other  
3 and former Wills and Codicils by me heretofore made.

1.  
4

5 My birthdate is January 29, 1905; and my Social Security Number is  
6 543-28-7225. I am married, and my husband's name is Joseph Albert Milligan.  
7 I have two children: Robert Eugene Milligan and Joseph Albert Milligan, Jr.,  
8 both of whom are of legal age.

2.  
9

10 I appoint my husband, Joseph Albert Milligan, to be the Executor of  
11 this Will. If my said husband is unable or unwilling to assume or complete  
12 his duties, I appoint my daughter-in-law Esther Milligan to be the Executrix  
13 of this Will. They are hereafter sometimes referred to as my Personal Repre-  
14 sentative and I authorize each of them to serve without bond.

3.  
15

16 I bequeath and devise all of my Estate unto my husband, Joseph Albert  
17 Milligan, if he survives me.

4.  
18

19 If my said husband predeceases me, I bequeath and devise all of my  
20 Estate in equal shares unto my sons, Robert Eugene Milligan and Joseph Albert  
21 Milligan, if they survive me. If said Joseph Albert Milligan predeceases me,  
22 then I bequeath his one-half share of my Estate unto his Issue who survive me,  
23 per stirpes, by right of representation. If said Robert Eugene Milligan pre-  
24 deceases me, then I bequeath his one-half share of my Estate unto my daughter-  
25 in-law Esther Milligan; and if she also predeceases me, then I bequeath said  
26 one-half share of my Estate unto the Issue of said Robert Eugene Milligan,  
27 who survive me.

5.  
28

29 I direct that in construing this Will and in the administration and  
30 distribution of my Estate an adopted child shall be given the same status it  
31 would have if it were the natural child of its adoptive parent and that the  
32 validity of the proceedings and the order, judgment or decree whereby said

LAST WILL AND TESTAMENT - Page 1 \_\_\_\_\_

L. J. M.

1 child was adopted shall not be considered or questioned.

2 6.

3 The persons whom I have named herein as my Personal Representative  
4 shall have the following powers and authority in addition to those provided by  
5 law: To hold, manage, care for and protect my Estate and the income thereof;  
6 to operate and manage any and all business belonging to my Estate and any in-  
7 terest therein to the extent of such interest and to continue to operate the  
8 same, all at the risk of my Estate, the profits and losses therefrom to inure  
9 to or be chargeable to my Estate; to sell, exchange, partition, convey and  
10 lease the Estate or any part thereof; provided, however, that said Personal  
11 Representative shall have no duty or responsibility to sell, change, invest  
12 or reinvest any of the assets of my Estate except to the extent that the sale  
13 of assets is necessary to pay taxes, claims or expenses of administration, and  
14 shall not be held responsible or liable for any loss or depreciation in the  
15 value of any property in my Estate; to deposit funds of the Estate in checking  
16 and savings accounts and certificates of deposit in banks and savings and loan  
17 associations authorized to do business within the State of Oregon or in any  
18 State in which this Will is probated; to borrow money and to encumber or hy-  
19 pothecate by mortgage, trust deed, pledge, security agreement or otherwise  
20 all or any part of the Estate as security therefor; to lend the Personal Re-  
21 presentative's own funds to the Estate for the protection thereof or for any  
22 other purpose. The Personal Representative may elect to claim any items which  
23 are deductible alternatively for income tax or inheritance tax or estate tax  
24 purposes as the Personal Representative deems best and such exercise of dis-  
25 cretion shall not be subject to question or challenge by any Beneficiary. The  
26 Personal Representative may exercise any and all of such powers or authority  
27 without regard to any prescribed statutory procedure and without petition,  
28 order, citation, hearing, license, notice of sale, authority, or confirmation  
29 of any Court.

30 IN WITNESS WHEREOF, I have hereunto set my hand this 11 day of  
31 February, 1983.

32 Lillian I. Milligan  
Lillian I. Milligan

L I M

1        The foregoing Instrument was, on the date thereof, signed, published  
2 and declared by the said Lillian I. Milligan as and for her Last Will and  
3 Testament in the presence of us, who, at her request and in her presence and  
4 in the presence of each other, have hereunto subscribed our names as witnesses  
5 thereto.

6 Wm M Ganong RESIDING AT Klamath Falls, Oregon  
7

8  
9 Bernice D. Knapp RESIDING AT Klamath Falls, Oregon  
10

L J M



1 STATE OF OREGON )  
 2 ) SS.  
 3 County of Klamath )

4 Before me, the undersigned Notary Public in and for said State and  
 5 County, on this day personally appeared Wm. M. Ganong and Berniece D. Knapp,  
 6 and each of said persons, being first duly and severally sworn, each and for  
 7 myself say: That on the 11th day of February, 1983, in my presence and in the  
 8 presence of each other, I saw Lillian I. Milligan sign, execute and declare  
 9 the foregoing Instrument to be her Last Will and Testament; whereupon, at her  
 10 request and in her presence and in the presence of each other, we both attest-  
 11 ed said Will by signing our names as Witnesses thereto; that the signature of  
 12 Lillian I. Milligan set forth thereon is the signature which was signed in our  
 13 presence and is the true signature of said Testatrix and that each of our  
 14 signatures set forth thereon is the signature which each of us Witnesses sign-  
 15 ed in the presence of the Testatrix and in the presence of each other and is  
 16 the signature of the person who signed the same. That each of us is of legal  
 17 age and is fully competent to sign and attest this Will as Witnesses thereto.  
 18 That the Testatrix was at the time of executing the foregoing Will of the age  
 19 of 78 years and of sound mind.

20 Wm M Ganong  
 21 Witness

22 Berniece D. Knapp  
 23 Witness

24 Subscribed and sworn to before me by each of the Affiants this 8th  
 25 day of MARCH, 1983.

26 (SEAL) Wm. Ganong  
 27 NOTARY PUBLIC - OREGON  
 28 MY COMMISSION EXPIRES APRIL 1, 1985

29 VB  
 30 Notary Public for Oregon



## STATE OF OREGON

County of Klamath

I, LYNN G. BIEHN, Clerk of the Circuit Court of the County of Klamath, do hereby certify that the foregoing deed has been duly recorded in the office of the County Clerk, and that it is a true and correct copy of the original as the same appears on file in the office of the County Clerk.

Witness my hand and the seal of said County, this 21st day of April, A.D. 1989.

LYNN G. BIEHN

By

*Joyce Paulsen*

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William Ganong the 21st day  
of April A.D., 19 89 at 2:26 o'clock P.M., and duly recorded in Vol. M89  
of Deeds on Page 6767.

Evelyn Biehn .County Clerk

FEE \$48.00

By

*Pauline M. Mullan*