

RECEIVED

JUN 02 1989

JUN 9 1964 IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR KLAMATH COUNTY

3rd JUDICIAL DIST.  
In the Matter of the Small  
Estate of ETHEL MILLER.

Deceased.

NO. 89 01447 CV

# AFFIDAVIT OF CLAIMING SUCCESSOR

STATE OF OREGON           )  
County of Klamath         ) ss.

I, Ely Micky Butler, 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: Ethel Miller

b. Date of Death: March 9, 1989

c. Place of Death: Klamath Falls, Oregon

d. Domicile at time of death: Klamath County, Oregon

e. Social Security No.: 544-24-0639

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:

Lot 5 of Block 208 of Mills

Second Addition the City of

Klamath Falls, Klamath County,

Oregon

\$25,000.00

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 September 27, 1974 is attached hereto. The Decedent's husband, Welsey Roe Miller, predeceased the Decedent. (See certificate of Death recorded in Vol. M-78 at page 15714 of the records of Klamath County, Oregon)

5.

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

6.

All assets remaining after payment of the expenses of administration are payable to the decedent's surviving children, Peggy Lou Butler and Phyllis Louise Daniels, in equal shares.

7.

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

Peggy Lou Butler  
1819 Wiard Street  
Klamath Falls, OR 97603

Phyllis Louise Daniels  
4205 Perry Street  
Klamath Falls, OR 97603

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:

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

Oregon Department of Revenue  
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 Executor named in Decedent's Will.

Ely Micky Butler  
Ely Micky Butler

Subscribed and sworn to before me this 2<sup>nd</sup> day of June, 1989.

(SEAL)

William M. Ganong  
Notary Public for Oregon  
My commission expires: 11-2-90

After recording return to: Micky Butler  
1819 Wiard Street  
Klamath Falls, OR 97603

Send tax statements to: Peggy Butler  
Phyllis Daniels  
1819 Wiard Street  
Klamath Falls, OR 97603

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

# CERTIFICATION OF VITAL RECORD

 55243  
I.D. TAG NO.

 122  
Local File Number

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

136-

State File Number

1. DECEDENT'S NAME First: <b>Ethel</b> Middle: <b>-</b> Last: <b>MILLER</b>			2. SEX <b>Female</b>	3. DATE OF DEATH (Month, Day, Year) <b>March 9, 1989</b>
4. SOCIAL SECURITY NUMBER <b>544-24-0639</b>		5a. AGE - Last Birthday (Years) <b>85</b>	5b. Under 1 Year Mos. <b>0</b> Days <b>0</b> Hours <b>0</b> Mins. <b>0</b>	6. BIRTHPLACE (City and State or Foreign Country) <b>South Whitley, IN</b>
7. DATE OF BIRTH (Month, Day, Year) <b>July 2, 1903</b>		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):		
9. FACILITY NAME (If not institution, give street and number) <b>West Care Home</b>		10. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>		12. SPOUSE (If Married, Widowed) <b>Wesley Roe</b>		
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>		13c. CITY, TOWN, OR LOCATION <b>Klamath Falls</b>
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13e. ZIP CODE <b>97601</b>		13f. STREET AND NUMBER <b>2124 Radcliffe</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 <b>White</b>		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		17. FATHER - NAME first middle last <b>William Harshbarger</b>		
18. MOTHER - NAME first middle maiden <b>Mary Jane Bentz</b>		19. INFORMANT - NAME and relationship to decedent <b>Peggy Butler / Daughter</b>		
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Eternal Hills Memorial Gardens</b>		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jim 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>		23. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		
24. DATE FILED (Month, Day, Year) <b>MAR 13 1989</b>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH <b>8:00 A.M.</b>		
28. TO BE COMPLETED BY CERTIFYING PHYSICIAN 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 29a. TIME OF DEATH <b>M</b>		
29b. DATE SIGNED (Month, Day, Year) <b>3/9/89</b>		29c. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>		
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>R. Rand Hale, MD - 2584 Campus Dr. - Klamath Falls, Oregon 97601</b>		31. DATE SIGNED (Month, Day, Year) <b>3/9/89</b>		
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33. DATE SIGNED (Month, Day, Year)		
34. 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. <b>Pneumonitis</b>		35. INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>		
36. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I <b>Congestive heart failure</b>		37. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		
41b. TIME OF INJURY <b>M</b>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

### 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 13 1989**

 MARIAN ACKERMAN  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON


## LAST WILL AND TESTAMENT

KNOW ALL MEN BY THESE PRESENTS that I, ETHEL MILLER, of Klamath Falls, Klamath County, Oregon, of the age of 71 years, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament in manner and form following, to-wit:

FIRST: I direct that all my just debts, funeral expenses and taxes be paid promptly.

SECOND: I hereby state that I am a married woman, that my husband's name is WESLEY ROE MILLER, and that I have two daughters,

PEGGY LOU BUTLER  
1819 Wiard St.  
Klamath Falls, Oregon

Phyllis Louise Daniels  
4258 Bristol St.  
Klamath Falls, Oregon

THIRD: I give, devise and bequeath unto my beloved husband, WESLEY ROE MILLER, all the rest, residue and remainder of my estate, real, personal and mixed, of whatsoever nature and wheresoever situated.

FOURTH: In the event my said husband does not survive me, or in the event we shall both die at the same time or

Ethel Miller

under circumstances causing doubt as to which of us survived the other, I give, devise and bequeath all the rest, residue and remainder of my estate, real, personal or mixed, of which I may die seized, to my said daughters above named, share and share alike; provided, however, if either or both of said daughters does not survive me, the share of said deceased daughter shall go to her heirs.

FIFTH: I hereby nominate, constitute and appoint my son-in-law, ELY MICKY BUTLER, husband of my daughter, PEGGY LOU BUTLER, to be the personal representative of this, my Last Will and Testament, and direct that he shall serve as such without bond; and I hereby give and grant to him as such personal representative full and complete power and authority to sell, mortgage, pledge and otherwise dispose of any property of my estate without petition, citation, hearing, order, notice, return or confirmation, or any other proceeding, order or authority of Court; to borrow any money necessary or convenient to administer my estate, and to pledge the assets of said estate to secure the repayment thereof, to continue or discontinue or wind up any partnership, contract, business or transaction pending at the time of my death when in his opinion it is to the best interest of said estate so to do.

SIXTH: I hereby revoke all former wills by me made, and declare this to be my Last Will and Testament.

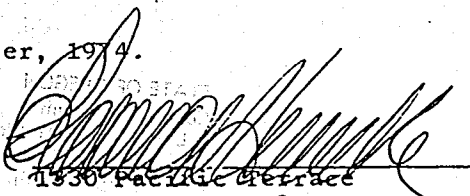
Ethel Miller

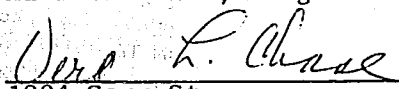
IN WITNESS WHEREOF, I have hereunto set my hand and  
seal this 27 day of September, 1974.

Ethel Miller (seal)

The foregoing instrument, purporting to be the Last Will and Testament of ETHEL MILLER, consisting of two pages other than this page, was, and each page was, by the said Ethel Miller at the date hereof, signed, sealed, published and declared as her Last Will and Testament in the presence of each of us, who, at his request and in his presence, and in the presence of each other, have subscribed our names as witnesses hereto.

Dated this 27<sup>th</sup> day of September, 1974.

  
1930 Pacific Terrace  
Klamath Falls, Oregon

  
1904 Gary St.  
Klamath Falls, Oregon

WILL, page 3  
ETHEL MILLER

brother and the other one over I couldn't get it.

After midnight 22 Nov

(Date) 10/11/17 Page 2

The foregoing statement, purporting to be the last will and testament of HUGH MILLER, consisting of two pages signed thereon in page one, and each page was, by the said kindred, attested in its genuineness, signed, sealed, published and acknowledged by the said WILLIAM and testator in the presence and view of the said request and in his presence, and in the presence of each of them, have subscribed our names as witnesses.

STATE OF OREGON )

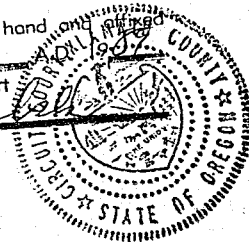
STATE OF OREGON )  
County of Klamath )

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 WITNESS WHEREOF, I have hereunto set my hand and the seal of said Court this 10th day of May 1964.

IN TESTIMONY WHEREOF, I have hereunto set my hand and the seal of said Court, this 2 day of June 1997.  
Clerk of Court

LYNG. HARDY, Clerk of Court

By



STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Wm. Ganong the 2nd day  
of June A.D., 19 89 at 4:15 o'clock P.M., and duly recorded in Vol. M89  
of Deeds on Page 9795.

On Page 2122  
Evelyn Biehn - County Clerk

By

**FEE** \$43.00

43.00