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10-4-89 file for part 3 file 35073 SM

FILED
STATE OF OREGON
KLAMATH CO. CIRCUIT COURT
1989 OCT -4 PM 1:26
CLERK OF COURT
BY Cook

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

In the Matter of the Small Estate of:

LUCY TOLLESON WHYMAN BOHNE,

Deceased.

Case No. B89 0269 7CV

AFFIDAVIT OF CLAIMING SUCCESSOR/INTESTATE ESTATE

'89 OCT 4 PM 2 07

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 property, 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

NEAL G. BUCHANAN
ATTORNEY AT LAW
FIRST INTERSTATE BANK BLDG.
601 MAIN STREET
SUITE 218
KLAMATH FALLS, OREGON 97601-6007
503/882-6607
O.S.B. #77187

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

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

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

Name	Relationship	Address
JACK WHYMAN	Adult son	P.O. Box 220 Cashion, AZ 85329

6. The decedent died intestate.

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

8. The interest in the property described in paragraph 1 hereinabove to which each heir or devisee is entitled as follows:

JACK WHYMAN 100%

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

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

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

EARL G. BUCHANAN
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503/882-6607
O.S.B. #77127

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

DATED this 21st day of September, 1989.

Jack L. Whyman Sr.
JACK WHYMAN, SR.

STATE OF ARIZONA, County of Maricopa)ss:

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

Jack L. Whyman Sr.
JACK WHYMAN, SR.

SUBSCRIBED AND SWORN to before me this 21st day of Sept, 1989.

Dan R Marr
NOTARY PUBLIC FOR ARIZONA
My Commission Expires:

My Commission Expires April 10, 1991

Ref:
NEAL G. BUCHANAN
ATTORNEY AT LAW
FIRST INTERSTATE
BANK BLDG.
601 MAIN STREET
SUITE 215
KLAMATH FALLS,
OREGON 97601-6007
503/882-6607

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

18736

ORIGINAL / WHITE 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
2. SEX	FEMALE
3. DATE OF DEATH: MONTH DAY YEAR	JANUARY 5, 1989
4a. RACE (e.g., White, Black, American Indian, Filipino) (Specify only one)	WHITE
4b. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY YES OR NO)	NO
4c. IF YES, INDICATE MEXICAN, MEXICAN-AMERICAN, CHICANO, PUERTO RICAN, CUBAN, ETC.	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	NO
6. PLACE OF DEATH: A. COUNTY	MARICOPA
B. TOWN OR CITY	AVONDALE
C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS)	CAREAGE OF AVONDALE
D. ☐ DOA ☐ OP EMER. ☒ IN PATIENT	
7. DATE OF BIRTH: MONTH DAY YEAR	DECEMBER 25, 1892
8. AGE (YEARS LAST BIRTHDAY)	96
8a. IF UNDER 1 YEAR: MOS. DAYS	
8b. IF UNDER 1 DAY: HRS. MINS.	
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	WIDOWED
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BROKER
12. KIND OF BUSINESS OR INDUSTRY	REAL ESTATE
13. USUAL RESIDENCE: A. STATE	ARIZONA
B. COUNTY	MARICOPA
C. TOWN OR CITY	CASHION
D. ZIP CODE	85329
14. HOW LONG IN ARIZONA?	80
15. EDUCATION: HIGHEST GRADE COMPLETED — ELEMENTARY-SECONDARY (0-12)	
COLLEGE (1-4 or 5+)	1
15a. STREET ADDRESS OR R.F.D.	3444 S. EL MIRAGE RD
15b. INSIDE CITY LIMITS? (SPECIFY Yes or No)	NO
15c. ON RESERVATION? (SPECIFY Yes or No)	NO
16. PREVIOUS STATE OF RESIDENCE	SOUTH CAROLINA
17. FATHER'S NAME: A. FIRST B. MIDDLE C. LAST	WALTER TOLLESON
18. MOTHER'S MAIDEN NAME: A. FIRST B. MIDDLE C. LAST	SUSAN ALETHA HUGHES
19. INFORMANT'S SIGNATURE	JACK WHYMAN
RELATIONSHIP TO DECEASED	SON
ADDRESS: STREET NO. CITY AND STATE ZIP CODE	P.O. BOX 220 CASHION, AZ. 85329
20. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	BURIAL
21. DATE	1/9/89
22. CEMETERY OR CREMATORY - NAME/LOCATION: NAME, STREET ADDRESS, CITY AND STATE	MEMORY LAWN CEMETERY PHX,AZ.
23. FUNERAL HOME: NAME, STREET ADDRESS, CITY AND STATE	A.L. MOORE & SONS,INC. 333 W. ADAMS PHOENIX, AZ.
23A. EMBALMER'S SIGNATURE	Kenneth L. Tollous
CERT. NO.	760
23B. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (SIGNATURE)	Kenneth L. Tollous
CERT. NO.	566
24. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ROBERT CHARMETSKY 195 LAMAR BLVD, LA GOODYEAR, AZ
25. DATE REGISTERED	JAN 12 1989
26. REG. FILE NO.	492
27. REGISTRAR'S SIGNATURE	
28. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. (To be completed by CERTIFYING PHYSICIAN ONLY)	
28a. SIGNATURE AND TITLE	
28b. DATE SIGNED (Mo., Day, Yr.)	1/12/89
28c. HOUR OF DEATH	9:48P.M.
29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	
30. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. (To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY)	
30a. SIGNATURE AND TITLE	
30b. DATE SIGNED (Mo., Day, Yrs.)	
30c. HOUR OF DEATH	
31. PRONOUNCED DEAD (Mo., Day, Yrs.)	
32. PRONOUNCED DEAD (Hour)	
33. AT (Place)	
34. AUTHORIZED FOR CREMATION (Specify Yes or No)	
35. MEDICAL EXAMINER'S SIGNATURE	
36. REG. DISTRICT	0703
37. DATE REC'D. IN STATE OFFICE	
PART I. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) ENTER ONLY ONE CAUSE ON EACH LINE.	a. Heart Failure
DUE TO OR AS A CONSEQUENCE OF:	b. Coronary Insufficiency Heart Disease
DUE TO OR AS A CONSEQUENCE OF:	c.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I	
38. AUTOPSY (Specify Yes or No)	NO
39. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No)	NO
40. MANNER OF DEATH: ☐ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED	
41. DATE OF INJURY: MO DAY YR HOUR	
42. INJURY AT WORK? (Specify Yes or No)	
43. DESCRIBE HOW INJURY OCCURRED	
44. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY	
45. WHERE LOCATED: STREET ADDRESS CITY OR TOWN STATE	
46. SUPPLEMENTARY ENTRIES	

STATE OF ARIZONA)
COUNTY OF MARICOPA) ss

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. 36-341, and by direction of:

EXHIBIT A

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

1285854

This copy not valid unless prepared on engraved border displaying county seal in color and impressed with raised seal of issuing agency.

MARICOPA COUNTY HEALTH DEPT. PHOENIX, ARIZONA

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 compared with the original, and that it is a transcript therefrom, and of the whole of said original as the same appears on file or of record in my office and custody.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court this 4 day of Oct A.D. 19 89

LYN G. HARDY, Clerk of Court

By Cathy Gee

CIRCUIT COURT * STATE OF OREGON * KLAMATH COUNTY

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Neal G. Buchanan

on this 4th day of Oct. A.D., 19 89

at 2:07 o'clock P M. and duly recorded

in Vol. M89 of Deeds Page 18733

Evelyn Biehn County Clerk

By Pauline Muelendore Deputy.

Fee, $23.00