

26681

Vol. m91 Page 4164

FILED  
STATE OF OREGON  
CLERK OF COURT  
1991 MAR -7 PM 3:25  
IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF KLAMATH

In the Matter of the Small Estate  
of: BY \_\_\_\_\_ )

Case No: 910 0765 CV

WILLIAM O. HECKMAN,

AFFIDAVIT OF CLAIMING  
SUCCESSOR/TESTATE  
ESTATE

Deceased.

STATE OF OREGON, County of Klamath ss:

I, ROBERT L. HECKMAN, pursuant to the provisions of ORS  
114.525, depose and say as follows:

1. The property of the decedent, including a description  
and it's fair market value, is as follows:

## A. REAL PROPERTY:

It should be noted that the decedent, prior to his  
death, had executed two certain Bargain and Sale Deeds, recorded  
at Vol. M-90 at Page 24069 and Vol. M-90 at 24070, Deed Records of  
Klamath County, Oregon. It appears that the intention of those  
deeds was to create some sort of tenancy with Anah Lee, one of two  
of the claiming successors.

It should be further noted that two additional  
Warranty Deeds were subsequently executed and recorded at Vol.  
M-91 at Page 2665 and in Vol. M-91 at Page 2666, Deed Records of  
Klamath County, Oregon, which were apparently signed by the wrong  
individual, and should have been signed by William O. Heckman, the  
decedent.

In any event, it is the purpose of this Affidavit  
to attempt to both clarify the title to the real property, as well  
as to establish the entitlement of the claiming successors to any  
proceeds realized from the sale thereof. Therefore, for purposes

11A/ - AFFIDAVIT OF CLAIMING SUCCESSOR -1-

NEAL G. BUCHANAN  
ATTORNEY AT LAW  
FIRST INTERSTATE  
BANK BLDG.  
601 MAIN STREET  
SUITE 218  
KLAMATH FALLS,  
OREGON 97601-6007  
503/882-6607  
O.S.B. #77127

80 4 MAR 7 PM 4 08

of ORS 114.525, the parties agree that the real property of the decedent, including a description of its fair market value is as follows:

"Lot 1, Block 62 of THE CITY OF MALIN and the West 40 feet and the East 38 feet of the following described tract:

A parcel of land situated in the supplemental plat of Malin, Klamath County, Oregon, more particularly described as follows:

The West 78 feet of Fifth (5th) Street between Blocks 62 and 63 from the South boundary of Rosicky Avenue South to the South boundary of said supplemental plat of THE CITY OF MALIN, Klamath County, Oregon.

A. FAIR MARKET VALUE.....\$17,090.00

B. PERSONAL PROPERTY AND CLOTHING OF MINIMAL VALUE:

FAIR MARKET VALUE:.....\$ -0-

C. 1963 Ford Pickup Truck, and 1974 PARKWAY mobile home, 24 x 48, Serial #24X523517, (both believed to pass through survivorship tenancy..... VALUE -0-

D. Guns: FAIR MARKET VALUE.....\$ 3,000.00

E. A certain bank account of the decedent was held in survivorship tenancy and, thus, does not pass through decedent's estate.

FAIR MARKET VALUE:.....\$ -0-

TOTAL VALUE OF REAL AND PERSONAL PROPERTY: \$20,090.00

2. Reasonable efforts have been made to ascertain creditors of the estate. To your Affiant's best information and belief, no debts of the decedent remain unpaid.

3. The date of the death of decedent was February 7, 1991. A certified copy of the Certificate of Death is attached hereto.

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

5. The heirs of the decedent and the last address of each heir, as is known to your affiant, are as follows:

Robert L. Heckman  
Box 274  
North Fork, CA 93643  
(ONLY BROTHER)

Anah Grace Lee  
Star Rt., Box 41  
Pie Town, NM 87827  
(ONLY SISTER)

Decedent did not leave a spouse, having never been married, nor did decedent have any children surviving at the time of his death.

C. A copy of this Affidavit has been delivered to each heir set forth above, or mailed to the heir at the last known address set forth hereinabove.

6. To your Affiant's best information and belief, the decedent died testate. A copy of the Will of the decedent is filed contemporaneously herewith.

7. The devisees and their last known addresses, as is known to your Affiant, are as follows:

Robert L. Heckman  
Box 274  
North Fork, CA 93643  
(ONLY BROTHER)

Anah Grace Lee  
Star Rt., Box 41  
Pie Town, NM 87827  
(ONLY SISTER)

8. The interest in the property described in the Affidavit to which each heir or devisee is entitled is as follows:

A. The guns and the 1963 Pickup Truck shall be the property of claiming successor, Robert L. Heckman, pursuant to the provisions of decedent's Will.

B. All the remainder of decedent's property, including the real property, is to be vested as follows:

ROBERT L. HECKMAN - 50%

ANAH GRACE LEE - 50%

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.

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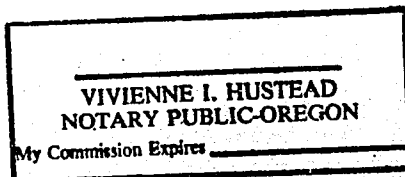
11A/ - AFFIDAVIT OF CLAIMING SUCCESSOR -3-

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

DATED: MARCH 7, 1991.

Robert L. Heckman  
ROBERT L. HECKMAN

SUBSCRIBED AND SWORN to before me MARCH 7, 1991.



Vivienne I. Husted  
NOTARY PUBLIC FOR OREGON  
My Commission Expires: 4-11-93

STATE OF OREGON )  
(County of Klamath )

LYNN G. HARDY Clerk of the Circuit Court of the County of Klamath and the State of Oregon do hereby certify that the foregoing copy has been compared with the original, and that it is a transcript therefrom, and is a true and correct copy of the original as the same appears on file or of record in my office and custody.

WHEREOF, I have hereunto set my hand and affixed my seal this 7 day of March A.D. 1991  
LYNN G. HARDY Clerk of Court  
by [Signature]

NEAL G. BUCHANAN  
ATTORNEY AT LAW  
FIRST INTERSTATE  
BANK BLDG.  
601 MAIN STREET  
SUITE 215  
KLAMATH FALLS,  
OREGON 97601-6007  
503/882-6607  
O.S.B. #77127

# CERTIFICATION OF VITAL RECORD

4168

E-3193  
I.D. TAG NO

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

136-

State File Number

39  
Local File Number

1. DECEDENT'S NAME <b>William Otis HECKMAN</b>		2. SEX <b>M</b>		3. DATE OF DEATH (Month, Day, Year) <b>February 7, 1991</b>	
4. SOCIAL SECURITY NUMBER <b>543-16-1041</b>		5. AGE - Last Birthday (Years) <b>70</b>		6. BIRTHPLACE (City and State or Foreign) <b>Klamath, Oregon</b>	
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other		9. DATE OF BIRTH (Month, Day, Year) <b>December 18, 1920</b>	
10. FACILITY NAME (If not institution, give street and number) <b>Plum Ridge Care Center</b>		11. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		12. COUNTY OF DEATH <b>Klamath</b>	
13. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) <b>Forester</b>		14. KIND OF BUSINESS/INDUSTRY <b>U. S. Forest Service</b>		15. MARITAL STATUS - At death, Never Married, Divorced, (Specify date) <b>Never Married</b>	
16. RESIDENCE - STATE <b>Oregon</b>		17. COUNTY <b>Klamath</b>		18. CITY, TOWN, OR LOCATION <b>Malin</b>	
19. RESIDENCE - CITY LIMITS <b>97632</b>		20. ZIP CODE <b>97632</b>		21. STREET AND NUMBER <b>P.O. Box 408</b>	
22. WAS DECEDENT OF HISPANIC ORIGIN? (Specify race or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		23. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		24. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>1</b>	
25. FATHER - NAME <b>William H. Heckman</b>		26. MOTHER - NAME <b>Grace Francis Buck</b>		27. SPOUSE (If Married, Widowed) <b>Anah Grace Lee, sister</b>	
28. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment from State <input type="checkbox"/> Other (Specify)		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Cremation Service</b>		30. LOCATION - City or town, State <b>Klamath Falls, OR 97601</b>	
31. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Savoyard</i>		32. LICENSE NUMBER (Of licensee) <b>47-3104</b>		33. NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</b>	
34. DATE FILED (Month, Day, Year) <b>FEB 7 1991</b>		35. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		36. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
37. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		38. TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
39. TIME OF DEATH <b>0215 A</b>		40. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>	
42. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) <i>Carol Fellows MD</i>		43. 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)			
44. DATE SIGNED (Month, Day, Year) <b>February 7, 1991</b>		45. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Carol Fellows, MD, 2610 Uhrmann Road, Klamath Falls, OR 97601</b>		46. COUNTY <b>Klamath</b>	
47. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		48. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE (SEE LINE 101 (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.			
49. (a) <b>Respiratory insufficiency</b>		50. (b) <b>Metastatic adenocarcinoma of the prostate</b>		51. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
52. (a) <b>Respiratory insufficiency</b>		53. (b) <b>Metastatic adenocarcinoma of the prostate</b>		54. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
55. (a) <b>Respiratory insufficiency</b>		56. (b) <b>Metastatic adenocarcinoma of the prostate</b>		57. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
58. (a) <b>Respiratory insufficiency</b>		59. (b) <b>Metastatic adenocarcinoma of the prostate</b>		60. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
61. (a) <b>Respiratory insufficiency</b>		62. (b) <b>Metastatic adenocarcinoma of the prostate</b>		63. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
64. (a) <b>Respiratory insufficiency</b>		65. (b) <b>Metastatic adenocarcinoma of the prostate</b>		66. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
67. (a) <b>Respiratory insufficiency</b>		68. (b) <b>Metastatic adenocarcinoma of the prostate</b>		69. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
70. (a) <b>Respiratory insufficiency</b>		71. (b) <b>Metastatic adenocarcinoma of the prostate</b>		72. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
73. (a) <b>Respiratory insufficiency</b>		74. (b) <b>Metastatic adenocarcinoma of the prostate</b>		75. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
76. (a) <b>Respiratory insufficiency</b>		77. (b) <b>Metastatic adenocarcinoma of the prostate</b>		78. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
79. (a) <b>Respiratory insufficiency</b>		80. (b) <b>Metastatic adenocarcinoma of the prostate</b>		81. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
82. (a) <b>Respiratory insufficiency</b>		83. (b) <b>Metastatic adenocarcinoma of the prostate</b>		84. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
85. (a) <b>Respiratory insufficiency</b>		86. (b) <b>Metastatic adenocarcinoma of the prostate</b>		87. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
88. (a) <b>Respiratory insufficiency</b>		89. (b) <b>Metastatic adenocarcinoma of the prostate</b>		90. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
91. (a) <b>Respiratory insufficiency</b>		92. (b) <b>Metastatic adenocarcinoma of the prostate</b>		93. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
94. (a) <b>Respiratory insufficiency</b>		95. (b) <b>Metastatic adenocarcinoma of the prostate</b>		96. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
97. (a) <b>Respiratory insufficiency</b>		98. (b) <b>Metastatic adenocarcinoma of the prostate</b>		99. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	
100. (a) <b>Respiratory insufficiency</b>		101. (b) <b>Metastatic adenocarcinoma of the prostate</b>		102. (c) <b>Other significant conditions - Conditions contributing to death but not related to causes shown in PART I.</b>	

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

DATE ISSUED **MAR 7 1991**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# Last Will and Testament of

WILLIAM OTIS HECKMAN

KNOW ALL MEN BY THESE PRESENTS:

That I, WILLIAM OTIS HECKMAN, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomsoever, do make, publish and declare this to be my Last Will and Testament, in the manner and form following, to-wit:

FIRST: I direct that my just debts and funeral expenses be promptly paid. I direct my personal representative to treat as an obligation of my estate and to pay, without any apportionment thereof other than that hereinafter specified, all estate, inheritance or other death taxes or duties imposed and made payable by reason of my death by the laws of the United States or any state, territory or country; and if any other person shall pay any such tax, my personal representative shall reimburse such person.

SECOND: I hereby declare that I am not presently married and that I have no children.

THIRD: To my mother, GRACE FRANCES HECKMAN, in case she shall survive me, as to be able to use and enjoy my estate, I bequeath all property which I may own or have a right to dispose of at the time of my death to be hers absolutely and I nominate and appoint my mother, GRACE FRANCES HECKMAN, as personal representative of this Will, to serve as such without bond.

In the event my mother, GRACE FRANCES HECKMAN, is

*W. O. H.*  
W O H

unable to or unwilling to act as such personal representative, I nominate and appoint my brother, ROBERT L. HECKMAN, as contingent personal representative to serve without bond.

I hereby empower my said personal representative to lease, encumber, sell, exchange or otherwise deal with or dispose of all my property, real or personal, or any part thereof, in such manner, at such times and upon such terms as they shall deem to be of interest to my estate; such sale or other disposition of the real and personal property to be without petition, citation, hearing, order, notice of sale, or any other action. I further authorize my personal representative to hold, manage and operate my property and any business belonging to my estate at the risk of my estate, and not at the risk of my personal representative, the profits and losses therefrom to inure or be chargeable to my estate as a whole. My contingent personal representative shall have all the powers and duties of the personal representative as herein set forth.

FOURTH: In the event that my mother, GRACE FRANCES HECKMAN, fails to survive me or dies within thirty (30) days of the date of my death, I devise and bequeath all of my guns and my 1963 Ford pickup truck to my brother, ROBERT L. HECKMAN, or to his heirs by right of representation.

In the event that my mother, GRACE FRANCES HECKMAN, fails to survive me or dies within thirty days of the date of my death, all of the rest residue and remainder of my property shall be divided equally between my brother, ROBERT L. HECKMAN, of North Fork, California, and my sister, ANAH GRACE LEE, of Pietown, New Mexico, or to their heirs by right of representation.

FIFTH: I hereby revoke all prior Wills by me made.

IN WITNESS WHEREOF, I have hereunto set my hand this

9-24-86 day of September, 1986.

William O. Heckman  
WILLIAM OTIS HECKMAN

The above instrument consisting of three pages, was on the date thereof, signed, sealed, published and declared by the said Testator as and for his Last Will and Testament, in the presence of us, who at his request, in his presence and in the presence of each other, have subscribed our names as witnesses thereto.

Nant Zorff residing at FD Merrill, OK

Joannam Cherry residing at Kenneth Falls, OK



AFFIDAVIT OF WITNESS TO WILL  
EXECUTED CONTEMPORANEOUSLY THEREWITH

4172

STATE OF OREGON )  
County of Klamath ) ss.

I, Mike Ratelle and Joanna Cherry being  
first duly sworn, each for himself and not one for the other,  
depose and say that:

I reside in Klamath County, State of Oregon; I know  
WILLIAM OTIS HECKMAN (hereinafter called testator).

The instrument attached to this Affidavit is the Last  
Will and Testament of said testator; the said Will was signed by  
said testator on the date it bears immediately prior to the  
execution of this Affidavit in the presence of undersigned  
affiants at which time the said testator published and declared  
said instrument to be his Last Will and Testament and requested  
Affiants to act as witnesses thereto, whereupon the other witness  
and I, each having seen said testator sign said Will, signed our  
names to said Will as such witnesses at testator's direction. I  
hereby identify the signatures on the attached Will as those of  
the said testator, the other attesting witness and myself.

At the time of executing his said Will the said testa-  
tor was over the age of eighteen years and was of sound and  
disposing mind and was not acting under any restraint, undue  
influence or fraudulent representations, to the best of my  
knowledge and belief.

In construing this Affidavit and where the context and  
the circumstances so require, the masculine includes the femi-  
nine, the singular includes the plural, the word "testator" means  
"testatrix" and the terms "Will" and "Last Will" include a  
codicil.

Mike Ratelle

Joanna M. Cherry

SUBSCRIBED AND SWORN to before me this 24 day of  
September, 1986.

51 Laurie L. Holt  
NOTARY PUBLIC FOR OREGON  
My Commission Expires: 3-3-90

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Neal G. Buchanan the 7th day  
of March A.D. 19 91 at 4:08 o'clock P.M., and duly recorded in Vol. M91  
of Deeds on Page 4164.

FEE \$48.00

Evelyn Biehn - County Clerk  
By Douglas M. Nelson