

ONBE

MAR 21 1991

27226

Vol. 91 Page 5085

In the Probate Department of the County of Klamath, Oregon

Small Estate of: Martha M. Pokorny
Deceased.

Estate No. 91009506

AFFIDAVIT OF CLAIMING SUCCESSOR
TESTATE ESTATE

STATE OF OREGON, County of Klamath ss.

I, Anita J. Unruh, being first duly sworn, depose and say that: I am an heir of the above named decedent and a "claiming successor" to the following described portion of said decedent's estate. This affidavit is made pursuant to Oregon Revised Statutes, Sections 114.515 and 114.525.

(1) Name of Decedent Martha M. Pokorny Age 81 Soc. Sec. No. 540-36-3269
Domicile/Post Office Address 22322 N. Malin Rd. Malin, Oregon 97632

(2) Decedent died March 11, 1991, at Klamath Falls, OR;
a certified copy of decedent's death certificate is attached hereto;

(3) A description of all of decedent's property, including the fair market value of the real property and the fair market value of the personal property, is:
Real Property Legal Description (Including County)
N $\frac{1}{2}$ SE $\frac{1}{4}$ of SW $\frac{1}{4}$ Section 10, Township 41 South, Range 12, E.W.M. Located in Klamath County, Oregon Fair Market Value \$25,030.00

Personal Property Description	Fair Market Value

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

(5) The decedent died testate; decedent's will is attached to this affidavit;

(6) Decedent's heirs and the last address of each as known to affiant are:

Name	Relationship	Last Known Address
Leonard O. Weber	son	P.O. Box 2071, Alturas, CA 96101
Anita J. Unruh	daughter	30403 Pickett Rd. Malin, OR 97632
Lucile A. Owens	daughter	Rt. 3, Box 194-CC Milton-Freewater, OR 97862

A copy of this affidavit showing the date of filing and a copy of decedent's will will be delivered to each heir at the heir's last known address stated above;

(7) Decedent's devisees and the last address of each as known to affiant are:

Name	Last Known Address

A copy of the will and a copy of the affidavit showing the date of filing will be delivered to each devisee or mailed to the devisee at the devisee's last known address;

Leonard O. Weber
Anita J. Unruh
Lucile A. Owens

Interest
One-third
One-third
One-third

(9) Reasonable efforts have been made to ascertain creditors of the estate. Any debts of the decedent remaining unpaid or on account, and the names and address of the creditors as known to the affiant are:

Name of Creditor	Address	Debt	Known or Estimated Amount
------------------	---------	------	---------------------------

A copy of the affidavit showing the date of filing will be delivered to each creditor who has not been paid in full or mailed to the creditor at the last known address.

[illegible]

A copy of the affidavit showing the date of filing will be delivered to each of the above or mailed to the person at the last known address.

(11) A copy hereof showing the date of filing will be mailed or delivered to the Adult and Family Services Division, Estate Administration Section and to the Department of Revenue, Salem, Oregon.

(12) Claims against the estate not listed herein or in amounts larger than those listed herein may be barred unless: _____ within four months of the filing of this affidavit at the address stated

(a) A claim is presented to the affiant within four months of the filing of this affidavit at the address stated in this affidavit for presentment of claims; or

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

(13) If there is listed one or more claims which the affiant disputes [See (10)], such claim(s) may be barred unless: _____ is filed within four months of the filing of this affidavit; or

(a) A petition for summary determination is filed within four months of the filing of this affidavit; or

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

(14) A copy of this affidavit showing the date of filing or an abstract meeting the requirements of ORS 113.165(2), will be mailed or delivered with the required recording fee to the county clerk in each county where said decedent's real property, if any, is located.

STATE OF OREGON)

County of Kiowa)

LYN G. HARDY Clerk of the Circuit Court of the County of Klamath

LYN G. HARDY Clerk of the Circuit Court of the County of Jefferson

Subscribed and sworn to before me on

Notary Public for Oregon. My commission expires:

EXCEPT FROM ORS 14.515: "If the estate consists of personal property having a fair market value of \$25,000 or less, and real property having a fair market value of \$60,000 or less, or a combination of personal property having a fair market value of \$25,000 or less, and real property having a fair market value of \$60,000 or less, not less than 30 days after the death of the decedent, one or more of the claiming successors may file an affidavit with the clerk of the probate court in any county where there is venue for a proceeding seeking the appointment of a personal representative for the estate. The affidavit shall contain the information required by ORS 14.525 ***"

E-3197
I.D. TAG NO.83
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

5087

State File Number

1 DECEDENT'S NAME First: Martha Middle: Maria Last: POKORNY		2 SEX F	3 DATE OF DEATH (Month, Day, Year) March 11, 1991
4 SOCIAL SECURITY NUMBER 540-36-3269		5a AGE - Last Birthday (Years) 81	5b Under 1 Year Months: Days: Hours: Minutes:
6 BIRTHPLACE (City and State or Foreign Country) Berlin, Germany		7 DATE OF BIRTH (Month, Day, Year) January 30, 1910	
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10a FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10b CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10c COUNTY OF DEATH Klamath		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
12 SPOUSE (If Married, Widowed) James		13a RESIDENCE - STATE Oregon	
13b COUNTY Klamath		13c CITY, TOWN, OR LOCATION Malin	
13d STREET AND NUMBER 22322 North Malin Rd.		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	
15 RACE American Indian, Black, White, etc. (Specify) White		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	
17 FATHER - NAME first middle last Max - Lenk		18 MOTHER - NAME first middle maiden Alma - Lenk	
19 INFORMANT - NAME and relationship to decedent Anita Unruh, daughter		20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State	
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		20c LOCATION - City or Town, State Klamath Falls, OR 97601	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Shawn R. Dwyer</i>		21b LICENSE NUMBER (Of License) 53-0124	
22 NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		23 DATE FILED (Month, Day, Year) MAR 12 1991	
24 REGISTRAR'S SIGNATURE <i>Dorothy 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		27 TIME OF DEATH 15:10 P.M.	
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>Blake D. Berven</i>	
30 DATE SIGNED (Month, Day, Year) March 12, 1991		31 DATE SIGNED (Month, Day, Year)	
32 COUNTY		33 COUNTY	
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601		35 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.) (a) Acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (b) ASHD DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		Interval between onset and death 5 minutes Interval between onset and death 10 years Interval between onset and death	
37 Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Sudden <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide	
41a DATE OF INJURY (Month, Day, Year)		41b TIME OF INJURY M	
41c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d DESCRIBE HOW INJURY OCCURRED	
42 PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		43 LOCATION (Street and Number or Rural Route Number, City or Town, State)	
RESERVED FOR REGISTRAR'S USE			

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

45-2 REV 3-89

DATE ISSUED **MAR 12 1991***Donna A. Verling*
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Anita J. Unruh** the **21st** day of **March** A.D., 19 **91** at **2:19** o'clock **P.M.**, and duly recorded in Vol. **M91** of **Deeds** on Page **5085**

FEE \$18.00

Return: Anita Unruh

30403 Pickett Rd., Malin, Or. 97632

Evelyn Biehn County Clerk

By *Pauline Muehlendorfer*