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In the Probate Department of the County of Multnomah, Oregon

Small Estate of:

Bertha Louise Hammitt

Deceased.

Estate 8909-91721

**AFFIDAVIT OF CLAIMING SUCCESSOR  
TESTATE ESTATE**

STATE OF OREGON, County of Multnomah ) ss.

I, Clarence Edward Fisk, being first duly sworn, depose and say that: I am an heir of the above named decedent and a "claiming successor" to the following described portion of said decedent's estate. This affidavit is made pursuant to Oregon Revised Statutes, Sections 114.515 and 114.525.

(1) A description of all of decedent's property, including the fair market value of the real property and the fair market value of the personal property, is:

Real Property Legal Description (Including County)	Fair Market Value
Two Rivers North, Lot 13 Blk 10, Klamath County	\$9,190.00
1st Trust Deed on 48149 Commercial St., Oakridge, OR, Lane Co.	\$17,122.42

Personal Property Description	Fair Market Value
Checking Account-1st Interstate Bank, SE 121st Division, Portland	\$3,884.56
Clothing, etc.	\$500.00

(2) Reasonable efforts have been made to ascertain creditors of the estate. Any debts of the decedent remaining unpaid, and the names and addresses of the creditors as known to the affiant are:

Name of Creditor	Address	Debt	Amount
None			

(If space insufficient, continue on reverse)

(3) Decedent died May 12, 1989; 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 the last address of each as known to affiant are:

Name	Relationship	Last Known Address
Clarence Edward Fisk	Son	12315 SE Raymond, Portland, OR 97236

A copy of this affidavit and a copy of decedent's will have been delivered to each heir at his, her or its last known address stated above;

(6) The decedent died testate; decedent's will is attached to this affidavit;

(7) Decedent's devisees and the last address of each as known to affiant are:

Name	Last Known Address
CLARENCE EDWARD FISK	

A copy of this affidavit and a copy of decedent's will have been delivered to each devisee or mailed to the devisee at his, her or its last known address stated above;

(8) The interest in decedent's property described in this affidavit to which each heir or devisee is entitled is:

Name	Interest
CLARENCE EDWARD FISK	

(9) 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.

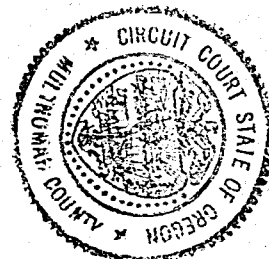
(10) A copy of this affidavit and a copy of decedent's will have been filed with the county clerk in each county where said decedent's real property, if any, is located.

Subscribed and sworn to before me on Sept. 6, 1989

Clarence E. Fisk  
Rosalyn M. Heary  
Notary Public for Oregon. My commission expires 4-10-93

EXCEPT FROM ORS 114.515: "If the estate consists of personal property having a fair market value of \$15,000 or less, or real property having a fair market value of \$25,000 or less, or a combination of personal property having a fair market value of \$15,000 or less, and real property having a fair market value of \$25,000 or less, and less than 30 days after the death of the decedent, one or more of the claiming successors may file an affidavit with the county clerk in the county where the decedent died or was domiciled or resided at the time of his death or in the county where the property of the decedent was located at the time of his death or is located at the time the affidavit is filed, to be made a part of the probate records. The affidavit shall contain the information required by ORS 114.525."

Return: Clarence E. Fisk  
12315 SE Raymond  
Portland, Or. 97236



FILED OF UPR CLON } ss.  
County of Multnomah }  
The foregoing copy has been compared with the original and is certified by me as a full, true and correct copy of the original file in my office as:  
my custody.  
In Testimony Whereof, I have hereunto my hand and affixed the seal of the  
Circuit Court  
Administrative  
SEP 06 1989  
Clarence E. Fisk

# OREGON STATE HEALTH DIVISION VITAL STATISTICS SECTION

17507

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ID TAG NO.

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

138-

89-010907 7

Local File Number		State File Number	
1. DECEDENT'S NAME <b>Bertha Louise HAMMITT</b>		2. SEX <b>F</b>	
3. DATE OF DEATH (Month, Day, Year) <b>May 12, 1989</b>			
4. SOCIAL SECURITY NUMBER <b>544 14 1975</b>		5. AGE - Last Birthday (Years) <b>75</b>	
6. BIRTHPLACE (City and State or Foreign Country) <b>CEOW Oregon</b>		7. DATE OF BIRTH (Month, Day, Year) <b>November 22, 1913</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"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) <b>Park View Care Center</b>		11. CITY, TOWN, OR LOCATION OF DEATH <b>Portland</b>	
12. COUNTY OF DEATH <b>Multnomah</b>			
13a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Helper</b>		13b. KIND OF BUSINESS/INDUSTRY <b>Railroad</b>	
14. MARRITAL STATUS - Married, Widowed, Divorced (Specify) <b>Widowed</b>		15. SPOUSE (If Married, Widowed) <b>Thomas Hammitt</b>	
16. RESIDENCE - STATE <b>Oregon</b>		17. CITY, TOWN, OR LOCATION <b>Portland</b>	
18. STREET AND NUMBER <b>12315 S.E. Raymond</b>			
19. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. ZIP CODE <b>97236</b>	
21. 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		22. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
23. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>			
24. FATHER - NAME first middle last <b>James Fisk</b>		25. MOTHER - NAME first middle maiden <b>Henrietta Gates</b>	
26. INFORMANT - NAME and relationship to deceased <b>Clarence Fisk Son</b>			
27. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Forestvale Memorial Park</b>	
29. LOCATION - City or Town, State <b>Oakridge Oregon</b>			
30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Lillian Clement</i>		31. LICENSE NUMBER (Of Licensee) <b>53 0018</b>	
32. NAME, ADDRESS AND ZIP OF FACILITY <b>Oakridge Funeral Home P.O. Box 711 Oakridge Oregon 97463</b>			
33. DATE FILED (Month, Day, Year) <b>JUN 21 1989</b>		34. REGISTRAR'S SIGNATURE <i>Edward Johnson</i>	
35. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		36. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
37. TIME OF DEATH <b>3:12 P.</b>		38. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Thomas A. Lorenz</i>			
40. DATE SIGNED (Month/Day, Year) <b>6/8/89</b>		41. COUNTY <b>CLATSOP</b>	
42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Thomas Lorenz 19500 SE STARK Portland, OR 97233</b>			
43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
44. 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) DUE TO, OR AS A CONSEQUENCE OF: <b>Pneumonia</b>		Interval between onset and death <b>24 hours</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I. <b>Alzheimer's Disease</b>		Interval between onset and death	
45. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		46. DATE OF INJURY (Month, Day, Year)	
47. TIME OF INJURY <b>M</b>		48. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		50. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
51. DESCRIBE HOW INJURY OCCURRED			

ORIGINAL - VITAL STATISTICS COPY

4.2 REV. 1-88

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.

DATE ISSUED

**JUL 03 1989**

EDWARD J. JOHNSON II  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

LAST WILL AND TESTAMENT OF 8909-91721  
BERTHA LOUISE HAMMITT

KNOW ALL MEN that I, BERTHA LOUISE HAMMITT, of legal age, residing in Lane County, Oregon, 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 the manner and form following, to-wit:

FIRST: It is my will and I do so order that all my just debts and funeral expenses be duly paid and satisfied as soon as conveniently can be done after my death. I direct my Personal Representative to treat as an obligation of my estate and to pay, without any apportionment thereof, all estate, inheritance or other death taxes or duties imposed and made payable by reason of my death by the laws of the United States or of any state, territory or country and if any other person shall pay any such tax, my Personal Representative shall reimburse such person.

SECOND: I give, devise and bequeath unto my Son, CLARENCE E. FISK, presently of Portland, Oregon, and unto his children by right of representation, all my right, title and interest in and to any and all property, whatsoever, both real and personal and in whatever form it may be, which I may have or have an interest in at the time of my death.

THIRD: I hereby revoke all Wills and/or Codicils heretofore made by me.

FOURTH: I hereby nominate, constitute and appoint my Son, CLARENCE E. FISK, to be the Personal Representative of this, my Will, to serve without bond. In the event of his death, refusal or inability to perform I hereby nominate, constitute and appoint my Grandchild(ren), CORY SCHOCK and/or VONDA KAMMERER, to be the Personal Representative(s) of this,

Last Will and Testament -1-

B. L. H. B L H

my Will, to serve without bond.

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FIFTH: I hereby empower my Personal Representative(s) to lease, encumber, sell, exchange or otherwise deal with or dispose of all my property, real and personal, or any part thereof, in such manner, at such time and upon such terms as he, she or they shall deem to be to the interest of my estate, such sale or other disposition to be at public or private sale in the discretion of my Personal Representative(s) without reference to the order of disposition of real and personal property and without any petition, citation, hearing, order or any other action. I further authorize my Personal Representative(s) to hold, manage and operate any business belonging to my estate at the risk of my estate and not at the risk of my Personal Representative(s), the profits and losses therefrom to inure or be chargeable to my estate as a whole.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this 17 day of December, 1982.

Bertha Louise Hammitt  
Bertha Louise Hammitt, Testatrix

THE FOREGOING INSTRUMENT, consisting of two pages, the first page being initialed in the left margin thereof by the above named BERTHA LOUISE HAMMITT, was on this 17<sup>th</sup> day of December, 1982, in our presence signed, sealed, published and declared to be her Last Will and Testament by BERTHA LOUISE HAMMITT, who was at that time of sound and disposing mind and memory and not acting under fraud, duress, menace or undue influence of any person.

IN TESTIMONY WHEREOF, we have, at her request, in her presence and in the presence of each other, subscribed hereto as witnesses:

Winnie J. West  
E. Roy McCall  
Paul E. Heliksey

Residing in Oakridge, Oregon

Residing in Oakridge, Oregon

Residing in Oakridge, Oregon

Last Will and Testament -2-  
STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Clarence Edward Fisk the 18<sup>th</sup> day  
of Sept. A.D., 19 89 at 11:51 o'clock A.M., and duly recorded in Vol. M89,  
of Deeds on Page 17506.

FEE \$23.00

Evelyn Biehn .County Clerk

By Pauline M. Mullendore