

12821 (

Vol. m90 Page - 5564

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

In the Matter of the Small Estate)
of)
AARON O. VAUGHAN,)
Deceased.)

Case No. 8903366 CV

AFFIDAVIT OF CLAIMING
SUCCESSOR INTESTATE
ESTATE

STATE OF CALIFORNIA)
County of Los Angeles) ss.

I, GLORIA M. VAUGHAN, being sworn, say that I am an heir
and a claiming successor of the above-named decedent. This
affidavit is made pursuant to ORS 114.515.

1.

A description of all decedent's property in Oregon,
including its location and its assessed value is:

Real Property	Legal Description	Assessed Value	Location
Lot 19, Block 33, First Addition to Klamath Forest Estates, County of Klamath, State of Oregon.		\$2,260.00	Klamath County, Oregon

2.

Reasonable efforts have been made by the affiant to
ascertain creditors of the estate. To the best of my knowledge,
there are no creditors of the estate.

3.

Decedent died on September 7, 1989; a certified copy of
decedent's death certificate is attached hereto.

4.

An application or petition for the appointment of a

AFFIDAVIT OF CLAIMING SUCCESSOR
INTESTATE ESTATE - Page 1

After
recording,
return
to :

HENDERSON,
MOLATORE & KLEIN
ATTORNEYS AT LAW
428 MAIN STREET
KLAMATH FALLS, OR
97604
PHONE: (503) 884-1721
FAX: (503) 882-0928

'90 MAR 27 PM 4 06

1 personal representative has not been granted in Oregon.
5.

2 Decedent's heirs and relationships to decedent and the
3 last address of each as known to affiant are:

4	Name	Relationship	Address
5	Gloria M. Vaughan	Wife	1611 West Garvey Avenue Alhambra, CA 91803

7 A copy of this affidavit has been mailed to the heir at
8 the last known address stated above.

9 6.
10 Decedent died intestate.

11 7.
12 The interest in decedent's property to which each heir is
13 entitled is:

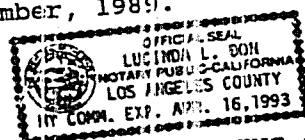
14	Name	Interest
15	Gloria M. Vaughan	Full

16 8.
17 A copy of this affidavit has been mailed to the Adult and
18 Family Services Division, Estate Administration Section, Salem,
19 Oregon, and to the Department of Revenue, Salem, Oregon.

20 9.
21 A copy of this affidavit has been filed with the county
22 clerk of each county where decedent's real property is located.

23 Gloria M. Vaughan
24 GLORIA M. VAUGHAN, Affiant

25 SUBSCRIBED and SWORN to before me on this 5th day of
26 December, 1989.



28 Lucinda L. Son
NOTARY PUBLIC FOR CALIFORNIA
My Commission Expires: April 16, 1989

STATE OF CALIFORNIA

38919040209

STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1C. LAST (FAMILY)		1A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR		3. SEX	
		Aaron		Vaughan		Sept. 7, 1989		1137		Male	
4. RACE		5. SPANISH/HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS		IF UNDER 1 YEAR		IF UNDER 24 HOURS	
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Oct. 30, 1923		65					
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH	
MN		USA		Charles Vaughan		IL		Alma Grams		MN	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NONE		469-20-6814		Married		Gloria Mary Sierra					
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED			
Sheet Metal Worker		Public Schools		L.A. County Schools		35		12			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE							
1611 W. Garvey Ave. Apt. 14		Alhambra		91801							
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT					
Los Angeles		45		California		Gloria M. Vaughan - Wife					
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: P, ER/OP, DOA		19C. COUNTY		1611 W. Garvey Ave. Apt. #14					
Garfield Medical Center		DOA		Los Angeles		Alhambra, Ca. 91801					
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER							
525 N. Garfield Ave.		Monterey Park		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		23. WAS BIOPSY PERFORMED?					
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
						24A. WAS AUTOPSY PERFORMED?					
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
						24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?					
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.							
(A) <u>Arteriosclerotic Cardiovascular Disease</u>		NONE		N/C							
DUE TO (B)											
DUE TO (C)											
27A. DECEASED ATTENDED SINCE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED					
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED							
		<u>Deputy Coroner</u>		9-9-89							
29. MANNER OF DEATH—IDENTIFY ONE: NATURAL, ACCIDENT, SUICIDE, HOMICIDE, PERSONS INVESTIGATION OF CAUSE WILL BE DETERMINED		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY		31. HOUR			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)									
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER			
Cr/BV		Rose Hills Mem. Park, Whittier, Ca.		Sept. 11, 1989		Not Embalmed					
33A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		33B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE					
TURNER & STEVENS, ALHAMBRA		# 17		<u>Notary Public</u>		SEP 11 1989					
STATE REGISTRAR											

5566

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.



SEP 28 1989

39

Director of Health Services and Registrar



THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

Lyn G. Hardy, Clerk of Court

By: Anthony Bieh

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Hendersson, Molatore & Klein the 27th day of March A.D. 19 90 at 4:06 o'clock P.M. and duly recorded in Vol. M90 of Deeds on Page 5564

FEE: \$38.00

By Evelyn Biehn County Clerk