

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR KLAMATH COUNTY

Small Estate of)

Small Estate No. 9000271 CV

ADOLPH C. LAVACHEK,)

AFFIDAVIT OF CLAIMING SUCCESSOR
OF INTESTATE ESTATE

Deceased.)

STATE OF CALIFORNIA)

) ss

County of Shasta)

I, Ethel Lavachek, being first duly sworn or affirmed, say that I am a creditor and a "claiming successor" of the above named decedent and that I make this affidavit pursuant to ORS 114.515.

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

- a. Name: Adolph C. Lavachek
- b. Age: 76
- c. Domicile: Klamath County, Oregon
- d. Post Office address: 3333 Shasta Way, Sp. 26,
Klamath Falls, OR 97603
- e. Social Security Number: 469-14-5109

2. Decedent died on September 27, 1988 at V.A. Medical Hospital, Portland, Oregon. A certified copy of the death certificate is attached hereto.

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

<u>Description</u>	<u>Value</u>
1962 Fleetwood 10x60' mobile home	\$3,830.00
First Interstate Bank Account No. 365-2008688	300.00
First Interstate Bank Account No. 3650047287	400.38

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

5. Decedent died intestate.

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

<u>Name</u>	<u>Address</u>
Laverne Lavachek	c/o Mabel Torgesen
Shirley Manderfers	Rt. 1, Box 4A
Beverly Lavachek	Bandette, MN 56623

7. 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.

8. It is anticipated that all of the property of the Estate will be used to pay the claims against the Estate and that no property will remain.

9. Reasonable efforts have been made to ascertain creditors of the estate. Expenses of and claims against the estate remaining unpaid or on account of which the affiant or any other person is entitled to reimbursements from the estate, as known to the affiant, are as follows:

<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
Ethel Lavachek 1075 Trinity, Apt. 225 Redding, CA 96001	4,024.62

Additional expenses for space rent and utilities continue to accrue. 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.

10. 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.

11. 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: William M. Ganong, Attorney for Ethel Lavachek, 292 Main Street, Klamath Falls, OR 97601; or

1983

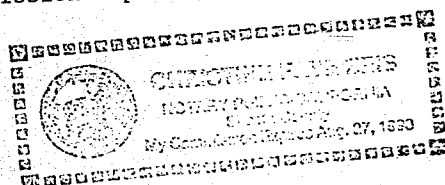
1 b. A personal representative of the estate is appointed within
2 four months after the filing of this affidavit.
3

4 Ethel Lavachek
Ethel Lavachek

5 Subscribed and sworn or affirmed before me this 25 day of October,
6 1989.

7 Christine Faye Jew
8 Notary Public for California
9 My commission expires: Aug 27, 1993

10 Date of Filing: 1-29-90



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15 After recording return to.
16 Wm. M. Ganong
17 292 Main
18 Main St.
19 Klamath Falls OR 97601
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CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION VITAL STATISTICS SECTION

1984

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

50000 I.D. TAG NO.

Vital Records Unit

CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: Adolph Middle: Charles Last: LAVACHEK			2. SEX M	3. DATE OF DEATH (Month, Day, Year) September 27, 1988
4. SOCIAL SECURITY NUMBER 469 14 5109		5a. AGE - Last Birthday (Years) 76	5b. UNDER 1 YEAR Mos. _____ Days _____	5c. UNDER 1 DAY Hours _____ Mins. _____
6. BIRTHPLACE (City and State or Foreign Country) Elgin, N.D.			7. DATE OF BIRTH (Month, Day, Year) June 5, 1912	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) V.A. MEDICAL CENTER			9c. CITY, TOWN, OR LOCATION OF DEATH Portland	
9d. COUNTY OF DEATH Multnomah				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use initials.) Timber Faller		10b. KIND OF BUSINESS/INDUSTRY Timber Company		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced
12a. RESIDENCE - STATE Oregon		12b. COUNTY Klamath		12c. CITY, TOWN, OR LOCATION Klamath Falls
12d. STREET AND NUMBER 3333 Shasta Way Space # 26				
13a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13b. ZIP CODE 97603		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (11-12) _____ College (1-4 or 5+) 12th		
17. FATHER - NAME first middle last Frank Lavachek		18. MOTHER - NAME first middle maiden Emma Ulrich		19. INFORMANT - NAME and relationship to decedent Ethel Lavachek - Ex-Wife
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) Redding Cemetery		20c. LOCATION - City or Town, State Redding, California
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 47-3500		22. NAME, ADDRESS AND ZIP OF FACILITY Skyline Funeral Home 97229 4101 N.W. Skyline Blvd. Portland, Oregon
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
23. TIME OF DEATH 8:00 AM		24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>[Signature]</i>				
26. DATE SIGNED (Month, Day, Year) 9/27/88				
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) V.A. MEDICAL CENTER Cort Garrison, M.D. 3710 S.W. U.S. Vets Hospital Road Portland, OR 97207				
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
32. 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) Coronary Thrombosis DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death None		
(b) Heart Failure DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death None		
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		33. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
35. 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		36a. DATE OF INJURY (Month, Day, Year)		
36b. TIME OF INJURY M		36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		36e. DESCRIBE HOW INJURY OCCURRED		
36f. LOCATION (Street and number or Road name - number, City or town, State)				
37. REGISTRAR'S SIGNATURE <i>[Signature]</i>		38. DATE FILED (Month, Day, Year) OCT 04 1988		
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		40. WAS GIFT MADE?		

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.

OCT 04 1988

DATE ISSUED _____

EDWARD J. JOHNSON II
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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SECRET

STATE OF OREGON
County of Klamath
I, LYN G. HARDY, Clerk of the Circuit Court of the County of Klamath, do hereby certify that the foregoing copy has been compared with the original, and that it is a transcript thereof, and is the same as appears on file of record in my office.

WITNESSED my hand and affixed the seal of said Court this 22 day of January, A.D. 1922.

L. G. Hardy
Clerk of Court

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Wm. M. Ganong
on this 29th day of Jan. A.D., 19 90
at 2:36 o'clock P.M. and duly recorded
in Vol. M90 of Deeds Page 1981
Evelyn Biehn County Clerk
By Darius Muelenders Deputy.

Fee, \$28.00

28th ch.