

29521

MAY 16 1991

Vol. 91 Page 9306

FILED

STATE OF OREGON

CIRCUIT COURT

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

MAY 16 PM 4:34

In the Matter of the Small Estate)
of:)CLERK OF COURT
Case No: 9101610 cv

GEORGE A. MILLER, SR.,)

AFFIDAVIT OF CLAIMING
SUCCESSOR/INTESTATE
ESTATE

Deceased.)

STATE OF OREGON, County of Klamath) ss:

I, GEORGE A. MILLER, JR., being sworn, say that I am an heir
and a claiming successor of the above-named decedent. This
Affidavit is made pursuant to the provisions of ORS 114.525,
1. A description of all of the property of the decedent in
Oregon, including its location and my estimate of its fair market
value, is:

A. REAL PROPERTY:

Lots 4, 5, and 6, Block 2, SADDLE MOUNTAIN
ESTATES, Tract 1055, according to the official
plat thereof on file in the office of the County
Clerk of Klamath County, Oregon.

ESTIMATED VALUE \$40,000.00

B. TITLED VEHICLES OR BOATS:

| | |
|--|----------|
| i. 1969 FORD pickup, OR. Lic. #LRL494, | |
| VIN #F25HRF32071 | 500.00 |
| ii. 1976 DODGE pickup, OR. Lic. #KVD275, | |
| VIN #W24BF6S291081 | 200.00 |
| iii. 1958 FIBERFORM boat, Serial #2027, | |
| Oregon Marine Board #OR106HL | 100.00 |
| iv. 1977 FORD 2S, OR. Lic. #FSV381, (in | |
| survivorship tenancy) | -0- |
| v. 1970 JEEP pickup, OR. Lic. #AQD824 | minimal |
| vi. 1971 FREEDOM mobile home, #FC PA-6249- | |
| EK-S27702 | 1,000.00 |
| vii. 1985 HONDA Honch, #AT18151, #BTO885hk1147 | 100.00 |
| viii. 1974 WEEKE Camper, #K752943, #CPR53337 | 500.00 |

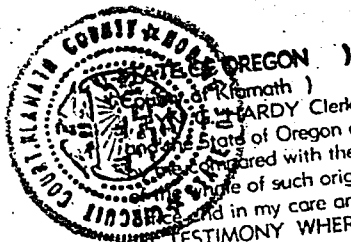
SUBTOTAL VEHICLES \$ 2,400.00

C. MISCELLANEOUS PERSONAL PROPERTY:

i. Miscellaneous clothing, personal items,
and furnishings at decedent's domicile:

1A/ - AFFIDAVIT OF CLAIMING SUCCESSOR -1-

NEAL G. SUCANAN
ATTORNEY AT LAW
FIRST INTERSTATE
BANK BLDG.
601 MAIN STREET
SUITE 210
KLAMATH FALLS,
OREGON 97601-8007
503/882-6807
O.S.B. #77127



LYN G. HARDY Clerk of the Circuit Court of the County of Klamath
do hereby certify that the foregoing copy has been
compared with the original, and that it is a transcript therefrom, and
the same appears on file or of record in my
office and in my care and custody.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed
the seal of said Court, this 16th day of May, A.D. 1991
By: Lyn G. Hardy Clerk of Court

| | | |
|------|------------------------------|--------|
| ii. | 4 x 8 utility trailer | 50.00 |
| iii. | Kelly-Log splitter | 200.00 |
| iv. | Sears tractor with equipment | 500.00 |
| v. | SnowFlite | 250.00 |
| vi. | Generator | -0- |

SUBTOTAL PERSONAL PROPERTY \$ 1000.00

D. ACCOUNTS:

| | | |
|----|------------------------------------|-------------|
| i. | U.S. National Bank - #029-0836-873 | 893.00+ |
| | TOTAL EST. VALUE OF ASSETS | \$ 42418.93 |

2. Reasonable efforts have been made by your Affiant to ascertain creditors of the estate. The debts of the decedent remaining unpaid, including the amounts thereof, and the names and addresses of the creditors known to you Affiant are as follows:

A. Davenport's Funeral Home, 6420 South 6th, Klamath Falls, OR 97603, funeral expenses..... \$1227.00

3. The date of the death of decedent was May 13, 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:

| NAME: | RELATIONSHIP: | ADDRESS: |
|-----------------------|---------------|---|
| George A. Miller, Jr. | Only child | 282 Cottonwood Drive Vallejo, CA 94591 |

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 intestate.

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

GEORGE A. MILLER, JR. - 100%

NEAL G. BUCHANAN
ATTORNEY AT LAW
FIRST INTERSTATE
BANK BLDG.
801 MAIN STREET
SUITE 210
KLAMATH FALLS,
OREGON 97601-5007
503/882-6807
OS 8-77127

1 8. A copy of this Affidavit has been mailed to the Adult
 2 and Family Services Division, Estate Administration Section,
 3 Salem, Oregon, and to the Department of Revenue, Salem, Oregon.

4 9. A copy of this Affidavit has been filed with the County
 5 clerk in each County where the decedent's real property is
 6 located.

7 DATED: MAY 16, 1991.

8 *George A. Miller, Jr.*
 9 GEORGE A. MILLER, JR.

10 SUBSCRIBED AND SWORN to before me MAY 16, 1991.

11 *Vivienne I. Husted*
 12 VIVIENNE I. HUSTEAD
 13 NOTARY PUBLIC-OREGON

My Commission Expires _____

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

14 STATE OF OREGON, County of Klamath)ss:

15 I, GEORGE A. MILLER, JR., being sworn, say: That I have
 16 caused the foregoing AFFIDAVIT OF CLAIMING SUCCESSOR to be
 17 prepared; that I have read the same, and that the facts contained
 18 therein are true as I verily believe.

17 *George A. Miller, Jr.*
 18 GEORGE A. MILLER, JR.

19 SUBSCRIBED AND SWORN to before me MAY 16, 1991.

20 *Vivienne I. Husted*
 21 VIVIENNE I. HUSTEAD
 22 NOTARY PUBLIC-OREGON

23 My Commission Expires _____

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

CERTIFICATION OF VITAL RECORD

F-1007

L.D. TAG NO.

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION Vital Records Unit

9309

State File Number

| | | | |
|--|--|--|--|
| 1. DECEDENT'S NAME First: George Middle: Armour Last: MILLER, SR. | | 2. SEX M | 3. DATE OF DEATH (Month, Day, Year) May 13, 1991 |
| 4. SOCIAL SECURITY NUMBER 710-10-0460 | | 5a. AGE - Last Birthday (Years) 72 | 5b. Under 1 Year Mo: Days: Hours: Mins: |
| 6. BIRTHPLACE (City and State or Foreign Country) | | 7. DATE OF BIRTH (Month, Day, Year) August 16, 1918 | |
| 8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> ER/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) | | | |
| 9a. FACILITY NAME (If not institution, give street and number) Merle West Medical Center | | 9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Chief of Maintenance | | 10b. KIND OF BUSINESS/INDUSTRY National Park Service | |
| 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed | | 12. SPOUSE (If Married, Widowed) Lola Miller | |
| 13a. RESIDENCE - STATE Oregon | | 13b. COUNTY Klamath | |
| 13c. CITY, TOWN, OR LOCATION Chiloquin | | 13d. STREET AND NUMBER P.O. Box 758 | |
| 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Origin. Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify: | | 15. RACE, American Indian, Black, White, etc. (Specify) White | |
| 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (11-4 or 5+) 12 | | | |
| 17. FATHER - NAME first middle last Ira Miller | | 18. MOTHER - NAME first middle maiden Irene Carson | |
| 19. INFORMANT - NAME and relationship to decedent George A. Miller, Jr., son | | | |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) Klamath Cremation Service | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Dean A. Davenport</i> | | 21b. LICENSE NUMBER (Of License) 53-0124 | |
| 22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6120 So. 6th St., Klamath Falls, Oregon 97603-7194 | | | |
| 23. DATE FILED (Month, Day, Year) MAY 14 1991 | | 24. REGISTRAR'S SIGNATURE <i>Mary 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 09:15 A M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 28. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. <i>Richard P. Sargent MD</i> | | | |
| 29. DATE SIGNED (Month, Day, Year) May 13, 1991 | | | |
| 30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Richard P. Sargent, MD, Chiloquin Medical Center, Chiloquin, OR 97624 | | | |
| 31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | |
| 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) Chronic Heart Failure (b) Nephrotic Syndrome (c) Esophageal Carcinoma OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1. Emphysema | | | |
| 33. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unk | | 34. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 35. If YES, what findings considered in determining cause of death? | | | |
| 36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention | | 37. DATE OF INJURY (Month, Day, Year) | |
| 38. TIME OF INJURY M | | 39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 40. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 41. LOCATION (Street and Number or Rural Route Number, City or Town, State) | |

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

DATE ISSUED **MAY 14 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 **Neal G. Buchanan** the **17th** day of **May**, A.D., 19 **91** at **9:32** o'clock **A.M.**, and duly recorded in Vol. **M91** of **Deeds** on Page **9306**.

FEE \$23.00

Evelyn Biehn - County Clerk

By *Pauline Mueller*