

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR JACKSON COUNTY
Probate Department

Small Estate of
ANNABELLE LITA TURNER,
Deceased.

Case No. 91009A

AFFIDAVIT OF CLAIMING
SUCCESSOR OF TESTATE
ESTATE

STATE OF OREGON)
County of Jackson) ss.

I, DAVID D. TURNER, (Affiant) being sworn, say that I am an heir and a claiming successor of the above named Decedent. This affidavit is made pursuant to ORS 114.515 and the following information is provided as required in ORS 114.525:

1.

Information Regarding Decedent.

NAME: Annabelle Lita Turner

AGE: 05/07/09 81 years

DOMICILE: 86 Freeman Road, Central Point, OR 97502

POST OFFICE ADDRESS: 86 Freeman Road, Central Point, OR 97502

SOCIAL SECURITY NO.: 544-78-3569

2.

Date and Place of Death.

DATE: 10/01/90

PLACE: Providence Hospital, Medford, Jackson County, Oregon

A certified copy of Decedent's death certificate is attached to this Affidavit.

91 FEB 22 AM 11 30

JAN 22 1 27 PM '91
FILED
CLERK OF COURT
JACKSON COUNTY, OREGON

3.

Property and Value in the Estate.

DescriptionFair Market Value

Residence at 86 Freeman Road, Central Point, Jackson County, Oregon, described as follows: Commencing at the Northwest corner of Donation Land Claim No. 56 in Township 37 South, Range 2 West of the Willamette Meridian in Jackson County, Oregon, thence South 0°01' West along the west line of said claim, a distance of 457.26 feet, thence North 89°59' West 30.0 feet to the true point of beginning; thence continue North 89°59' West 220.7 feet; thence South 0°01' West 87.0 feet; thence South 89°59' East 220.7 feet to a point which bears North 89°59' West 30.0 feet from the west line of said Donation Land Claim No. 56; thence North 0°01' East, parallel to and 30.0 feet from the west line of said claim, a distance of 87.0 feet to the true point of beginning.

\$ 56,990.00

Undivided two-thirds (2/3) interest in real property situated in Klamath County, Oregon, more particularly described as follows: A tract of land situated in the N1/2NE1/4 of section 18, T38S, R9EWM, Klamath County, Oregon, more particularly described as follows: Beginning at a 5/8" pin, from which the northeast corner of said section 18 bears N66°16'33"E 1022.84 feet; thence S89°11'24"E 834.56 feet to a 5/8" iron pin on the south-westerly right of way line of Uhrman Road; thence S31°46'03"E, along said right of way line 184.53 feet to a 5/8" iron pin on the east line of said section 18; thence S00°28'16"W 763.39 feet to the N1/16 corner; thence N89°11'24"W, along the south line of said N1/2NE1/4, 933.00 feet to a 5/8" iron pin; thence N00°28'16"E 918.89 feet to the point of beginning, containing 19.505 acres, with bearings based on Survey No. 3376, as recorded in the office of the Klamath County Surveyor. The above tract of land being subject to a 30 foot ingress/egress easement to adjacent property to the west, said easement being parallel with and adjacent to the south line. The above described tract of land also being subject to all other easements and rights of

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ASHLAND, OR 97520
(503) 482-8491

1 way of record or apparent. \$ 2,500.00

2 Undivided one-fifth (1/5) interest in real
 3 property situated in Klamath County, Oregon,
 4 more particularly described as follows:
 5 The east path NW1/4 NW1/4 Section 17, Township
 6 38 S Range 9 East of the Willamette Meridian
 7 in the County of Klamath, State of Oregon,
 8 together with a 30' easement for ingress/egress
 9 along the southerly line of the west half of
 10 the NW1/4 of the NW1/4 of Section 17, Township
 11 38 S Range 9 East of the Willamette Meridian. \$ 500.00

12 TOTAL VALUE OF REAL PROPERTY: \$ 59,990.00

13 1980 Grenada \$ 1,100.00

14 TOTAL VALUE OF PERSONAL PROPERTY: \$ 1,100.00

15 TOTAL VALUE: \$ 61,090.00

16 4.

17 Appointment of Personal Representative. No application or
 18 petition for the appointment of a personal representative has
 19 been granted in Oregon.

20 5.

21 Testate Estate. The Decedent died testate. Decedent's Will
 22 is attached to this Affidavit.

23 6.

24 Heirs of Decedent.

Name and Address	Relationship
Ann Britt 15 Ashley Place Central Point, OR 97502	daughter
Alice Schumacher Post Office Box 56 Heisson, WA 98622	daughter
David D. Turner 590 Morey Road Talent, OR 97540	son

1 A copy of this Affidavit showing the date of filing will be
 2 delivered to each heir or mailed to the heir at his or her last-
 3 known address.

4 7.

5 **Devisees of Decedent.**

6 Name and Address

7 Ann Britt
 8 15 Ashley Place
 9 Central Point, OR 97502

10 Alice Schumacher
 11 Post Office Box 56
 12 Heisson, WA 98622

13 David D. Turner
 14 590 Morey Road
 15 Talent, OR 97540

16 A copy of this Affidavit showing the date of filing and a copy
 17 of Decedent's Will will be delivered to each devisee or mailed
 18 to the devisee at his or her last-known address.

16 8.

17 **Interest of Heirs/Devisees in Decedent's Property.**

18 <u>Heir/Devisee</u>	<u>Property</u>
19 Ann Britt	one-third
20 Alice Schumacher	one-third
21 David D. Turner	one-third

22 9.

23 **Creditors of the Estate.** Reasonable efforts have been made by
 24 Affiant to ascertain creditors of the Decedent and of the
 25 estate. Expenses of and claims against the estate remaining
 26 unpaid or on account of which Affiant or any other person is

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1 entitled to reimbursement from the estate, including the known
 2 or estimated amounts thereof and the names and addresses of the
 3 creditors known to Affiant are as follows:

4	<u>Name/Address of Creditor</u>	<u>Claim</u>	<u>Amount</u>
5	David D. Turner	Administration Expenses; est.	\$ 300.00
6	590 Morey Road Talent, OR 97540		
7	Ben Lombard, Jr.	Attorney Fees; est.	\$ 700.00
8	P.O. Box 1090 Ashland, OR 97520		
9	Oregon Dept. of Revenue	Deferred RE Taxes	\$4934.78
10	Estate/Fiduciary Section 955 Center Street NE Salem, OR 97310		
11	Sidney Ainsworth	Attorney fees	\$ 396.00
12	Attorney at Law 515 E. Main St. Ashland, OR 97520		

14
 15 A copy of this Affidavit showing the date of filing will be
 16 delivered to each creditor who has not been paid in full or
 17 mailed to the creditor at its last-known address.

18 10.

19 Disputed Claims. Claims against the estate known by Affiant
 20 and disputed by Affiant are as follows:

21	<u>Name/Address of Claimant</u>	<u>Claim</u>	<u>Amount</u>
22	NONE		

23 11.

24 Mailings Required. A copy of this Affidavit showing the date
 25 of filing will be mailed or delivered to the Adult and Family
 26 Services Division, Estate Administration Section, 422 Public

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1 Service Building, Salem, Oregon, 97310, and to the Department of
2 Revenue, P.O. Box 14110, Salem, Oregon, 97309-0910.

3 12.

4 **Claims Barred.** Claims against the estate not listed in this
5 Affidavit or in amounts larger than those listed in this Affida-
6 vit may be barred unless:

7 (a) A claim is presented to Affiant within four (4)
8 months of the filing of this Affidavit at the following
9 address: c/o Ben Lombard, Jr., Attorney, Post Office Box 1090,
10 Ashland, Oregon, 97520; or

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

13 13.

14 **Disputed Claims Barred.** If any disputed claims are listed
15 above, such claims may be barred unless:

16 (a) A petition for summary determination is filed within
17 four (4) months of the filing of this Affidavit; or

18 (b) A personal representative of the estate is appointed
19 within the time allowed under ORS 114.555.

20 14.

21 **Real Property.** A copy of this Affidavit showing the date of
22 filing or an abstract meeting the requirements of ORS
23 113.165(2), will be mailed or delivered with the required
24 recording fee to the county clerk in each county where the
25
26

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1 Decedent's real property, if any, is located.
 2
 3
 4

5 David D. Turner
 6 DAVID D. TURNER

7 SUBSCRIBED and sworn to before me this 15th day of January,
 8 1991.

9 Ben Lombard, Jr.
 10 BEN LOMBARD, JR.
 11 NOTARY PUBLIC - OREGON
 12 ~~Notary Public State of Oregon~~
 13 My Commission Expires: 8-27-91

14
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 16
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 18
 19
 20 BEN LOMBARD, JR.
 21 ATTORNEY AT LAW
 22 P.O. BOX 1090
 23 ASHLAND, OR 97520
 24 (503) 482-8481
 25
 26

CERTIFICATION OF VITAL RECORD

80071

I.D. TAG NO

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

3278

Local File Number

136-

State File Number

DECEDENT

1. DECEDENT'S NAME First: Annabelle Middle: Lita Last: TURNER		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) October 1, 1990
4. SOCIAL SECURITY NUMBER 544-78-3569		5a. AGE - Last Birthday (Years) 81	5b. Under 1 Year Mo. Days Hours Mins.
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. BIRTHPLACE (City and State or Foreign Country) Sacramento, CA	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOK <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9. DATE OF BIRTH (Month, Day, Year) May 7, 1909	
10. FACILITY NAME (If not institution, give street and number) Providence Hospital			
11a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Nurse		11b. CITY, TOWN, OR LOCATION OF DEATH Medford	
12. KIND OF BUSINESS/INDUSTRY Health Care		13. COUNTY OF DEATH Jackson	
13a. RESIDENCE - STATE Oregon	13b. COUNTY Jackson	13c. CITY, TOWN, OR LOCATION Central Point	13d. STREET AND NUMBER 86 Freeman Rd.
14a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14b. ZIP CODE 97502	15. RACE American Indian, Black, White, etc. (Specify) White	
16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) No		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 College (13-16 or 17+) 6	

PARENTS

17. FATHER - NAME First Middle Last Ralph William Smith	18. MOTHER - NAME First Middle Last Alice F. Harding
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DISPOSITION

20a. 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)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Siskiyou Memorial Park
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jed L. Ramey</i>	21b. LICENSE NUMBER (Of License) 3497
22. NAME, ADDRESS AND ZIP OF FACILITY Conger-Morris Funeral Directors 800 S. Front - Central Point, OR 97502	23. DATE FILED (Month, Day, Year) OCT 10 1990

REGISTRAR

24. REGISTRAR'S SIGNATURE <i>Selma Colvin</i>	25. DID DECEDENT REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> Yes <input 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	

CERTIFIER

27. TIME OF DEATH 7:10 AM		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>John W. Forsyth, M.D.</i>			
30. DATE SIGNED (Month, Day, Year) 10/2/90			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John W. Forsyth, M.D. 1025 E. Main St. Medford, OR 97504			

CAUSE OF DEATH

32. 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.)			
(a)	Ventricular Fibrillation		Interval between onset and death 1 min
(b)	Suspected Acute myocardial infarction		Interval between onset and death 2 hr.
(c)	Atherosclerotic heart disease.		Interval between onset and death
33. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I.			
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention	35a. DATE OF INJURY (Month, Day, Year)	35b. TIME OF INJURY	35c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		37. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL - VITAL STATISTICS COPY

45-7 REV. 3-80

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JACKSON COUNTY REGISTRAR.

DATE ISSUED **OCT 11 1990**

Henry Collins Jr.
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

LAST WILL AND TESTAMENT

OF

ANNABELLE LITA TURNER

I, ANNABELLE LITA TURNER, do herewith make, publish and declare this to be my Last Will and Testament, revoking all Wills or Codicils which may heretofore have been made by me.

FIRST: I direct that upon the happening of my death, my Personal Representative as hereinafter named, pay all of my just debts, expenses of last illness, funeral or testamentary expenses as soon after the occurrence of my death as is practicable. Further, I direct that any tax or similar governmental obligation arising as a result of my death, or any transfer herein, be paid from the proceeds of my Estate, so that each gift herein made be free of such claim.

SECOND: For purposes of this, my Last Will and Testament, I declare that I am married to DAVID DONALD TURNER and I have three (3) children, who are the following:

DAVID DONALD TURNER, JR., of Talent, Oregon

ALICE ANNIE SCHUMACHER, of Heisson, Washington

ANNABELL LEE BRITT, of Central Point, Oregon

THIRD: I give all of my Estate to my three children to share and share alike, or to the survivor thereof or their respective issue by right of representation.

LAST WILL AND TESTAMENT OF
ANNABELLE LITA TURNER *ALT*
PAGE -1-

I make no provision, in this my Last Will and Testament, for my husband, DAVID DONALD TURNER, at his request.

LAST: I herewith nominate and appoint as Co-Personal Representatives of this, my Last Will and Testament, my two daughters, ALICE ANNIE SCHUMACHER and ANNABELL LEE BRITT. If one of the Co-Personal Representatives shall be unable, unwilling or otherwise disqualified from so functioning, then the remaining Co-Personal Representative is authorized and empowered to function in that capacity alone. I direct that my Personal Representative shall serve without furnishing undertaking or bond as a condition to the performance of this office.

I HEREBY DIRECT that my said Co-Personal Representatives shall be empowered to act in the management, sale, leasing, mortgaging or other handling of any of the property, business or assets which may constitute a part or all of my Estate, without prior authorization or order first obtained from any Court having jurisdiction over the probate of my Estate, and I direct that any disposition undertaken as required, regardless of the nature of the property sold, be made at either public or private sale at the discretion of my said Co-Personal Representatives, without any reference to an Order of disposition, petition, citation, hearing, notice or other such action. I further authorize my said Co-Personal

LAST WILL AND TESTAMENT OF
ANNABELLE LITA TURNER *ALT*
PAGE -2-

Representatives to hold, manage and operate any of the assets or business which may constitute part of my Estate, at the risk of my Estate, and not at the personal risk of my said Co-Personal Representatives, but with profits or losses resulting from said management inuring to or chargeable against my Estate.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23 day of Aug., 1989.

Annabelle L. Turner
ANNABELLE LITA TURNER

LAST WILL AND TESTAMENT OF
ANNABELLE LITA TURNER _____
PAGE -3-

LAW OFFICES OF
AINSWORTH, DAVIS, GILSTRAP & HARRIS, P.C.
515 EAST MAIN STREET
ASHLAND, OREGON 97520
(503) 482-3111

THE FOREGOING INSTRUMENT, consisting of four (4) pages, the third (3rd) one of which contains the signature, was at the date hereof signed by ANNABELLE LITA TURNER in our presence and in the presence of each of us, and at the time of said signature, the said ANNABELLE LITA TURNER declare this instrument to be her Last Will and Testament requesting our presence and witnessing to her subscription and requesting our subscriptions hereto.

Inaene Christen residing at Phoenix, OR.

Mary Scarp residing at Ashland, OR.

_____ residing at _____, OR.

LAST WILL AND TESTAMENT OF
ANNABELLE LITA TURNER _____
PAGE -4-

AFFIDAVIT OF ATTESTING WITNESSES

STATE OF OREGON)
)
 County of Jackson)

We, the undersigned, being sworn, each for myself, say:

On the date of the attached Will of ANNABELLE LITA TURNER, in our presence, said ANNABELLE LITA TURNER signed the same and declared it to be her Will whereupon at her request and in her presence, we attested the Will by signing our names hereto. To the best of my knowledge and belief, the Testatrix was at that time, over the age of 18 years and of sound mind.

Ernie Christ

Mary Asape

SUBSCRIBED AND SWORN to by each of the affiants above named on this 23 day of August, 1989.

William E. Russell
 Notary Public for Oregon
 My Commission Expires: 10/4/89

These documents are correct
 copies of originals on file
 in this office.

ATTEST JAN 22 1991

Circuit Court - Trial Court Administrator
 STATE OF OREGON - JACKSON COUNTY

By: Carl H. Harris

AFFIDAVIT OF ATTESTING WITNESSES

LAW OFFICES OF
 AINSWORTH, DAVIS, GILSTRAP & HARRIS, P.C.
 515 EAST MAIN STREET
 ASHLAND, OREGON 97520
 (503) 482-3111

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ben Lombard, Jr. the 22nd day
 of Feb. A.D., 19 91 at 11:30 o'clock A M., and duly recorded in Vol. M91,
 of Deeds on Page 3271.

FEE \$68.00

Evelyn Biehn - County Clerk

By Orville Mendenhall