NOV 28 1989

8751

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FILED
STATE OF OREGON
KLAMATH CO. CIRCUIT COURT

1989 NOV 28 PM 2:34

CLERK OF COURT

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

In the Matter of the Estate of:)
)
ORTHELIA CRAIN ORTIS,) Case No. 89 - 8903252CV
)
Deceased.) AFFIDAVIT OF SMALL ESTATE
) (Including 1989 Amendments)

STATE OF OREGON)
) ss.
County of Klamath)

'89 DEC 7 AM 9 53

I, PEGGY LORRAINE JIMENEZ, being first duly sworn, depose and say:

I am one of the Claiming Successors and heirs of the above-named decedent.

1. The following information is given with regard to the decedent:

a. Name - ORTHELIA CRAIN ORTIS

b. Age - 74 years and Date of Birth-June 23, 1915

c. Domicial-Highway 422 North 709, Chiloquin, Oregon

d. Post Office Address: P.O. Box 293, Chiloquin, OR.

e. Date of death-October 22, 1989, and place of death-Klamath Falls, Oregon

f. Social Security No. 542-16-2046

2. The date of decedent's death was October 22, 1989, and the place of death was Klamath County, Klamath Falls, Oregon, a certified copy of the death certificate is attached to this affidavit.

3. So far as is known to the petitioner, the extent and nature of the assets of the decedent and the fair market value thereof are

PATRICK L. KITTREDGE
ATTORNEY AT LAW
110 N. 6TH ST. SUITE 207
KLAMATH FALLS, OR 97601
(503) 882-5319

as follows:

House and Lot, Spinks Addition, SPA Lot 21, BLK Tax Code 012, Account no. 198654	$14,970.00
Money Market Certificate at Klamath First Federal Savings (3301-286)	10,010.00
Klamath First Federal Savings Acct. #010-1007-050	87.75
Car, 1981 Chevrolet 2-dr. hardtop	1,500.00

4. No application or petition for the appointment of a personal representative has been granted in Oregon, to the best of the affiant's knowledge.

5. The Decedent died intestate.

6. The names, relationships, ages (required of minor heirs only) and post office addresses of the heirs of decedent are as follows:

Name	Relationship	Age	Post Office Address
Peggy Lorraine Jimenez-	daughter		Box 503, Chiloquin, OR 97624
Clarence T. Hawthorne-	son		Box 184, Chiloquin, OR 97624

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. Each of the heirs mentioned above are entitled to a one-half interest in the property described in paragraph 3 of this affidavit.

8. I have made a reasonable effort to ascertain all creditors of the above named decedent and her estate; the debts of decedent remaining unpaid, including the amounts thereof, and the names

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and addresses of the creditors known to your affiant are as follows:

Davenport's Chapel of the Good Shepherd
6420 South Sixth Street
Klamath Falls, OR 97603-7194 $2,665.00

Carter-Jones Collection Service
1143 Pine Street
Klamath Falls, OR 97601 490.77

F. Jean Elzner, Treasurer & Tax Collector
P.O. Box 5076 Courthouse Annex
Klamath Falls, OR 97601 390.30

A copy of the affidavit showing the date of filing will be delivered to each creditor who has not been paid in full or mailed to the creditor at the last known address.

9. A copy of the affidavit showing the date of filing will be mailed or delivered to the Adult and Family Services Division, Estate Administration Section, Salem, Oregon 97310 and to the Department of Revenue, Salem Oregon 97310.

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

(a) A claim is presented to the Affiant within four months of the filing of the affidavit at the address stated in the affidavit for presentment of claims; or

(b) A personal representative of the estate is appointed within the time allowed under ORS 114.555.

11. A copy of the affidavit showing the date of filing or an abstract meeting the requirements of ORS 113.165 (2) will be mailed or delivered with required recording fees to the County Clerk in each county where the decedent's real property is located.

PATRICK L. KITTREDGE
ATTORNEY AT LAW
110 N. 6TH ST. SUITE 207
KLAMATH FALLS, OR 97601
(503) 882-5319

in this estate, in Klamath County, Oregon.

DATED this 27th day of November, 1989.

PEGGY LORRAINE JIMENEZ

STATE OF OREGON)
) ss.
County of Klamath)

I, PEGGY LORRAINE JIMENEZ, being first duly sworn, say that I am one of the Claiming Successors of the above-named decedent; that I have read the foregoing Affidavit; know its contents and the same is true as I verily believe.

PEGGY LORRAINE JIMENEZ

SUBSCRIBED AND SWORN to before me this 27 day of November, 1989.

Notary Public for Oregon
My Commission Expires: 8-12-92

PATRICK L. KITTREDGE
ATTORNEY AT LAW
130 N. 6TH ST. SUITE 207
KLAMATH FALLS, OR 97601
(503) 882-5319

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES

66533 I.D. TAG NO.

23634

HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

465 Local File Number

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Orthelia; Middle: Crain; Last: ORTIS
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): October 22, 1989
4. SOCIAL SECURITY NUMBER: 542-16-2046
5a. AGE - Last Birthday (Years): 74
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Min.
6. BIRTHPLACE (City and State or Foreign Country): Klamath Agency, OR
7. DATE OF BIRTH (Month, Day, Year): June 23, 1915
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): Merle West Medical Center
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): Married
12. SPOUSE (If Married, Widowed): Tony
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Chiloquin
13d. STREET AND NUMBER: Highway 422 North 709 (P.O. B.293)
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97624
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): Amr. Indian
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: Geroge - Crain
18. MOTHER - NAME first middle maiden: Agnes - Castell
19. INFORMANT - NAME and relationship to deceased: Tony Ortis, husband

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Wilson Cemetery
20c. LOCATION - City or Town, State: Chiloquin, OR 97624
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jesse C. Davenport
21b. LICENSE NUMBER (Of Licensee): 53-0124
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

REGISTRAR

23. DATE FILED (Month, Day, Year): OCT 25 1989
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
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: M
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: 1815 P M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): October 22, 1989 1815 P 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): Robert N. Edwards MD ME COUNTY
33. DATE SIGNED (Month, Day, Year): October 24, 1989 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): Robert Sargent, MD, Chiloquin Medical Center, Chiloquin, OR 97624

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) Atherosclerotic Coronary Vascular Disease — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(b) Myocardial Infarction — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) Left Pleural Effusion and atelectasis — 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. If YES were findings considered in determining cause of death? ☒ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At Home, Farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

45-2 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.

Donna A. Verling

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DATE ISSUED OCT 25 1989

COUNTY DEPARTMENT OF HEALTH OREGON

23635

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 thereof, and 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 22 day of Nov A.D. 19 89

LYN G. HARDY, Clerk of Court

By _____

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Patrick L. Kittredge the 7th day of Dec. A.D., 19 89 at 9:5[illegible] o'clock A M., and duly recorded in Vol. M89, of Deeds on Page 23630.

Evelyn Biehn County Clerk

By Pauline Mittendorf

FEE $33.00

33.00