

JUL 08 1991

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR KLAMATH COUNTY

In the Matter of the Small Estate of)
GENEVA A. CUMMINGS,)Case No. 9102205CU

Deceased.)

SMALL ESTATE
AFFIDAVIT)STATE OF OREGON)
County of Klamath) SSI, Mickey D. Cummings, make this Affidavit pursuant to the
provisions of ORS 114.505 to 114.560.

1.

The following information is provided about the Decedent:

A. Name: Geneva A. Cummings

B. Age: 73

C. P.O. Address: 5460 Cottage Ave., Klamath Falls, OR
97603.

D. Social Security Number: 527-12-6452

E. Domicile: 5460 Cottage Ave., Klamath Falls, OR 97603.

2.

The description of the property of the Decedent and its fair
market value as of the date of death is as follows:DESCRIPTION:FAIR MARKET VALUE(1) Promissory Note made by Mickey D.
Cummings and Ester Cummings in face
amount of \$20,000 and secured with a
Trust Deed against Tract No. 65,
Pleasant Home Tracts No. 2, Klamath
County, Oregon and recorded in
Vol. M087 at Page 13236 of the records
of Klamath County, Oregon.

\$10,667.00

(2) Promissory Note made by Mickey D.
Cummings and Ester Cummings in face
amount of \$20,000 and secured with a
Trust Deed against Lot 5, Block 6, Fairview

1 Addition No. 2 to the City of Klamath Falls,
2 Klamath County, Oregon, and recorded in
3 Vol. M-87 at Page 13233 of the records of
4 Klamath County, Oregon.

\$10,667.00

5 (3) 1981 Chevrolet Malibu

\$ 1,500.00

6 (4) Household furnishings and personal
7 property

\$ 655.00

TOTAL

\$23,489.00

3.

8 The Decedent died on February 16, 1991 at Klamath Falls,
9 Oregon. A certified copy of the Death Certificate is attached to
10 this Affidavit.

4.

11 Not less than 30 days since the date of death of the Decedent
12 have expired prior to the date of the filing of this Affidavit
13 and no application or petition for the appointment of a Personal
14 Representative has been granted in Oregon.

5.

15 The Decedent died intestate.

6.

16 The Heirs of the Decedent and the last address of each said
17 person as known to the Affiant are as follows:

18 Mickey D. Cummings, P.O. Box 41, Klamath Falls, Oregon 97601
19 SON

20 Archie D. Cummings, 7410 Dehlinger Ln., Klamath Falls, OR
21 97603 SON

22 Jackie Joan Gifford, P.O. Box 457, Galt, California 95632
23 DAUGHTER

24 A copy of this Affidavit showing the date of filing will be
25 mailed to each of said persons at said address.
26
27
28

7.

The interests in the property described in the Affidavit to which each said Heir is entitled are as follows:

Archie Cummings	one-third
Mickey D. Cummings	one-third
Jackie Joan Gifford	one-third

8.

A copy of this Affidavit has been mailed to:

Adult and Family Services Division
Estate Administration Section
Salem, Oregon 97310

and also to:

Department of Revenue
Salem, Oregon 97310

contemporaneously with the execution of this Affidavit.

9.

A copy of the Affidavit showing the date of filing will be mailed with the required filing fee to the County Clerk in the County where the Decedent's real property is, to wit, with the County Clerk of Klamath County, Oregon.

10.


Reasonable efforts have been made to ascertain creditors of the Estate. All known creditors have been paid in full. There are no persons known to the Affiant who are asserting claims against the Estate and which said claims are disputed by the Affiant.

11.

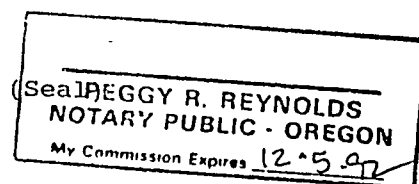
Claims against the Estate not listed in this Affidavit or in amounts larger than those listed in the Affidavit may be barred unless:

a. A claim is presented to the Affiant within four months of the filing of the Affidavit at the address stated in the Affidavit for presentment of claims; or

b. A personal representative of the Estate is appointed within the time allowed under ORS 114.555.


Mickey D. Cummings

Subscribed and sworn to before me this 16 day of May, 1991.




Notary Public for Oregon

CERTIFICATION OF VITAL RECORD

079631
ID. TAG NO.

49

Local File Number

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

12940

136

State File Number

1 DECEASED'S NAME Geneva		2 SEX Female		3 DATE OF DEATH (Month, Day, Year) February 16, 1991	
4 SOCIAL SECURITY NUMBER 527-12-6452		5 AGE, Last Birthday (Year) 73		6 BIRTHPLACE (City and State or Foreign Country) Greeley, Colorado	
7 WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8 PLACE OF DEATH (Check only one) <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/> Other		9 DATE OF BIRTH (Month, Day, Year) June 12, 1917	
10 FACILITY NAME (If not institution, give street and number) 5460 Cottage Avenue		11 CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		12 COUNTY OF DEATH Klamath	
13a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Bookkeeper		13b KIND OF BUSINESS/INDUSTRY Roofing		14 MARITAL STATUS (Married, Widowed, Divorced, Separated) Widowed	
15a RESIDENT - STATE Oregon		15b COUNTY Klamath		16 SPOUSE (If Married, Widowed, Divorced) Ralph D. Cummings	
17a INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17b ZIP CODE 97603		18 STREET AND NUMBER 5460 Cottage Avenue	
19 WAS DECEASED OF HISPANIC ORIGIN? (Specify Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20 RACE (Specify) White		21 DECEASED'S EDUCATION (Specify only highest grade completed) 12	
22 FATHER - NAME, first, middle, last Vern - Stickney		23 MOTHER - NAME, first, middle, maiden Goldie - Clark		24 INFORMANT - NAME and relationship to deceased Jackie Gifford Daughter	
25 METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		26 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		27 LOCATION (City or Town, State) Klamath Falls, Oregon	
28 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		29 LICENSE NUMBER (Of Licensee) 3287		30 NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, OR 97601	
31 DATE FILED (Month, Day, Year) FEB 19 1991		32 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		33 REGISTRAR'S SIGNATURE <i>[Signature]</i>	
34 TO BE COMPLETED BY CERTIFYING PHYSICIAN 34a TIME OF DEATH 3:05 P		34b WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		35 TO BE COMPLETED ONLY BY MEDICAL EXAMINER 35a TIME OF DEATH M	
36 In the face of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i> Glenn Gailis M.D.		37 On the basis of examination and investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)		38 DATE SIGNED (Month, Day, Year) February 18, 1991	
39 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Glenn G. Gailis M.D. 1905 Main Street, Klamath Falls, Oregon 97601		40 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		41 DATE SIGNED (Month, Day, Year)	
42 IMMEDIATE CAUSE IF OTHER THAN ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. PART I (a) SMALL CELL CANCER (B) LUNG DUE TO, OR AS A CONSEQUENCE OF: (b) 6 mos DUE TO, OR AS A CONSEQUENCE OF: (c) Interval between onset and death		43 Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> N/A		44 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45 OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I		46 DESCRIBE HOW INJURY OCCURRED		47 IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
48 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		49 DATE OF INJURY (Month, Day, Year) At <input type="checkbox"/> Yes <input type="checkbox"/> No		50 PLACE OF INJURY (Home, farm, street, factory, office, building, etc.) (Specify)	
51 LOCATION (Street and Number or Rural Route Number, City or Town, State)		52 RESERVED FOR REGISTRAR'S USE		53	

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

DATE ISSUED

FEB 19 1991

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



12941



STATE OF OREGON)
County of Klamath)
I, LYNN G. HARRIS, Clerk of the Circuit Court of the County of Klamath
do hereby certify that the foregoing copy has been
correctly taken from the original and is a true and correct copy of the
original as the same appears on file in my office.
Witness my hand and the seal of said County this 8th day of July 1991.
LYNN G. HARRIS
Clerk of Circuit Court

Return: Wm. M. Ganong
635 Main St
Klamath Falls, Or. 97601

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Wm. M. Ganong
on this 8th day of July A.D. 19 91
at 3:20 o'clock P.M. and duly recorded
in Vol. M91 of Deeds Page 12936.
Evelyn Biehn
By Evelyn Biehn County Clerk
Deputy.

Fee,
\$33.00