

JUL 19 1991  
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Vol. 91 Page 14149

in the Probate Department of the County of Klamath, Oregon

1991 JUL 19 AM 9:58

Estate No. 9102326 CV

Small Estate of:

Edna M. Vahl

Deceased.

BY

AFFIDAVIT OF CLAIMING SUCCESSOR  
TESTATE ESTATESTATE OF OREGON, County of Klamath ss.

I, Betty G. Calzacorta, 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 Edna M. Vahl Age 84 Soc. Sec. No. 541-66-2673  
Domicile/Post Office Address 5139 Shasta Way Klamath Falls Oregon 97603

(2) Decedent died March 13 1991, 19 91, at Klamath County Oregon  
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)

West 200 feet of Lot 38Fair Acres Subdivision No. 11/2 interest

Fair Market Value

\$16,500

Personal Property Description

NONE

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
<u>Betty G. Calzacorta</u>	<u>5th daughter</u>	<u>5475 Villa Drive K Falls 97603</u>
<u>Deborah Huff</u>	<u>granddaughter</u>	<u>651 Oak St. Madras Oregon</u>
<u>Michelle Jo Britton</u>	<u>granddaughter</u>	<u>114 Country Place - Longview Wash</u>
<u>David Arthur Calzacorta</u>	<u>grandson</u>	<u>5017 Sturdevant K Falls Ore 97603</u>

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
<u>Betty G. Calzacorta</u>	<u>5475 Villa Drive K Falls Oregon 97603</u>

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;

(8) The interest in decedent's property described in this affidavit to which each heir or devisee is entitled is:

Name	Interest
Betty J. Calzavorta	daughter all

(9) Reasonable efforts have been made to ascertaining 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
NONE			

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.

(10) The name and address of each person known to the affiant to assert a claim against the estate which the affiant disputes and the last known or estimated amount thereof:

Name	Address	Known or Estimated Amount
NONE		

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:

- (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:

- (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.

Betty J. Calzavorta

Subscribed and sworn to before me on July 19, 1991  
 Notary Public for Oregon. My commission expires 3-2-92

EXCERPT FROM ORS 114.515: "If the estate consists of personal property having a fair market value of \$15,000 or less, or real property having a fair market value of \$35,000 or less, or a combination of personal property having a fair market value of \$15,000 or less, and real property having a fair market value of \$35,000 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 114.525 \*\*\*."

EXCER-  
Proctor &  
Puckett &  
Faircloth  
with the cl-  
estate. The att-  
Affidavit.

14151

W I L L

I, EDNA M. VAHL, of Klamath County, Oregon, do hereby make, publish and declare this to be my Will, revoking all Wills heretofore made by me:

I.

I direct that my just debts and funeral expenses be promptly paid.

II.

I devise all of my assets to my husband, ARTHUR J. VAHL, if he shall survive me by at least thirty days.

III.

In the event that my husband, ARTHUR J. VAHL, shall not survive me by at least thirty days then I devise all of my assets as follows:

- (a) My residence located at 5139 Shasta Way, Klamath Falls Oregon, including the real property and contents thereon unto my daughter, BETTY G. CALZACORTA;
- (b) \$10,000.00 to my Granddaughter, DEBRA HUFF;
- (c) \$10,000.00 to my Granddaughter, JOSEPHINE BRITTON;
- (d) \$10,000.00 to my Grandson, DAVID ARTHUR CALZACORTA;
- (e) All of the residue to my daughter, BETTY G. CALZACORTA.

IV.

In the event that my husband, ARTHUR J. VAHL and my daughter, BETTY G. CALZACORTA do not survive me then I give my estate to my Grandchildren: DEBRA HUFF, JOSEPHINE BRITTON and DAVID ARTHUR CALZACORTA, share and share alike.

V.

I appoint my husband, ARTHUR J. VAHL, as Personal Representative of this, my Will, to serve without bond, and in the event he is unable to act, I appoint my daughter, BETTY G. CALZACORTA, as such Personal Representative, to serve without bond.

IN WITNESS WHEREOF, I hereunto set my hand and seal this  
5th day of May, 1981.

Edna M. Vahl (SEAL)

14152

The foregoing instrument, consisting of two pages, was at the date hereof, signed, sealed, published and declared by the said EDNA M. VAHL to be her Last Will, in the presence of us who, at her request, in her presence, and in the presence of each other, have signed the same as witnesses.

George A. Proctor residing in Klamath County, Oregon

Frederic M. Deets residing in Klamath County, Oregon

WILL OF  
EDNA M. VAHL  
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PROCTOR, PUCKETT & FAIRCLO  
ATTORNEYS AT LAW  
280 MAIN STREET  
KLAMATH FALLS, OREGON 97601



79721  
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

136-

14153

State File Number

1. DECEASED'S NAME First Middle Last Edna Marie VAHL		2. SEX F	3. DATE OF DEATH (Month, Day, Year) March 13, 1991
4. SOCIAL SECURITY NUMBER 541-66-2673	5a. AGE - Last Birthday (Years) 84	5b. Under 1 Year Mos Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Condon, Oregon
7. DATE OF BIRTH (Month, Day, Year) October 8, 1906		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA <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. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS Never Married, Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Arthur Vahl	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 5139 Shasta Way	
14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 12		17. INFORMANT - NAME and relationship to deceased Betty Calzacorta Daughter	
18. MOTHER - NAME first middle maiden Florence - Hardman		19. FATHER - NAME first middle maiden Walt - Golden	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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 Memorial Park	
20c. LOCATION - City or Town, State Klamath Falls, Oregon		21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Merrill Reid	
21b. LICENSE NUMBER (Of Licensee) 3329		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year) March 14, 1991		24. REGISTRAR'S SIGNATURE	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIA		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIA	
27. TIME OF DEATH 1:10 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) Blake Berven, M.D.		30. DATE SIGNED (Month, Day, Year) March 14, 1991	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake Berven, M.D. 2616 Clover Street, Klamath Falls, Oregon 97601		32. 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)	
33. DATE SIGNED (Month, Day, Year)		34. COUNTY	
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.)	
PART I (a) Pneumonia DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 48 hours	
(b) Acute CVA DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 3 days	
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Metastatic breast carcinoma		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"/> NIA		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"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED	
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Mountain Title Co. the 19th day  
of July A.D., 19 91 at 1:43 o'clock P.M. and duly recorded in Vol. M91  
of Deeds on Page 14149

Evelyn Biehn - County Clerk

By Deanna Biehn

FEE 33.00

Return: MTC