

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

In the Matter of the Small Estate )

of: )

LOLA STONE, )

Deceased. )

Case No. 90 04d08 CV

**AFFIDAVIT OF CLAIMING  
SUCCESSOR INTESTATE  
ESTATE**

STATE OF OREGON )

County of Klamath )

) ss.

I, AL STONE, being first duly sworn, depose and state:

That I am the assignee of the interests of the heirs and a "claiming successor" of the above-named decedent. That this Affidavit is made pursuant to ORS 114.515.

1. To this affiant's best knowledge, there are no debts of decedent remaining unpaid;
2. Decedent died on the 8th day of August, 1990; a certified copy of the decedent's death certificate is attached hereto;
3. An application or petition for the appointment of a personal representative has not been granted in Oregon;
4. Decedent's heirs and relationships to the decedent and the last known addresses of each as known to this affiant are:

Litha Wright, Daughter  
210 Bransetter  
Redding, CA 96001

Lorene Anderson, Daughter  
1985 Portland Street  
Klamath Falls, OR 97601

Dole Watson, Son  
8845 59th NE  
Salem, OR 97305

James Watson, Son  
P. O. Box 732  
Coos Bay, OR 97420

Dale Watson, Son  
307 W. Main Street  
Talent, OR 97540

Shirley Tucker, Daughter  
307 W. Main Street  
Talent, OR 97540

AFFIDAVIT OF CLAIMIN SUCCESSOR INTESTATE ESTATE - 1 -

5. A copy of this Affidavit has been delivered to each heir or mailed to the heir at the last known address stated above;

6. The decedent died intestate;

7. The decedant's sole property is the following described real property, located in Klamath County, Oregon:

West half of Lot 674 in Block 107 of Mills Addition to the City of Klamath Falls

I am the assignee of the interest of the listed heirs by Deeds executed by them, copies of which are attached hereto

8. A copy hereof has been mailed to the Public Welfare Division, Estate Administration Section, Salem, Oregon, and a copy to the Department of Revenue, Salem, Oregon.

9. A copy of this Affidavit has been filed with the County Clerk of each county where the decedent's property is located.

Al Stone  
Claiming Successor

STATE OF OREGON            )  
  ) ss.  
County of Klamath

I, , being first duly sworn, depose and say that I am the Claiming Successor herein and that the foregoing Affidavit of Claiming Successor Intestate Estate is true as I verily believe.

Al Stone  
AL STONE

Subscribed and sworn to before me this 10th day of December, 1990.

Gandi Sue Borden  
Notary Public for Oregon  
My Commission Expires 01-22-91

(S E A L)

AFFIDAVIT OF CLAIMING SUCCESSOR INTESTATE ESTATE - 2 -

# CERTIFICATION OF VITAL RECORD

## OREGON STATE HEALTH DIVISION VITAL STATISTICS SECTION

24276

068272

I.D. TAG NO.

328

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136-

90-015204

State File Number

1. DECEDENT'S NAME First: <b>Lola</b> Middle: <b>-</b> Last: <b>STONE</b>		2. SEX <b>F</b>	3. DATE OF DEATH (Month, Day, Year) <b>August 8, 1990</b>
4. SOCIAL SECURITY NUMBER <b>566/28/3951</b>	5a. AGE - Last Birthday (Years) <b>86</b>	5b. Under 1 Year Mos. <b>-</b> Days <b>-</b> Hours <b>-</b> Mins. <b>-</b>	5c. Under 1 Day Counting
6. BIRTHPLACE (City and State or Foreign) <b>Diercks, Ar.</b>		7. DATE OF BIRTH (Month, Day, Year) <b>August 31, 1903</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> 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):			
9b. FACILITY NAME (if not institution, give street and number) <b>2142 Darrow Street</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</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>Homemaker</b>		10b. KIND OF BUSINESS/INDUSTRY <b>At Home</b>	
11. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married, Widowed, Divorced (Specify) <b>Widowed</b>		12. SPOUSE (if Married, Widowed) <b>Harry</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>2142 Darrow Street</b>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify if Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>White</b>		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		17. FATHER - NAME first middle last <b>William - Cox</b>	
18. MOTHER - NAME first middle maiden <b>Katie -</b>		19. INFORMANT - NAME and relationship (if not eased) <b>Doyle Watson / Son</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, crematorium, or other place) <b>Eternal Hills Memorial Gardens</b>	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James H. 2nd</i>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601</b>	
23. DATE FILED (Month, Day, Year) <b>AUG 10 1990</b>		24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
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	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <b>1745</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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>Steven K. Bidleman MD</i>			
30. DATE SIGNED (Month, Day, Year) <b>8-9-90</b>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Steven K. Bidleman, MD / 2680 Uhrmann Road / Klamath Falls, Or. / 97601</b>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
31a. TIME OF DEATH <b>M</b>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>	
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 (Signature) <i>Steven K. Bidleman MD</i>			
33. DATE SIGNED (Month, Day, Year) COUNTY			
34. 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>Adenocarcinoma Breast/Lung with Bone and Brain Metastases</b>		Internal between onset and death	
(b) <b>Brain Metastases</b>		Interval between onset and death	
(c) <b>Due to, OR AS A CONSEQUENCE OF:</b>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			
37. Old tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> X		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. 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		40. DESCRIBE HOW INJURY OCCURRED	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY (M) <input type="checkbox"/> Yes <input type="checkbox"/> No	
41c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41d. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED

DEC 03 1990

EDWARD J. JOHNSON II  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

24277

73.00