

FILED

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

In the Matter of the Small Estate)
of:)

Case No: 910 2106 - CV

NOTA ANN SINCLAIR,)

AFFIDAVIT OF CLAIMING
SUCCESSOR/TESTATE ESTATE

Deceased.)

STATE OF OREGON, County of Klamath) ss:

I, RICHARD THOMAS SINCLAIR, 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. Revelant information with reference to the decedent is as follows:

- A. Decedent's Name: Nota A. Sinclair
- B. Decedent's Age: 99
- C. Decedent's Domicile: 352 North 10th Street, Klamath Falls, Klamath County, Oregon
- D. Decedent's P. O. Box Address: Same as above
- E. Decedent's Social Security No.: 541-22-1741

2. The date and place of decedent's death is as follows:

- A. Date of death: May 28, 1991
- B. Place of death: Klamath Falls, Klamath County, Oregon

A certified copy of the Death Certificate of the Decedent is attached hereto.

3. A description of all of the property of the decedent in Oregon, including its location and my estimate of its fair market value, is as follows:

A. REAL PROPERTY: Real property situated in Klamath County, State of Oregon, described as follows, to-wit:

Beginning at a point in the Northwesternly line of Block 44, NICHOLS ADDITION to the City of Klamath Falls, (formerly Linkville) Oregon, which point is 90 feet North-easterly from the most Westerly corner of said Block; thence Northwesternly parallel with Ninth Street 55 feet to the center line of the vacated alley; thence North-

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easterly along the center line of the vacated alley 45 feet; thence Southeasterly, at right angles, 5 feet to the Southerly line of the vacated alley; thence Northeasterly along the Southeasterly line of the alley 20.65 feet, more or less, to the dead end of Washington Street; thence Southeasterly along the dead end of Washington Street 50 feet to the Northwesterly line of said Block 44; thence Southwesterly 65.76 feet, more or less, to the place of beginning.

ESTIMATED VALUE \$30,000.00

B. MISCELLANEOUS PERSONAL PROPERTY:

Miscellaneous clothing, personal items and furnishing at decedent's domicile above described

ESTIMATED VALUE minimal

TOTAL EST. VALUE OF ASSETS \$ 30,000.00

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

5. The decedent died testate, and the original of the decedent's Will is attached to this Affidavit.

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

NAME:	RELATIONSHIP:	ADDRESS:
Richard Thomas Sinclair	Son	6175 Brookdale Drive
	(only child)	Carmel, CA 93923

A copy of this Affidavit showing the date of filing and a copy of the Will will be delivered to each heir, or mailed to that heir at the last known address.

7. The devisees of the decedent and the last known address of each devisee as is known to your Affiant are as follows:

NAME:	RELATIONSHIP:	ADDRESS:
Richard Thomas Sinclair	Son	6175 Brookdale Drive
	(only child)	Carmel, CA 93923

A copy of this Affidavit showing the date of filing and a copy of the Will will be delivered, or mailed to each devisee at the last

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1 known address.

2 8. The interest in the property described hereinabove to
3 which each heir or devisee is as follows:

4 RICHARD THOMAS SINCLAIR - 100%

5 9. Reasonable efforts have been made by your Affiant to
6 ascertain creditors of the estate. To your Affiant's best
7 information and belief, no claims against the estate or the
8 decedent remain unpaid.

9 10. No persons are known to your Affiant to assert a claim
10 against the estate.

11 11. A copy of this Affidavit, showing the date of filing,
12 will be mailed or delivered to the Adult and Family Services
13 Division, Estate Administration Section, Salem, Oregon, and to the
14 Department of Revenue, Salem, Oregon.

15 12. Claims against this estate not listed in this Affidavit
16 or in amounts larger than those listed in this Affidavit may be
17 barred unless:

18 A. A claim is presented to the Affiant within four (4)
19 months of the filing of the Affidavit at the address stated in the
20 Affidavit for presentation of claims; or

21 B. A Personal Representative of the Estate is appointed
22 within the time allowed under ORS 1114.555.

23 13. This Affidavit lists no claims which are disputed, as
24 your Affiant believes that all claims as against the estate or the
25 decedent have been paid

26 14. A copy of this Affidavit, showing the date of filing,
27 will be mailed or delivered with the required recording fee to

28 /////

1 the County Clerk in each County where the decedent's real property
2 is located.

3 DATED: JUNE 26, 1991.

Richard Thomas Sinclair
RICHARD THOMAS SINCLAIR

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6 STATE OF OREGON, County of Klamath)ss:

7 I, RICHARD THOMAS SINCLAIR, being sworn, say: That I have
8 caused the foregoing AFFIDAVIT OF CLAIMING SUCCESSOR to be
9 prepared; that I have read the same, and that the facts contained
therein are true as I verily believe.

Richard T. Sinclair
RICHARD THOMAS SINCLAIR

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11 SUBSCRIBED AND SWORN to before me JUNE 26, 1991.

Vivienne I. Hustead
VIVIENNE I. HUSTEAD
NOTARY PUBLIC-OREGON
My Commission Expires 4-11-93

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19 STATE OF OREGON)

County of Klamath)

20 I, LYN G. HARDY Clerk of the Circuit Court of the County of Klamath
21 and the State of Oregon do hereby certify that the foregoing copy has been
22 by me compared with the original, and that it is a transcript therefrom, and
of the whole of said original as the same appears on file or of record in my
office and in my care and custody.

23 WHEREOF, I have hereunto set my hand and affixed
24 this 26 day of June A.D. 19 91
25 LYN G. HARDY, Clerk of Court
26
27
28



Cathy Shrentz

NEAL G. BUCHANAN
ATTORNEY AT LAW
FIRST INTERSTATE
BANK BLDG.
601 MAIN STREET
SUITE 218
KLAMATH FALLS,
OREGON 97601-8007
503/882-6607
ORR #77127

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1973 JUN 26 PM 3:35

12243

CLERK OF COURT

BY _____

LAST WILL AND TESTAMENT
of NOTA ANN SINCLAIR

I, NOTA ANN SINCLAIR, residing in Klamath Falls, Oregon, and being of sound and disposing mind and memory and not acting under the menace, fraud, coercion or undue influence of any person whomsoever, do hereby make, publish and declare the following instrument as and for my Last Will and Testament, hereby revoking any and all wills, codicils or other testamentary dispositions by me heretofore made.

FIRST: I hereby declare that I am an unremarried widow, that I am the mother of RICHARD THOMAS SINCLAIR of Carmel, California, and that I have no other children or descendants who survive me.

SECOND: I direct that all my just debts, including the expenses of my last illness and funeral, shall be paid out of my estate by my personal representative hereinafter named.

THIRD: I hereby give, bequeath and devise all the rest, residue and remainder of my estate of whatsoever kind and wheresoever situate, unto my son, Richard Thomas Sinclair of Carmel, California.

FOURTH: I hereby nominate, constitute and appoint Robert A. Thompson, Jr., of Klamath Falls, Oregon, as personal representative of this, my Last Will and Testament, and direct that he not be required to give bond or other undertaking for the faithful performance of his duties as such personal representative.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 22nd day of October, 1973.

Nota Ann Sinclair
Page 1 - Last Will and Testament
of Nota Ann Sinclair

(SEAL)

The foregoing instrument, consisting of two pages, of which this is the second page, was on the 22 day of October, 1973, subscribed by NOTA ANN SINCLAIR, the above-named testatrix, and by her signed, sealed, published and declared to be her Last Will and Testament, in the presence of us and each of us, who thereupon at her request, in her presence, and in the presence of each other, have hereunto subscribed our names as attesting witnesses thereto.

H. J. Smith residing at Klamath Falls, Oregon
John A. [unclear] residing at Klamath Falls, Oregon

079699
I.D. TAG NO.

Local File Number

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

136-

12245

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

8

9

REGISTRAR

10

11

CERTIFIER

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14

CONDITIONS
IF ANY
WHICH GIVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

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1. DECEDENT'S NAME First: Nota Middle: A. Last: SINCLAIR		2. SEX F	3. DATE OF DEATH (Month, Day, Year) May 28, 1991
4. SOCIAL SECURITY NUMBER 541-22-1741		5a. AGE - Last Birthday (Years) 99	5b. Under 1 Year Mos. Days Hours Mins.
6. PLACE OF BIRTH (City and State or Foreign Country) Competine, Iowa		7. DATE OF BIRTH (Month, Day, Year) September 8, 1891	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
10. FACILITY NAME (If not institution, give street and number) 352 North 10th. Street		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath		13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker	
14. KIND OF BUSINESS/INDUSTRY Own Home		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
16. SPOUSE (If Married, Widowed) Ernest - Sinclair		17. RESIDENCE - STATE Oregon	
18. COUNTY Klamath		19. CITY, TOWN, OR LOCATION Klamath Falls	
20. STREET AND NUMBER 352 North 10th.		21. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22. ZIP CODE 97601		23. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	
24. RACE American Indian, Black, White, etc. (Specify) White		25. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (13-16) 5	
26. FATHER - NAME first middle last David - Thompson		27. MOTHER - NAME first middle maiden Katherine - Jones	
28. INFORMANT - NAME and relationship to deceased Dr. Richard Sinclair Son		29. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park		31. LOCATION - City or Town, State Klamath Falls, Oregon	
32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael O'Hair</i>		33. LICENSE NUMBER (Of Licensee) 3287	
34. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, OR 97601		35. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
36. DATE FILED (Month, Day, Year) MAY 29 1991		37. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
38. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		39. TO BE COMPLETED BY CERTIFYING PHYSICIAN	
40. TIME OF DEATH 11:21 A		41. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) May 28, 1991	
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>Robert N. Edwards</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) <i>Robert N. Edwards</i>	
44. DATE SIGNED (Month, Day, Year) May 29, 1991		45. COUNTY Klamath	
46. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert N. Edwards M.D. M.E. 2865 Daggett Avenue Klamath Falls, OR 97601		47. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
48. 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.)		49. Interval between onset and death	
PART I (a) Atherosclerotic Coronary Artery Disease		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II (b) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		Interval between onset and death	
50. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		51. DATE OF INJURY (Month, Day, Year)	
52. TIME OF INJURY M		53. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
54. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		55. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
56. DESCRIBE HOW INJURY OCCURRED		57. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
58. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		59. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

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

45-2 REV

DATE ISSUED **MAY 29 1991**

Notary Public for the County of Klamath

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

of the State of Oregon, County of Klamath, do hereby certify that the foregoing is a true and correct copy of the original as filed in my office and in my possession in TESTIMONY WHEREOF, I have hereunto set my hand and official seal this 26th day of June A.D. 1991.

LYN G. HARDY, Clerk of Court

By *Cathy Schreff*

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Neal G. Buchanan
on this 26th day of June A.D., 19 91
at 4:00 o'clock P. M. and duly recorded
in Vol. M91 of Deeds Page 12239
Evelyn Biehn, County Clerk
By *Donna A. Verling*

Deputy.

Fee, \$38.00