ONBE	COPYRIGHY 1989 STEVENS.NESS LAW FUELISHING STATES
२ट्राज़ी 27226	Vol.mal_Page 5085
In the Probate Departmen	t of the County of Klamath
•	O O O O
Small Estate of: Martha M. Poko	
Hal tha M. FORO	Deceased.
STATE OF OREGON, County of K1:	amath
J. Anita J. Unruh	
above named decedent and a "claiming s affidavit is made pursuant to Oregon Rev	, being first duly sworn, depose and say that: I am an heir of the uccessor" to the following described portion of said decedent's estate. This vised Statutes, Sections 114.515 and 114.525.
(1) Name of Decedent Martha Domicile/Post Office Address 22322	
(2) Decedent died March 11 a certified copy of decedent's death certifi	cate is attached hereto;
Real Property Ledal Description (Instantion)	黨은 사람들은 문화 가슴을 가 없는 것은 것은 것을 위한 사람들을 수 있는 것을 가지 않는 것이 가지 않는 것이 가지 않는 것이 같이 있는 것이 같이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 없다.
N ¹ / ₂ SE ¹ / ₂ of SW ¹ / ₂ Section 10, Range 12, E.W.M. Located	Township 41 South, In Klamath County, Oregon
Personal Property Description	
	Fair Market Value
(4) No application or petition for the (5) The decedent died testate; dec	he appointment of a personal representative has been granted in Oregon; edent's will is attached to this affidavit;
(5) The decedent died testate; dec	edent's will is attached to this attidavit; Idress of each as known to attiant are;
 (5) The decedent died testate; dec (6) Decedent's heirs and the last ac Name Leonard O Wohan 	edent's will is attached to this affidavit; Idress of each as known to affiant are: Relationship
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	tit to which each heir or devisee is entitled is
(8) The interest in decedent's property described	in this affidavit to which each heir or devisee is entitled is.
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	One-third
Anita J. Unruh Lucile A. Owens	One-third
Lucile A. Owens	
and the second sec	n de la companya de l En companya de la comp
the second se	ining creditors of the estate. Any debts of the decedent releases of the creditors as known to the affiant are:
(9) Reasonable efforts have been made to ascertar maining unpaid or on account, and the names and addr Address	ess of the creditors as known to the affiant are:
maining unpaid or on account, and the names and address	Debt Known or Estimated Anod
Name of Creditor	, A MARA V MALE A AND AND AND AND AND
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the deep of filing	s will be delivered to each creditor who has not been paid
A apply of the affidavit showing the date of filling	g win be denie beer a
full or mailed to the creditor at the last known address	
way my and address of each person kno	own to the affiant to assert a claim against the estate who mount thereof:
(10) The name and address of cash percentage the affiant disputes and the last known or estimated a	mount thereof: Known or Estimated Am
the affiant disputes and the new man	Address
at the last known address.	will be delivered to each of the above or mailed to the per
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and the state of filing t	will be mailed or delivered to the Adult and I and
(11) A copy hereof showing the date of filing v	will be mailed or delivered to the Adult and I and
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C. Stand		HEALTH DIVISIO Vital Records U	lt	136-	. 508	
	Local File Number		DEATH	2 SEX	State File Humber 3 DATE OF DE	ATH (Morely, Day, Year)
hi	Martha Mai 4. SOCIAL SECURITY NUMBER 54 ADE - LAST RATING 5	ria POKO		F	1	11. 1991
	540-36-3269 (Mars) 81 (Mar	Days Hours Mins	Berlin	, German	y Januar	y 30, 1910
DECEDENT	Ci Yes Zi No Costruit Ci	ER/Outpatient DOA QILLER	E OF DEATH (Check Nasking Home D	Decedent's Home	Other (Specify)	
1	Bo FACILITY NAME (# not institution, gow street and member) Merle West Medical Center	De CITY	amath Fal	ION OF DEATH	9	LOUNTY OF DEATH Klamath
2	10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kin, Do not use miked)	11 MARITAL STATUS - Marred, Meror Mariad, Widowed, Divored (Specify) Widowed James 134 STREET AND NUMBER 22322 North Malin Rd.				
3	HOUSEWIfe					
4 5	Oregon Klamath Malin					
6	130 INSIDE CITY 131. ZIP CODE 14 WAS DECEL LIMITS? (Specily No Morkan, Ru 97632 Specily	DENT OF HISPANIC ORIGIN? or Yes - If yes, specify Cuban, prio Rican, etc 20 No 0 Yes	15. RACE America Block, While, e	n Indian, Hc. (Specify)	16. DECEDEN (Specify only high	TS EDUCATION st prace completed) -12) College (1-4 or 5+)
PARENTS	17. FATHER - MAME first middle fast 18.1	MOTHER - NAME list middle	White		12	
	20a METHOD OF DISPOSITION D MURDAUM 20b	Alma -	Lenk	i Anita	a Unruh, da	ugter
DISPOSITION	Burtal IX Cremation Removal from State	(lamath Cremation S			ION - City or Town, Stat	
8	218 BIGINITURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	216 LICENSE NUMBER (Of LEWISCO)	22 NAME, ADDI	RESS AND ZIP OF	ath Falls, FACILITY Davenp	ort's Chanel
9	Jean Al avental	53-0124	91 the	Good Sher	oherd, 6420 Pregen 9760	So. 6th St.
REGISTRAR	23 DATE FILED (Marin, Der, Year) MAR 1 2 1991.		24 REGISTRAR	S SKINATURE	. 1,1	<u></u>
l	25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR A	NATOMICAL GIFT CONSENT?	26. WAS GIFT M	ADE7	nery_	
10			C YES	DINO DE 1		
t1	TO BE COMPLETED BY CERTIFYING PI		TINE OF DEAT		ONLY BY MEDICAL EN	
	29 To the best of my knowledge, death occurred at the time,	, date, place and	2. On the basis of	M	timestication in my	M
CERTIFIER	due to the cause(a) and manner stated, (Styrinture)	NT I	al the time, data (Signature)	, place and due to	o the cause(s) and mar	iner stated,
12	JO DATE SIGNED (AGAN, by, Vor)		3. DATE SIGNED (Vanit, Day, Year)		COUNTY
13	34. NAME, TITLE, ADORESS AND ZIP OF CERTIFIER/MEDICA	L EXAMINER (Type or Print)				
14 CONDITIONS	Blake D. Berven, MD, 2616 CL	over, Klamath Falls	, Uregon	97601		
F ANY WARCH GAVE RISE TO PAMEDIATE	IN IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE F	OR (a), (b), AND (c)) Do not entry may	t of dying an Co	diac or Association	Armet	fillerval between criset
CAUSE STATING THE UNDERLYING	ART (a) Acute Myocardial Infa	irction				5 minutes
	(b) ASHD DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death 10 years
CAUSE OF DEATH	(c)					Interval between onset and death
15	PART OTHER SIGNIFICANT CONDITIONS - T Conditions contributing to death but not related to cause of	jiven in PART 1.	37. Did tobacco u to the death?	se contribute	38. AUTOPSY 39.	YES were findings considered in determining cause of death?
16	40. MANNER OF DEATH 41n. DATE OF INJURY	4 th. TIME OF 4 IC INJURY				
17	C Natural C Pending (Month, Day, Year Accident Investigation	INJURY AT WORK?	- <u> </u>			
	D Succivi Manner 410 PLACE OF INJUF D Homickin D Logal building etc. (See	Y - Al home, farm street, factory, office	4 II LOCATION (S	Freet and Number of	r Purat Route Humber, C	ity or Town, State)
	RESERVED FOR REGISTRAR'S USE		L			
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anning the second second	THIS IS A TRUE AND EXACT REPRODUCT					
	THIS IS A TRUE AND EXACT REPROPHET REGISTERED AT THE OFFICE OF THE RE	XMAHI COUNTY REGISTRAT	SOLOPY		,	45-2 REV 3 95 Putting and
	:		Da	$ \sim 0 $	1/1.1 -	A STREAM
	DATE ISSUEDMAR 1 2 1	99.1	Nor	DONNA	NERLING (
				COUNTY KLAMATH CO	REGISTRAR UNITY, OREGON	NBLOOD
STATE OF ORE	GON: COUNTY OF KLAMATH:	SS.			កំណារដំណាត់ឈើដំ	
of <u>Mar</u>	at request of Anita ch A.D., 19 91 at 2	J. Unruh	Dat		the <u>21s</u>	t day
	of Deeds	2:19 o'clock or	P_M., and Page	d duly reco 5085	orded in Vol.	<u>M91</u> ,
FEE \$18.	00 Anita Unruh	Evely	Biehn	· Cour	nty Clerk Unilized	
-		· H1/				