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

Small Estate of ROBERT GENE PARKER, Decedent.

NO. 8901887CV

AFFIDAVIT OF CLAIMING SUCCESSOR INTESTATE ESTATE

STATE OF OREGON)
) SS
County of Klamath)

I, Anne Parker, being first duly sworn depose and say:

1.

The following information is given concerning the Decedent:

a. Name: Robert Gene Parker

b. Address: 331 S. Eldorado Avenue
Klamath Falls, OR 97601

c. Date of Birth: October 28, 1936

d. Date of Death: May 19, 1989

e. Social Security No: 541-40-1322

A certified copy of the Decedent's death certificate is attached hereto.

2.

The property of the Estate that would otherwise be subject to probate is:

A. Omaha Financial Life Insurance Company
Check #540922
dated June 30, 1989 $5,659.38

B. Undivided one-third interest in Mills Addition, Lot 414 Block 101, Klamath Falls, Klamath County, Oregon $6,600.00

C. Undivided one-third interest Lot 7, Block 212, Mills Second Addition, Klamath Falls, Klamath County, Oregon $8,000.00

3.

Reasonable efforts have been made to ascertain creditors of the Estate. The debts of the Decedent remaining unpaid are as follows:

'89 JUL 17 PM 4 01

a. U.S. West Communications
P.O. Box 3881
Portland, OR 97251 $207.59

b. Firestone
Ameritrust
P.O. Box 81344
Cleveland, Ohio 44188-0344 $569.94

c. First Pacific Corporation
P.O. Box 3000
Salem, OR 97302-8001 $458.87

d. North Shore Agency, Inc.
117 Cutter Mill Road
Great Neck, NY 11021 $32.30

e. Eternal Hills Memorial Gardens
4711 Highway 39
Klamath Falls, OR 97603 $1,090.00

f. Davenport Funeral Home
6420 South 6th
Klamath Falls, OR 97603 Approximately $3,500.00

g. Jon McKellar M.D.
2300 Clairmont
Klamath Falls, OR 97601 Amount Unknown

h. Cost of Preparation and filing of this Affidavit:
William M. Ganong, Attorney $150.00
Circuit Court filing fee $40.00
Klamath County Clerk $33.00

4.

No application or petition for the appointment of a personal representative has not been granted in Oregon.

5.

The sole heir of the Decedent is his surviving spouse, Anne Parker. Anne Parker is entitled to all of the Decedents assets which remain after payment of the Decedent's creditors.

6.

The Decedent died intestate.

7.

A copy of this Affidavit has been mailed to each of the Creditors named above.

8.

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

9.

A copy of this Affidavit has been recorded in the office of the Clerk of Klamath County, Oregon.

Anne Parker
Anne Parker

Subscribed and sworn to before me this 17 day of July, 1989.

(SEAL)

LINDA R. LUNDAHL
NOTARY PUBLIC - OREGON
My Commission Expires _____

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

After Recording Return to: William M. Ganong
292 Main Street
Klamath Falls, OR 97601

William M. Ganong, OSB #78313
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

46083 I.D. TAG NO. | 239 Local File Number | 136- State File Number | **13034**

DECEDENT

1. DECEDENT'S NAME: First: Robert; Middle: Gene; Last: PARKER
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): May 19, 1989
4. SOCIAL SECURITY NUMBER: 541-40-1322
5a. AGE - Last Birthday (Years): 52
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Locksburg, Arkansas
7. DATE OF BIRTH (Month, Day, Year): October 28, 1936
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 331 South Eldorado Blvd.
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Security Officer
10b. KIND OF BUSINESS/INDUSTRY: Lumber mill Security
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): C Anne
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 331 South Eldorado Blvd.
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Ellis Kay Parker
18. MOTHER - NAME first middle maiden: Myrtle Estel Vaughn
19. INFORMANT - NAME and relationship to deceased: C Anne Parker, wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon 97603

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b. LICENSE NUMBER (Of Licensee): 47-3104
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
23. DATE FILED (Month, Day, Year): MAY 23 1989
24. REGISTRAR'S SIGNATURE: Nancy Berreday
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH:
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ 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)
30. DATE SIGNED (Month, Day, Year):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH:
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): May 20, 1989 0100 A
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Robert N Edwards
33. DATE SIGNED (Month, Day, Year): May 22, 1989
COUNTY: Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert N. Edwards, MD, ME, 2865 Daggett Street, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. 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) Multiple Gun Shot Wounds to Chest and Abdomen — 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.
37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unk
38. AUTOPSY ☒ Yes ☐ No
39. Was YES were findings considered in determining cause of death? ☒ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☒ Homicide ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year): May 19, 1989
41b. TIME OF INJURY: 1700 A
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY occurred: Shot Gun Wounds
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): at home
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 331 So. Eldorado Blvd, K.F., OR 97601

RESERVED FOR REGISTRAR'S USE:

43-2 REV. 1 89

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 MAY 23 1989

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

13035

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 17 day of July A.D. 19 89

LYN G. HARDY, Clerk of Court

By Cathy Schaad

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William M Ganong the 17th day of July A.D., 19 89 at 4:01 o'clock PM., and duly recorded in Vol. M89, of Deeds on Page 13031

Evelyn Biehn County Clerk

By Darlene Mulendore

FEE $28.00