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## IN THE CIRCUIT COURT OF THE STATE OF OREGON

## FOR THE COUNTY OF KLAMATH

Small Estate of:

NINA M. KIRCHAN,  
Deceased.

Small Estate No. 9003099 CV

AFFIDAVIT OF CLAIMING  
SUCCESSOR TESTATE ESTATE

STATE OF IDAHO )

County of Nez Perce )

) ss.

I, William R. Blewett, being first duly sworn, say that: I am a devisee 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 the fair market value thereof, is: Real Property Legal Description

The South 65 feet of Lot 1 of SUNRISE PARK, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Fair Market Value: \$38,900

Personal Property Description

No personal property

(2) Reasonable efforts have been made by the affiant to ascertain creditors of the estate. The debts of the decedent remaining unpaid including the amounts thereof, and the names and address of the creditors known to the affiant are

None

1. AFFIDAVIT

'90 SEP 14 PM 3 18

(3) Decedent died July 26, 1990; a certified copy of decedent's death certificate is attached hereto;

(4) An application or petition for the appointment of a personal representative has not been granted in Oregon;

(5) Decedent's heirs and relationships to the decedent and the last address of each as known to affiant are:

Name	Relationship	Last Known Address
Esther Blewett	Sister	P.O. Box 140 Kendrick, Idaho 83537
William Raymond Bartlett	Nephew	Lewiston, Idaho 83501

A copy of this affidavit and a copy of the will have been delivered to each heir or mailed to the heir at the last known address stated above;

(6) The decedent died testate; decedent's will is attached to this affidavit;

(7) Decedent's devisees and the last address of each as known to affiant are:

Name	Last Known Address
William R. Blewett	P.O. Box 140, Kendrick, Idaho 83537
Rita L. Blewett	P.O. Box 140, Kendrick, Idaho 83537
Shad W. Blewett	P.O. Box 140, Kendrick, Idaho 83537
Ryan R. Blewett	P.O. Box 140, Kendrick, Idaho 83537

A copy of this affidavit and a copy of the will have been delivered to each devisee or mailed to the devisee at the last known address stated above;

(8) The interest in decedent's property described in this affidavit to which each devisee is entitled is:

## 2. AFFIDAVIT

Name	Interest
William R. Blewett and Rita L. Blewett	100%

(9) A copy of this affidavit has been mailed to the Adult and Family Services Division, Estate Administration Section, Salem, Oregon, and to the Department of Revenue, Salem, Oregon.

(10) A copy of this affidavit and a copy of the will have been filed with the county clerk of each county where the decedent's real property is located.

William R. Blewett  
William R. Blewett  
P.O. Box 140  
Kendrick, Idaho 83537

Subscribed and sworn to before me this 12<sup>th</sup> day of September, 1990

Fonda L. Wilson  
Notary Public for Idaho  
My commission expires: 2-15-93

ANDREW C. BRANDSNESS  
OSB #83159  
411 Pine Street  
Klamath Falls, Oregon 97601  
(503) 882-6616  
Attorney for William R. Blewett

082522

I.D. TAG NO.

317

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136-

18535

State File Number

DECEDENT

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1. DECEDENT'S NAME First: <u>Nina</u> Middle: <u>Bartlett</u> Last: <u>KIRCHAN</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>July 26, 1990</u>
4. SOCIAL SECURITY NUMBER <u>579-07-5117</u>		5a. AGE - Last Birthday (Years) <u>75</u>	5b. Under 1 Year Mo. <u>  </u> Days <u>  </u> Hours <u>  </u> Mins <u>  </u>
6. BIRTHPLACE (City and State or Foreign) <u>Cafford, Idaho</u>		7. DATE OF BIRTH (Month, Day, Year) <u>September 27, 1914</u>	
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) <input 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 Home <input type="checkbox"/> Other (Specify) <u>  </u>			
9b. FACILITY NAME (If not institution, give street and number) <u>Plum Ridge Care Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9d. COUNTY OF DEATH <u>Klamath</u>		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Account Representative</u>	
10b. KIND OF BUSINESS/INDUSTRY <u>Health Insurance</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>	
12. SPOUSE (If Married, Widowed) <u>Howard Ruslte</u>		13a. RESIDENCE - STATE <u>Oregon</u>	
13b. COUNTY <u>Klamath</u>		13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	
13d. STREET AND NUMBER <u>4417 Summers Lane</u>		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 <u>  </u>	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>  </u> College (13-16 or 17+) <u>4</u>	
17. FATHER - NAME first middle last <u>William - Bartlett</u>		18. MOTHER - NAME first middle maiden <u>Signe - Simcnson</u>	
19. INFORMANT - NAME and relationship to deceased <u>Wm Richard Blewett, nephew</u>		20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u>  </u>	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, OR 97603</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (Of Licensee) <u>53-0124</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</u>		23. DATE FILED (Month, Day, Year) <u>JUL 27 1990</u>	
24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>		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		27. TIME OF DEATH <u>2355</u> P M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28. On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>		29. 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) <u>[Signature]</u>	
30. DATE SIGNED (Month, Day, Year) <u>July 27, 1990</u>		31. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>  </u> M <u>  </u>	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Geoffrey F Marx, MD 2614 Clover Klamath Falls, OR 97601</u>		33. DATE SIGNED (Month, Day, Year) <u>  </u> COUNTY <u>  </u>	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>		35. 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.	
36. PART I (a) <u>Respiratory Failure</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Pneumonia</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>Bronchial Asthma</u> OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year) <u>  </u>	
41b. TIME OF INJURY <u>  </u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>  </u>		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL RECORDS COPY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV 1-89

DATE ISSUED JUL 27 1990

*Donna A. Verling*  
DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

## LAST WILL AND TESTAMENT

OF

NINA M. KIRCHAN

I, NINA M. KIRCHAN, of Klamath Falls, Oregon, declare that this is my Will and revoke all prior Wills and Codicils.

## ARTICLE 1

## FAMILY

1.1 Marital Status. I hereby declare that I am a widow.

1.2 Children. I have no children.

## ARTICLE II

## FIDUCIARIES

2.1 Personal Representative.

2.1.1 Appointment. I name my nephew WILLIAM R. BLEWETT as my Personal Representative.

2.1.2 Bond. No bond shall be required of WILLIAM R. BLEWETT should he serve as my Personal Representative.

2.1.3 Powers. I give to my Personal Representative all powers conferred on a personal representative by Oregon law as now existing or later amended, whether or not those powers are exercised in Oregon.

2.1.4 Transfer to Custodian. If any interest passes under this Will to a person under the age of 21, I authorize my Personal Representative to transfer that interest to a custodian for that person under the Oregon gifts to minors law.



2.1.5 Elections, Decisions, and Distributions. I authorize my Personal Representative to make any election or decision available to my estate under federal or state tax laws, to make prorata or non-prorata distribution without regard to any differences in tax basis or assets distributed, and to make distributions in cash, in specific property, in undivided interests in property, or partly in cash and partly in property. The good faith decisions of my Personal Representative in the exercise of these powers shall be conclusive and binding on all parties, and my Personal Representative need not make any adjustments among beneficiaries because of any election, decision, or distribution.

### ARTICLE III

#### ESTATE ADMINISTRATION

##### 3.1 Administration.

I direct my Personal Representative to pay my debts as they become due, the cost of my funeral and the estate administration expenses.

3.2 Taxes. I direct my Personal Representative to pay as an expense of my estate, without apportionment, all estate, inheritance, and other death taxes, including interest and penalties, payable by reason of my death on property passing under this Will. All death taxes on property not passing under this Will shall be apportioned according to Oregon law.

### ARTICLE IV

#### SPECIAL GIFTS

4.1 Real Property. I give all of my real property, where ever located, to WILLIAM R. BLEWETT and RITA L. BLEWETT or the survivor of them.

*W R B*

4.2 I give as a special bequest to the children of WILLIAM R. BLEWETT and RITA L. BLEWETT the sum of \$20,000.00 (twenty thousand dollars) to SHAD W. BLEWETT and \$20,000.00 (twenty thousand dollars) to RYAN R. BLEWETT.

#### ARTICLE V

##### RESIDUE

5.1 I give the residue of my estate to WILLIAM R. BLEWETT and RITA L. BLEWETT or the survivor of either of them. If neither of them survive me I give the residue of my estate to their issue.

#### ARTICLE VI

##### MISCELLANEOUS PROVISIONS

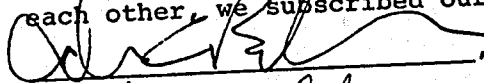
6.1 Captions. The captions in this Will are only for convenience and shall not affect the meaning or interpretation of this Will.


6.2 Pronouns. Each pronoun used in this Will and the term Personal Representative shall be construed to include the masculine, feminine, neuter, singular and plural as required by the context in which used or the person to whom reference is made.

I have signed this Will on this 25 day of July, 1989.

  
NINA M. KIRCHAN

NINA M. KIRCHAN signed, published and declared this instrument, consisting of three pages, including this page, as her Will, in our presence, at her request and in the presence of each other, we subscribed our names as witnesses.

 Residing at Klamath Falls, Oregon

 Residing at Klamath Falls, Oregon



STATE OF OREGON       )  
                               ) ss.  
 County of Klamath    )

We, the undersigned, each being duly and severally sworn, each for myself says:

That I reside in the County of Klamath, State of Oregon; that I knew NINA M. KIRCHAN on the date of the foregoing Will and that on said date and in our presence said NINA M. KIRCHAN signed said Will and declared it to be her Last Will and Testament, whereupon at her request and in her presence and in the presence of each other, we attested said Will by signing our names thereto; that the signature of said NINA M. KIRCHAN hereinabove set forth, is the signature of said Testatrix and that each of our signatures above set forth is the signature which each of us signed in the presence of said Testatrix and in the presence of each other and is the true signature of the person who signed the same. That the Testatrix was, at that time, over the age of 18 years and of sound mind.

*[Signature]*

*Leon S. Colas*

SUBSCRIBED and sworn to before me this 25th day of July, 1989.

*[Signature]*  
 Notary Public for Oregon  
 My Commission expires: 2/16-89

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co. the 14th day  
 of Sept. A.D., 19 90 at 3:18 o'clock P.M., and duly recorded in Vol. M90,  
 of Deeds on Page 18532.

Evelyn Biehn - County Clerk

By *[Signature]*

FEE \$63.00

Return: MTC