

NOV 15 1990

22685

FILED  
STATE OF OREGON  
CLERK OF COURT

1990 NOV 15 PM 1:02

CLERK OF COURT

1 IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR KLAMATH COUNTY  
2 In the Matter of the Estate of )  
3 FREDERICK S. KELSAY, )  
4 who was also known as: )  
5 Frederick Shearer Kelsay and )  
6 Ted Kelsay, )  
Deceased. )

Case No. 9003829CV  
SMALL ESTATE AFFIDAVIT

7 STATE OF NEVADA )  
8 County of CLARK ) SS

9 I, Kay Kelsay Luzier, make this Affidavit pursuant to the provisions of  
10 ORS 114.505 et seq. and depose and say as follows:

11 1.

12 The name, age, domicile, post-office address and social security  
13 number of the Decedent are as follows:

- 14 (a) Name: Frederick S. Kelsay, also known as Frederick Shearer Kelsay  
and as Ted Kelsay.  
15 (b) Birthdate: August 26, 1905, age at death 84 years.  
16 (c) Domicile and Postoffice Address: 615 Upham Street  
17 Klamath Falls, Oregon 97601  
18 (d) Social Security Number: 557-03-6209.

19 2.

20 The date and place of the Decedent's death are as follows:

- 21 (a) Date of Death: August 21, 1990  
22 (b) Place of Death: Merle West Medical Center, Klamath Falls, Oregon.

23 A certified copy of the Death Certificate is attached to this

24 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  
examined and is a true and correct copy of the original, and that it is a transcript therefrom, and  
as the same appears on file or of record in my  
office.  
Wm. Ganong (SR) )  
LAWYER )  
OSB No. 48030 )  
P.O. BOX 5281 )  
KLAMATH FALLS, OREGON 97601-0003 )  
PHONE: (503) 884-0719 )  
I have hereunto set my hand and affixed  
this 15 day of NOV, A.D. 19 90  
By Cathy Gehring Clerk of Court

NOV 15 1990

RETURN TO:

3.

The descriptions and fair market values of all property in the Estate are as follows:

(a) Real Property:

## Legal Description:

The East one-half of Lots 7 and 8 in Block 17 of Fairview Addition No. 2, to Klamath Falls, Klamath County, Oregon, according to the Official Plat thereof.

Fair Market Value: \$24,900.00

(b) Personal Property:

## Description:

Miscellaneous old, used household goods, furniture, furnishings fixtures, appliances and personal effects.

Fair Market Value 100.00

4.

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

5.

The Decedent died testate and the Will of said Decedent which was executed on October 24, 1983 is attached to this Affidavit.

6.

(a) The Heirs of the Decedent and the last known address of each such Heir, as known to the Affiant are:

Kay Kelsay Luzier  
5020 Alta Drive  
Las Vegas, Nevada 89107

1 Keith Kelsay  
2 5200 Irvine Blvd #231  
3 Irvine, California 92720

4 A copy of the Affidavit, showing the date of filing, and a copy of the  
5 Will will be mailed to each Heir at said last known address.

6 7.

7 The Devisees of the Decedent are the same persons as the Heirs of  
8 the Decedent, whose names and respective last known addresses are above  
9 set forth and they will be mailed such copy of the Affidavit, showing the  
10 date of filing and a copy of the Will at their respective last known  
11 addresses as above set forth.

12 8.

13 The above named Heirs and Devisees, as provided by Article 3 of said  
14 Will of the Decedent attached hereto, are each entitled to an equal share  
15 of all of the property described in this Affidavit.

16 9.

17 Reasonable efforts have been made to ascertain all of the creditors of  
18 of the Estate and there are no expenses of and claims against the Estate  
19 remaining unpaid or on account of which the Affiant or any other person is  
20 entitled to reimbursement from the Estate except for the expenses of this  
21 Small Estate administration.

22 10.

23 There are no persons known to the Affiant to assert a claim against the  
24 Estate which the Affiant disputes.

25 11.

26 A copy of this Affidavit showing the date of filing will be mailed or  
delivered to the Adult and Family Services Division, Estate Administration

1 Section, Salem, Oregon, and to the Department of Revenue, Salem, Oregon.

2 12.

3 Claims against the Estate not listed in the Affidavit or in amounts  
4 larger than those listed in the Affidavit may be barred unless:

5 (a) A claim is presented to the Affiant within four months of the  
6 filing of this Affidavit to the Affiant at the following address:

7 Kay Kelsay Luzier  
8 5020 Alta Drive 89107  
9 Las Vegas, Nevada

10 which is the address for the presentment of claims; or

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

13 13.

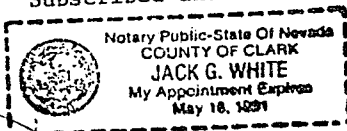
14 This Affidavit lists no claims that the Affiant disputes.

15 14.

16 A copy of this Affidavit, showing the date of filing, will be delivered  
17 with the required recording fee to the County Clerk of Klamath County,  
18 Oregon,, which is the County where the Decedent's real property is located.

19 X. Kay Kelsay Luzier  
20 Kay Kelsay Luzier

21 Subscribed and sworn to before me this 14<sup>th</sup> day of November, 1990,



23 (SEAL)

24 Jack G. White  
25 Notary Public in and for said  
26 State and County.

My Commission expires: MAY 18, 1991

# CERTIFICATION OF VITAL RECORD

22990

0 79754  
I.D. TAG NO.

## HEALTH DIVISION Vital Records Unit CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

1  
2  
3  
4  
5  
6

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

15  
16  
17

1. DECEDENT'S NAME First: <b>Frederick</b> Middle: <b>Shearer</b> Last: <b>KELSA</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>August 21, 1990</b>
4. SOCIAL SECURITY NUMBER <b>557- 03-6209</b>		5a. AGE - Last Birthday (Years) <b>84</b>	5b. Under 1 Year Mos. <b>1</b> Days <b>1</b> Mins. <b>1</b>
6. BIRTHPLACE (City and State or Foreign Country) <b>Antelope, Oregon</b>		7. DATE OF BIRTH (Month, Day, Year) <b>August 26, 1905</b>	
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
9d. FACILITY NAME (If not institution, give street and number) <b>Merle West Medical Center</b>		9d. COUNTY OF DEATH <b>Klamath</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life (do not use retired)) <b>Mechanic</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Heavy Equipment Repair</b>	
11. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>		12. SPOUSE (If Married, Widowed) <b>Beatrice - Kelsay</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>	
13c. CITY, TOWN, OR LOCATION <b>Klamath Falls</b>		13d. STREET AND NUMBER <b>615 Upham Street</b>	
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) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (14 or 5+)		17. INFORMANT NAME and relationship to decedent <b>Kay K. Luzier Daughter</b>	
18. FATHER NAME first middle last <b>W. S. Kelsay</b>		19. MOTHER NAME first middle maiden <b>Lizzie C. Blakely</b>	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input 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) <b>Haven of Rest Mausoleum Eternal Hills Memorial Gardens</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) <b>3287</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, OR 97601</b>		23. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
24. DATE FILED (Month, Day, Year) <b>AUG 23 1990</b>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <b>6:45 AM</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <i>[Signature]</i> <b>M.D.</b>			
30. DATE SIGNED (Month, Day, Year) <b>August 22, 1990</b>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Blake Berven, M.D. 2616 Clover Street Klamath Falls, Oregon 97601</b>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) <b>Extensive CVA</b> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <b>12 hours</b>	
(b) <b>Generalized Atherosclerosis</b> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <b>10 years</b>	
PART II (c) <b>Known Coronary artery disease</b> OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I.		Interval between onset and death	
40. 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 <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY <b>M</b> <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)		41e. DESCRIBE HOW INJURY OCCURRED	
42. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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.

DATE ISSUED **AUG 24 1990**

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

45-2 REV. 1-89

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

22991

1990 NOV 15 PM 1:02  
CLERK OF COURT

1 I, FREDERICK S. KELSAY, of Klamath County, Oregon, do hereby make  
2 and declare this to be my Last Will and Testament hereby ~~revoking~~ all other  
3 and former Wills and Codicils by me heretofore made.

4 1.

5 My birthdate is August 26, 1905, and my Social Security Number is  
6 557-03-6209. I am a widower and my late wife's name was Beatrice Kelsay.  
7 I have two children: Keith Kelsay and Kay Kelsay Luzier, both of whom are of  
8 legal age and have children of their own.

9 2.

10 I appoint my daughter, Kay Kelsay Luzier, to be the Executrix of this  
11 Will. If my said daughter is unable or unwilling to assume or complete her  
12 duties, I appoint my son, Keith Kelsay, to be the Executor of this Will. They  
13 are hereafter sometimes referred to as my Personal Representative and I  
14 authorize each of them to serve without bond.

15 3.

16 I bequeath and devise all of my Estate in equal shares unto my  
17 Children who survive me with a like equal share, per stirpes, by right of  
18 representation unto the Issue who survive me of any of my Children who may  
19 predecease me.

20 4.

21 The persons whom I have named herein as my Personal Representative  
22 shall have the following powers and authority in addition to those provided by  
23 law: To hold, manage, care for and protect my Estate and the income thereof;  
24 to operate and manage any and all business belonging to my Estate and any  
25 interest therein to the extent of such interest and to continue to operate  
26 the same, all at the risk of my Estate, the profits and losses therefrom to  
27 inure to or be chargeable to my Estate; to sell, exchange, partition, convey  
28 and lease the Estate or any part thereof; provided, however, that said  
29 Personal Representative shall have no duty or responsibility to sell, change,  
30 invest or reinvest any of the assets of my Estate except to the extent that  
31 the sale of assets is necessary to pay taxes, claims or expenses of adminis-  
32 tration, and shall not be held responsible or liable for any loss or

22992

1 depreciation in the value of any property in my Estate; to deposit funds of  
 2 the Estate in checking and savings accounts and certificates of deposit in  
 3 banks and savings and loan associations authorized to do business within the  
 4 State of Oregon or in any State in which this Will is probated; to borrow  
 5 money and to encumber or hypothecate by mortgage, trust deed, pledge, security  
 6 agreement or otherwise all or any part of the Estate for the protection thereof  
 7 or for any other purpose. The Personal Representative may elect to claim any  
 8 items which are deductible alternatively for income tax or inheritance tax  
 9 or estate tax purposes as the Personal Representative deems best and such  
 10 exercise of discretion shall not be subject to question or challenge by any  
 11 Beneficiary. Said Personal Representative may exercise any and all of such  
 12 powers or authority without regard to any prescribed statutory procedure and  
 13 without petition, order, citation, hearing, license, notice of sale, authority  
 14 or confirmation of any Court.

15 IN WITNESS WHEREOF, I have hereunto set my hand this 24 day of  
 16 October, 1983.

17 Frederick S. Kelsay  
 18 Frederick S. Kelsay

19 The foregoing Instrument was, on the date thereof, signed, published  
 20 and declared by the said Frederick S. Kelsay as and for his Last Will and  
 21 Testament in the presence of us, who, at his request and his presence and in  
 22 the presence of each other, have hereunto subscribed our names as witnesses  
 23 thereto.

24 [Signature]

25 RESIDING AT Klamath Falls Oregon

26 Barbara P Benches

27 RESIDING AT Klamath Falls Oregon

28 STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wm. Ganong Sr. the 16th day  
 of Nov. A.D., 19 90 at 10:47 o'clock A M. and duly recorded in Vol. M90,  
 of Deeds on Page 22986  
 Evelyn Biehn - County Clerk  
 By [Signature]

FEE \$38.00

LAWYER  
 P.O. BOX 57  
 KLAMATH FALLS, OREGON  
 97601 - 0003  
 PHONE: (503) 842-7228

LAST WILL AND TESTAMENT FSK

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