

CERTIFIED TRUE COPY

BY 

23188

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

PROBATE DIVISION

In the Matter of the Estate of: )

MARGARET JULIA WIRTH, )

Deceased. )

Case No. 9003959CV

SMALL ESTATE PROCEEDING  
AFFIDAVITSTATE OF OREGON )  
County of Klamath ) ss.

I, BRUCE WIRTH, being first duly sworn, depose and say:

1. The following information is given with regard to the  
decendent:

- a. Name: MARGARET JULIA WIRTH
- b. Age: 85 years; DOB 1/19/05
- c. Post Office Address: 3135 Sunset  
Klamath Falls, OR 97601
- d. Social Security Number: 541-36-9251

2. I am a "claiming successor" of the above named Decedent.  
This Affidavit is made pursuant to ORS 114.515.3. Decedent died on October 23, 1990 in Klamath Falls, Oregon.  
A true and correct copy of the Decedent's death certificate is attached  
hereto.4. Assets composing the estate of the Decedent and their fair  
market value are as follows:

REAL PROPERTY: Tax Lot No. R3809-034CD-03400-000	\$31,320.00
PERSONAL PROPERTY: 1976 Maverick Automobile	300.00

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1           5. No application or petition for the appointment of a Personal  
2 Representative has been granted in any jurisdiction in the State of Oregon.

3           6. The Decedent died testate.

4           7. I am the sole heir of the Decedent.

5           8. The interest of each heir in the assets listed above is as  
6 follows:

7                   BRUCE WIRTH           Entire estate

8           9. I have made reasonable efforts to ascertain the creditors of  
9 the estate and the amounts of unpaid debts of the Decedent. These  
10 creditors and the amounts owing are as follows:

11                   None

12           10. I will mail a copy of this Affidavit to the State  
13 Administration Section of the Adult and Family Services Division and to the  
14 Department of Revenue, both in Salem, Oregon.

15           11. Claims against the estate of the Decedent not listed in this  
16 Affidavit may be barred unless:

17           a. A claim is presented to the Affiant within four months  
18 of the filing of this Affidavit at the following address:

19                   Bruce Wirth  
20                   P.O. Box 477  
21                   Klamath Falls, OR 97601

22           b. A personal representative of the Estate is appointed  
23 within the time allowed under ORS 114.555.

24       ////

25       ////

26       ////

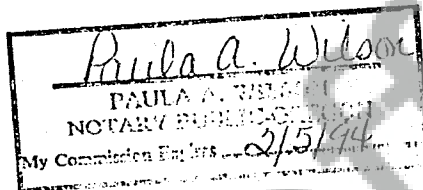
12. I will mail or deliver a copy of this Affidavit to the  
County Clerk of each County where Decedent's real property is located with  
the required recording fee.

DATED this 21 day of Nov., 1990.

Bruce R. Wirth  
BRUCE WIRTH, Affiant

SUBSCRIBED and SWORN to before me this 21 day of  
November, 1990.

Paula A. Wilson  
NOTARY PUBLIC FOR OREGON  
My Commission Expires: 2/5/94





23836

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

086729

I.D. TAG NO.

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

136-

State File Number

Local File Number

1. DECEDENT'S NAME <b>Margaret Julia WIRTH</b>		2. SEX <b>Female</b>		3. DATE OF DEATH (Month, Day, Year) <b>October 23, 1990</b>	
4. SOCIAL SECURITY NUMBER <b>541-36-9251</b>		5a. AGE - Last Birthday (Years) <b>85</b>		5b. Under 1 Year Months Days	
6. BIRTHPLACE (City and State or Foreign Country) <b>Cottage Grove OR</b>		7. DATE OF BIRTH (Month, Day, Year) <b>January 19, 1905</b>			
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" 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)					
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. COUNTY OF DEATH <b>Klamath</b>	
9b. FACILITY NAME (If not institution, give street and number) <b>Merle West Medical Center</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Farm Co-op</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Accountant</b>		12. SPOUSE (If Married, Widowed) <b>Sol H.</b>		13d. STREET AND NUMBER <b>3135 Sunset</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>		13c. CITY, TOWN, OR LOCATION <b>Klamath Falls</b>	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <b>97601</b>		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:	
15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>12</b>		19. INFORMANT - NAME and relationship to decedent <b>Bruce R. Wirth-Son</b>	
17. FATHER - NAME first middle last <b>Joseph E. Young</b>		18. MOTHER - NAME first middle last <b>Ermine Veatch</b>		20c. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>	
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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Memorial Park</b>		21. NAME, ADDRESS AND ZIP OF FACILITY <b>Ward's Klamath Funeral Home 97601 1945 Main St., Klamath Falls, OR</b>	
21a. LICENSE NUMBER (Of Licensee) <b>3080</b>		21b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James L. Hazel</i>		24. REGISTRAR'S SIGNATURE	
23. DATE FILED (Month, Day, Year)		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <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>1019 A.</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. <i>Geoffrey F. Marx</i>					
30. DATE SIGNED (Month, Day, Year)					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Geoffrey F. Marx M.D., 2614 Clover, Klamath Falls, OR 97601</b>					
32. 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)					
PART I		(a) <b>Probable Pulmonary Embolus</b>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <b>30 min.</b>			
(b)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:					
(c)		Interval between onset and death			
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 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"/> Homicide <input type="checkbox"/> Legal Intervention			
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <b>M</b>		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			
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Cameron F. Wogan the 30th day  
of Nov. A.D., 19 90 at 3:26 o'clock P. M., and duly recorded in Vol. M90  
of Deeds on Page 23833Evelyn Biehn County Clerk  
By Pauline Mulder

FEE \$23.00