

13391

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

To the Probate Clerk, Klamath County

Small Estate of RICHARD G. BEALS, : NO. 90
Deceased. : AFFIDAVIT OF CLAIMING SUCCESSOR
: INTESTATE ESTATE

STATE OF OREGON)
County of Klamath) SS

I, RICHARD G. BEALS, JR., being first duly sworn, say that I am an heir
and the Claiming Successor of the above-named decedent.

1. The following information is given concerning the decedent:

NAME: Richard Glenn Beals

AGE: 46 yrs

DOMICILE and POSTOFFICE ADDRESS: 4519 Altamont, Klamath Falls, Oregon
97603

SOCIAL SECURITY NO.: 542-46-4210

DATE OF DEATH: February 5, 1990

PLACE OF DEATH: Klamath Falls, Oregon

A certified copy of the death certificate is attached hereto.

2. Property of the Estate:

REAL PROPERTY: Lot 2, CASITAS, Klamath County, Oregon

ASSESSOR'S ACCOUNT NO.: 578075 - LAND \$10,700.00; IMPROVEMENTS
\$150.00; TOTAL \$10,850.00;

Lot 3, CASITAS, Klamath County, Oregon

ASSESSOR'S ACCOUNT NO.: 578066 - LAND \$10,700.00; IMPROVEMENTS
\$150.00; TOTAL \$10,850.00;

Affidavit of Claiming Successor
Intestate Estate - Page 1.

WILLIAM L. SISEMORE
Attorney at Law
540 Main Street
KLAMATH FALLS, ORE.
97601

503/882-7229
O.S.B. #70133

199 APR 11 AM 9 31

STOCK: Pacific Corp - 300 shares at 22 1/8 per share - \$6,637.50;
Safeco Equity Fund, Inc. - 836.031 shares at \$10.04 per share - \$8,423.87;

Forest Products Credit Union Account No. 3110 - \$558.07

Highland Community Credit Union Account No. 261306 - \$639.71

Dividend Check - Pacific Corp. dated 2/15/90 - \$207.00;

VEHICLES: 1981 Datsun pickup, Title #8412556637 1,500.00

1979 Suzuki, Title #8712872221 700.00

1978 Sway Tamer utility trailer,
Title #8023454576 1,500.00

1966 Chevrolet pickup, Title #7433004123 100.00

1941 Ford pickup, Title #7033107402 -
one half interest 50.00

3. No application or petition for appointment of Personal Representative has been granted in Oregon.

4. The decedent died intestate.

5. Heirs of the decedent are as follows:

Machel Ramirez - daughter
P.O. Box 92
Tulelake, CA 96134

Richard G. Beals, Jr., - son
2663 Altamont
Klamath Falls, OR 97603

Robert L. Beals - son
853 S. Alameda
Klamath Falls, OR 97601

6. Each heir of the decedent is entitled to an undivided one-third interest in the property of the decedent.

7. Reasonable efforts have been made to ascertain creditors of the Estate. All expenses and claims against the Estate have been paid.

Affidavit of Claiming Successor
Intestate Estate - Page 2.

8. There are no claims against the Estate which are disputed.

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

10. All claims against the Estate not listed in the Affidavit, or in amounts larger than those listed in the Affidavit, may be barred unless:

a. A claim is presented to the Affiant within four months of the filing of this Affidavit. Claims are to be presented to:

Richard G. Beals, Jr.
c/o William L. Sisemore
Attorney at Law
540 Main St., #301
Klamath Falls, OR 97601,

or

b. A Personal Representative is appointed within the time allowed under ORS 114.555.

11. A copy of this Affidavit showing the date of filing or an abstract meeting the requirements of ORS 113.165 § 2, will be mailed or delivered with the required recording fee to the County Clerk in each county where decedent's real property, if any, is located.

STATE OF OREGON)
County of Klamath) SS

I, Richard G. Beals, Jr., the Petitioner herein, being first duly sworn, say that I have read the foregoing Affidavit of Claiming Successor Intestate Estate, know the contents thereof and that the same is true as I verily believe.

Richard G. Beals, Jr.
Richard G. Beals, Jr.

Subscribed and sworn to before me this 7 day of April, 1990.

Notary Public for Oregon

(SEAL)
My Commission Expires: 08/19/90
Affidavit of Claiming Successor
Intestate Estate - Page 3.

WILLIAM L. SISEMORE
Attorney at Law
540 Main Street
KLAMATH FALLS, ORE.
97601

503/82-7229
O.S.E. #70133

CERTIFICATION OF VITAL RECORDS

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION Vital Records Unit CERTIFICATE OF DEATH

6691

66569
I.D. TAG NO.

56

136-

State File Number

1. DECEASED'S NAME First: Richard Middle: Glenn Last: BEALS		2. SEX M	3. DATE OF DEATH (Month, Day, Year) February 5, 1990
4. SOCIAL SECURITY NUMBER 542-46-4210		5. BIRTH PLACE (City and State or Foreign Country) Bremerton, WA.	7. DATE OF BIRTH (Month, Day, Year) May 4, 1943
6. FACTORY NAME (if not institution, give street and number) Merle West Medical Center		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): Klamath Falls	
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. COUNTY OF DEATH Klamath	
11. DECEASED'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Mechanic		12. SPOUSE (If Married, Widowed, Divorced) (Specify) Divorced	
13. RESIDENCE - STATE Oregon		14. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
15. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. STREET AND NUMBER 4519 Altamont Drive	
17. ZIP CODE 97603		18. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 5+) 1	
19. FATHER - NAME first middle last Glenn Harper Beals		20. MOTHER - NAME first middle maiden Norma Louise Furber	
21. 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):		22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Davenport</i>		24. LICENSE NUMBER (Of Licensee) 47-3104	
25. DATE FILED (Month, Day, Year) FEB 8 1991		26. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		28. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
29. TIME OF DEATH 2005 P M		30. DATE PRONOUNCED DEAD (Month, Day, Year) February 5, 1990	
31. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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. <i>Robert N. Edwards, MD</i> COUNTY Klamath	
33. DATE SIGNED (Month, Day, Year) 2-7-90		34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert N. Edwards, MD, ME, 2865 Dargett Street, Klamath Falls, Oregon 97601	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
39. If YES were findings considered in determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention	
41. DATE OF INJURY (Month, Day, Year) 02/05/90		42. TIME OF INJURY 19:45 P M	
43. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home		44. DESCRIBE HOW INJURY OCCURRED Rifle Gunshot wound into chest 223 Caliber-	
45. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4519 Altamont Dr., Klamath Falls, Klamath Falls, OR		46. RESERVED FOR REGISTRAR'S USE	

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 **FEB 8 1990**

STATE OF OREGON: COUNTY OF KLAMATH: ss. Filed for record at request of **Wm. L. Sisemore** the **11th** day of **April** A.D., 19 **90** at **9:31** o'clock **AM.**, and duly recorded in Vol. **M90** of **Deeds** on Page **6688**.
By **Evelyn Biehn** County Clerk
By *Donna A. Verling*

FEE \$23.00