

6019

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FILED

STATE OF OREGON
KLAMATH CO. CIRCUIT COURT

1989 OCT -4 PM 1:26

CLERK OF COURT

Case No. 02697 CVIN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF KLAMATHIn the Matter of the Small Estate)
of:

LUCY TOLLESON WHYMAN BOHNE,

Deceased.

AFFIDAVIT OF CLAIMING
SUCCESSOR/INTESTATE ESTATE

STATE OF ARIZONA, County of Maricopa) ss:

I, JACK WHYMAN, SR., being first duly sworn, upon oath,
depose and say as follows:

1. I make this affidavit in accordance with ORS 114.505,
with reference to the above-named decedent, who, on the date of
her death, owned certain real property located in the County of
Klamath, State of Oregon, legally described as follows, to-wit:

Lot 1 in Block 21, Lot 6 in Block 4, Lots 1 and 2 in
Block 1 of OPPORTUNITY ADDITION to the City of Klamath
Falls, according to the official plat thereof on file
in the office of the County Clerk of Klamath County,
Oregon,

which said property on the date of decedent's death had a FAIR
MARKET VALUE of

\$14,000.00

2. Reasonable efforts have been made to ascertain creditors
of the estate. No debts of the decedent remain unpaid in the
State of Oregon, with the exception of any real property taxes or
city liens which have attached to the aforementioned real prop-
erty, and which will be paid from out of the proceeds of the sale
thereof.

3. Decedent died on or about January 5, 1989, at the age of
ninety-six years (96). At the time of death, decedent, was
domiciled in Maricopa, Arizona. A certified copy of the death

11A/ AFFIDAVIT OF CLAIMING SUCCESSOR -1-

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10-4-89 file for
page 3
K435073
SM

1 certificate of the decedent is attached hereto and incorporated
2 by this reference herein as Exhibit A.

3 4. No application or petition for the appointment of a
4 Personal Representative has been granted in Oregon.

5 5. The heirs of the decedent, the relationship to the
6 decedent, and the last address of each heir as known to your
7 affiant are as follows:

8	<u>Name</u>	<u>Relationship</u>	<u>Address</u>
9	JACK WHYMAN	Adult son	P.O. Box 220 Cashion, AZ 85329

10 6. The decedent died intestate.

11 7. A copy of this affidavit will have been delivered to
12 each heir or interested person prior to recordation of same.

13 8. The interest in the property described in paragraph 1
14 hereinabove to which each heir or devisee is entitled as follows:
15 JACK WHYMAN 100%

16 9. A copy of this affidavit will have been mailed to the
17 Adult and Family Services Division, Estate Administration
18 Section, Salem, Oregon, and to the Department of Revenue, Salem,
19 Oregon, prior to its recordation.

20 10. A copy of this affidavit is filed with the County Clerk
21 of Klamath County, Oregon, where the decedent's real property is
22 located.

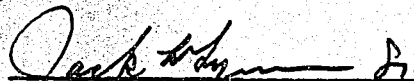
23 An application for informal appointment of Personal Repre-
24 sentative (intestate) has been filed in the Superior Court of the
25 State of Arizona in and for the County of Maricopa, bearing Case
26 No. PB 89-01041, and hence any proceeds from sale or disposition
27 of the real property referenced at paragraph 1 hereinabove should
28

11A/ AFFIDAVIT OF CLAIMING SUCCESSOR -2-

REAL G. BUCHANAN
ATTORNEY AT LAW
FIRST INTERSTATE
BANK BLDG.
501 MAIN STREET
SUITE 218
KLAMATH FALLS,
OREGON 97601-5007
503/882-6007
O.S.B. #77127

1 be delivered to the undersigned as duly appointed and acting
 2 Personal Representative of the Estate of Lucy Tolleson Whyman Bohne
 3 in the said proceeding.

4 DATED this 21st day of September, 1989.

5 
 6 JACK WHYMAN, SR.

7 STATE OF ARIZONA, County of Maricopa)ss:

8 I, JACK WHYMAN, SR., being sworn, say: That I have caused
 9 the foregoing AFFIDAVIT to be prepared; that I have read the
 10 same, and that the facts contained therein are true as I verily
 11 believe.

11 
 12 JACK WHYMAN, SR.

13 SUBSCRIBED AND SWORN to before me this 21st day of
 14 SEPT, 1989.

15 
 16 NOTARY PUBLIC FOR ARIZONA
 17 My Commission Expires: _____

18 My Commission Expires April 10, 1991

28 Ret:
 NEAL G. BUCHANAN
 ATTORNEY AT LAW
 FIRST INTERSTATE
 BANK BLDG.
 601 MAIN STREET
 SUITE 215
 KLAMATH FALLS,
 OREGON 97601-6007
 503/552-6607

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

18736

ORIGINAL
DATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH DEATH NO. D 102-

NAME OF DECEASED A. FIRST B. MIDDLE C. LAST
LUCY TOLLESON WHYMAN BOHNE

SEX **FEMALE** DATE OF DEATH **JANUARY 5, 1989**

RACE **WHITE** WAS PRECEDENT OF HISPANIC ORIGIN (SPECIFY YES OR NO) **NO**

PLACE OF DEATH A. COUNTY **MARICOPA** B. TOWN OR CITY **AVONDALE**

DATE OF BIRTH **DECEMBER 25, 1892** AGE (YEARS) **96** IF UNDER 1 YEAR MOD. DAYS **96**

CITIZENSHIP **U.S.A.** SOCIAL SECURITY NO. **246-07-1367**

EDUCATION **BROKER** HIGHEST GRADE COMPLETED **80**

RELIGION **WIDOWED** SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)

INFORMANT'S NAME **WALTER TOLLESON** RELATIONSHIP TO DECEASED **SON**

DATE OF DEATH **1/9/89** CEMETERY OR CREMATORIAL NAME/LOCATION **MEMORY LAWN CEMETERY PHX, AZ.**

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR PUBLIC LAW ENFORCEMENT AUTHORITY
ROBERT CHARMETSKY 195 LAMAR BLVD. A GOODYEAR, AZ 85115

DATE REGISTERED **JAN 12 1989** REG. FEE NO. **492**

CAUSE OF DEATH
A. IMMEDIATE CAUSE FROM DISEASE OR CONDITION RESULTING IN DEATH (ENTER ONLY ONE CAUSE ON EACH LINE)
Heart Failure
B. DUE TO CHRONIC DISEASE (SPECIFY)
Chronic Ischemic Heart Disease

DATE OF DEATH **1/9/89** HOUR OF DEATH **9:48 P.M.**

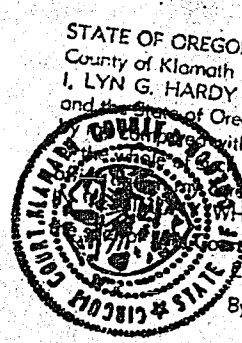
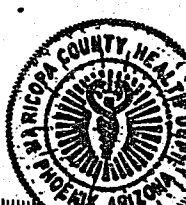
PLACE OF DEATH (A) HOME, (B) HOSPITAL, (C) NURSING HOME, (D) OTHER (SPECIFY)
HOME

WHERE LOCATED **STREET ADDRESS CITY OR TOWN STATE**

STATE OF ARIZONA
COUNTY OF MARICOPA)
CERTIFIED COPY OF VITAL RECORDS
DATE ISSUED **Jan 13, 1989**
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 38-341, and by direction of:
EXHIBIT A
This copy not valid unless prepared on engraved border displaying county seal in color and impressed with raised seal of issuing agency.



Dean L. Benson
DEAN L. BENSON
Chief Deputy County Registrar
Maricopa County Department of Health Services



STATE OF OREGON)
County of Klamath)
I, LYN G. HARDY, Clerk of the Circuit Court of the County of Klamath, Oregon do hereby certify that the foregoing copy has been compared with the original, and that it is a transcript therefrom, and is true and correct as the same appears on file or of record in my office.
WHEREOF, I have hereunto set my hand and affixed this 4 day of Oct A.D. 19 89
By Cathy G. Hardy Clerk of Court

STATE OF OREGON, ss.
County of Klamath
Filed for record at request of:
Neal G. Buchanan
on this 4th day of Oct A.D., 1989
at 2:07 o'clock P M. and duly recorded
in Vol. M89 of Deeds Page 18733
By Evelyn Biehn County Clerk
Deputy.

Fee, \$23.00