

1 IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR KLAMATH COUNTY
2 Small Estate of

3 ANN I. MILLER

)
)
) Small Estate No. 89-2951 CV

) AFFIDAVIT OF CLAIMING SUCCESSOR
) OF TESTATE ESTATE

5 STATE OF OREGON)
6 County of Klamath) ss

7
8 I, RONALD S. MILLER, being first duly sworn or affirmed,
9 say that I am a devisee and a "claiming successor" of the above
10 named decedent and that I make this affidavit pursuant to ORS
11 114.515.

12 1. The following information is given with respect to the
13 decedent:

- 14 a. Name: Ann I. Miller
15 b. Age: 85
16 c. Domicile: Klamath County, Oregon
17 d. Post Office address: 4016 Mack Ave.
Klamath Falls, OR 97603
18 e. Social Security Number: 541-52-6012

19 2. Decedent died on September 23, 1989 at Applegate House,
20 1431 Avalon, Klamath Falls, Oregon. A certified copy of the
21 death certificate is attached hereto.

22 3. The property in the estate and its fair market value
23 are as follows:

<u>Description</u>	<u>Value</u>
24 South Valley State Bank, Cert. of Deposit 20801412	\$23,042.48

25 4. No application or petition for the appointment of a
26 personal representative has been granted in Oregon.

27 5. Decedent died testate. The will is attached to this
28 affidavit.

89 OCT 31 PM 4 03

6. Decedent's heirs and their respective last addresses as known to affiant are as follows:

<u>Name</u>	<u>Address</u>
Clifford J. Hall, Son, 1346 S.E. Main St.,	Roseburg, OR 97470
Mary Lou Cottrell, Daughter, 6451 Climax St.,	Klamath Falls, OR 97603
Ronald S. Miller, Son, 17004 Camp Day Lane,	Klamath Falls, OR 97603

A copy of this Affidavit showing the date of filing will be delivered to each heir or mailed to the heir at the last known address.

7. The interest in the property described in this affidavit to which each heir is entitled is as follows: One third each to the three children: Clifford J. Hall, Mary Lou Cottrell and Ronald S. Miller.

8. Reasonable efforts have been made to ascertain creditors of the estate. Other than attorney fees and filing fee there are no known expenses to be paid in this Estate.

<u>Name and Address of Creditor</u>	<u>Amount</u>
William M. Ganong, Attorney at Law 292 Main Street, Klamath Falls, OR 97601	\$ 300.00

A copy of this Affidavit showing the date of filing will be delivered to each creditor or mailed to the creditor at the last known address.

9. A copy of this Affidavit showing the date of filing will be mailed to the Adult and Family Services Division, Estate Administration Section, Salem, Oregon, and to the Department of Revenue, Salem, Oregon.

10. Claims against the estate not listed in this affidavit or in amounts larger than those listed in this affidavit may be barred unless:

a. A claim is presented to the affiant within four months of the filing of the affidavit at the following address: Estate of Ann I. Miller, c/o William M. Ganong, Attorney at Law, 292 Main Street, Klamath Falls, OR 97601.

b. A personal representative of the estate is appointed within four months after the filing of this affidavit.

Ronald S. Miller
Ronald S. Miller

Subscribed and sworn or affirmed before me this 12th day of October, 1989.

Peggy R. Reynolds
PEGGY R. REYNOLDS
NOTARY PUBLIC - OREGON
My Commission Expires 12-5-92

Peggy R. Reynolds
Notary Public for Oregon
My commission expires:

Date of Filing: _____

Return to:

Wm. M. Ganong
Attorney at Law
292 Main Street
Klamath Falls, OR 97601

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 the whole of such original as the same appears on file or of record in my office and in my care and custody.

TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court, this 31 day of Oct A.D. 19 89

LYN G. HARDY, Clerk of Court

By Carlye Sch

1 I, ANN I. MILLER, of Klamath County, Oregon, do hereby make and declare
2 this to be my Last Will and Testament, hereby revoking all other and former
3 Wills and Codicils by me heretofore made.

4 1.

5 My birthdate is September 18, 1904, and my Social Security No. is 541-52-6012.
6 I am a widow. I have three children: Clifford Joseph Hall, Mary Louise Cottrell
7 and Ronald S. Miller, all of whom are of legal age.

8 2.

9 I appoint my son, Ronald S. Miller, to be the Executor of this Will. Should
10 my said son be unable to assume or complete his duties, I appoint my son,
11 Clifford Joseph Hall, to be such Executor. Said persons are sometimes referred
12 to herein as my Personal Representative. I hereby authorize each of said per-
13 sons to serve without bond.

14 3.

15 I bequeath and devise all of my Estate, of whatsoever kind and wheresoever
16 situate, in equal shares unto my said children, Clifford Joseph Hall, Mary
17 Louise Cottrell and Ronald S. Miller, or the survivors of them.

18 4.

19 The persons whom I have named herein as my Personal Representative shall have
20 the following powers and authority in addition to those provided by law: To
21 hold, manage, care for and protect my Estate and the income thereof; to operate
22 and manage any and all business belonging to my Estate and any interest therein
23 to the extent of such interest, and to continue to operate the same all at the
24 risk of my Estate, the profits and losses therefrom to inure to or be chargeable
25 to my Estate; to sell, exchange, partition, convey and lease the Estate or any
26 part thereof; provided, however, that said Personal Representative shall have no
27 duty or responsibility to sell, change, invest or re-invest any of the assets of
28 my Estate except to the extent that the sale of assets is necessary to pay taxes,
29 claims or expenses of administration, and shall not be held responsible or liable
30 for any loss or depreciation in the value of any property in my Estate; to de-
31 posit funds of the Estate in checking and savings accounts in banks and savings
32 and loan associations authorized and empowered to do business within the State

Last Will and Testament A. J. M. Page 1.

1 of Oregon or in any State in which this Will is probated; to borrow money and to
 2 encumber or hypothecate by mortgage, trust deed, pledge, security agreement or
 3 otherwise all or any part of the Estate as security therefor; to lend said Per-
 4 sonal Representative's own funds to the Estate for the protection thereof or for
 5 any other purpose. Said Personal Representative may elect to claim any items
 6 which are deductible alternatively for income tax or inheritance or estate tax
 7 purposes as said Personal Representative deems best, and such exercise of discre-
 8 tion shall not be subject to question or challenge by any Devisee or Legatee.
 9 Said Personal Representative may exercise any and all of such powers or authority
 10 without regard to any prescribed statutory procedure and without petition, order,
 11 citation, hearing, license, notice of sale, authority or confirmation of any Court.

12 IN WITNESS WHEREOF, I have set my hand this 17 day of February, 1977.

13 Ann I. Miller
 14 Ann I. Miller

15 The foregoing instrument was, on the date thereof, signed, published and
 16 declared by the said Ann I. Miller as and for her Last Will and Testament, in
 17 the presence of us, who, at her request and in her presence and in the presence
 18 of each other, have hereunto subscribed our names as witnesses thereto.

17 Gloria M. Fahey RESIDING AT Murrell, Oregon
 18 Bernice D. Knapp RESIDING AT Klamath Falls, Oregon

19 STATE OF OREGON)
 20) SS
 21 County of Klamath)

22 We, the undersigned, each being duly and severally sworn, each for myself
 23 says: That I reside in the County of Klamath, State of Oregon; that I knew
 24 Ann I. Miller on the date of the foregoing Will and that on said date and in
 25 our presence said Ann I. Miller signed said Will and declared it to be her Last
 26 Will and Testament, whereupon at her request and in her presence and in the
 27 presence of each other, we attested said Will by signing our names thereto;
 28 that the signature of said Ann I. Miller hereinabove set forth is the signature
 29 which was signed in our presence and is the true signature of said Testatrix
 30 and that each of our signatures above set forth is the signature which each
 31 of us signed in the presence of said Testatrix and in the presence of each other
 32 and is the true signature of the person who signed the same. That the Testatrix
 was, at that time of the age of 72 years and of sound mind.

28 Gloria M. Fahey
 29 Bernice D. Knapp

30 Subscribed and Sworn to by each of the Affiants above named this 17 day
 31 of February, 1977. Before me:

William J. [Signature]
 Notary Public for Oregon

(SEAL)

My Commission Expires: Oct 2, 1978

20957

TYPE OR
PRINT IN
PERMANENT
BLACK INK66524
I.D. TAG NO.416
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: Annie Middle: Ismus Last: MILLER			2. SEX F	3. DATE OF DEATH (Month, Day, Year) September 23, 1989	
4. SOCIAL SECURITY NUMBER 541-52-6012	5a. AGE - Last Birthday (Years) 85	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Leavenworth, WA	7. DATE OF BIRTH (Month, Day, Year) September 18, 1904	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Foster Home			
9b. FACILITY NAME (If not institution, give street and number) Applegate House, 1431 Avalon		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.) Housewife		10b. KIND OF BUSINESS/INDUSTRY Homemaking		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
12. SPOUSE (If Married, Widowed) Glen (Heavy)					
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 4016 Mack Avenue	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE 97603	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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 9					
17. FATHER - NAME first middle last Joseph F. Stafford		18. MOTHER - NAME first middle maiden Mattie Jane Brewer		19. INFORMANT - NAME and relationship to decedent Ronald Miller, son	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> 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, OR 97603	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William J. Sagnusky		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) SEP 25 1989		24. REGISTRAR'S SIGNATURE Nancy Kennedy			
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			
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 1100 A M		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) Byron T. Sagnusky					
30. DATE SIGNED (Month, Day, Year) September 23, 1989					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Byron T. Sagnusky, MD, 2300 Clairmont, Klamath Falls, Oregon 97601					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M			
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)					
33. DATE SIGNED (Month, Day, Year) COUNTY					
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST					
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.)					
(a) Old Age			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		
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.					
36. 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"/> Legal Intervention <input type="checkbox"/> Homicide		37. DATE OF INJURY (Month, Day, Year)	38. TIME OF INJURY M	39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40. DESCRIBE HOW INJURY OCCURRED
41a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41b. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wm. M. Ganong the 31st day of Oct. A.D., 19 89 at 4:03 o'clock PM., and duly recorded in Vol. M89 of Deeds on Page 20952.

FEE \$33.00
Return: WM.M. Ganong
1151 Pine, Klamath Falls, Or. 97601

Evelyn Biehn County Clerk
By Pauline McCluskey