

32442

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

In the Matter of the Small Estate)
of:)
CHARLES HENRY HAGEN,)
Deceased.)

FILED
STATE OF OREGON
KLAMATH CO. CIRCUIT COURT
1991 JUL 26 PM 2:46
Case No: 91-2434 CV
AFFIDAVIT OF CLAIMING
SUCCESSOR/TESTATE ESTATE

STATE OF OREGON, County of Klamath) ss:

I, MICHAEL D. HAGEN, 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: Clarence Henry Hagen
- B. Decedent's Age: 94
- C. Decedent's Domicile: 3245 Boardman Street, Klamath Falls, Klamath County, Oregon
- D. Decedent's P. O. Box Address: Same as above
- E. Decedent's Social Security No.: 557-09-4229

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

- A. Date of death: July 9, 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:

The East Half (E $\frac{1}{2}$) of Lot Twenty-one (21),
Block Two (2), FIRST ADDITION TO ALTAMONT
ACRES, Klamath County, Oregon, according to
the duly record plat thereof

ESTIMATED VALUE \$35,000.00

11A/ - AFFIDAVIT OF CLAIMING SUCCESSOR -1-

NEAL G. BUCHANAN
ATTORNEY AT LAW
FIRST INTERSTATE
BANK BLDG.
601 MAIN STREET
SUITE 215
KLAMATH FALLS,
OREGON 97601-6007
503/882-8607

B. MISCELLANEOUS PERSONAL PROPERTY:

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

ESTIMATED VALUE 2,000.00

C. SURVIVORSHIP TENANCIES: Certain of decedent's
accounts were held in survivorship tenancies with your Affiant, and
pass by automatic operation of law.

TOTAL EST. VALUE OF ASSETS \$ 37,000.00

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. Decedent's spouse, Kathryn L. Hagen, predeceased
decedent, her date of death being June 25, 1991. The decedent
and his spouse only had one son, your Affiant's father, Dean Henry
Hagen, who predeceased both of his parents, his date of death
being September 9, 1984. Dean Henry Hagen only had one son,
therefore, the heirs of the decedent and the last address of each
heir, as is known to your affiant, are as follows:

NAME:	RELATIONSHIP:	ADDRESS:
Michael D. Hagen	Grandson **	1917 Pine Grove Road Klamath Falls, OR 97601

** (Only child of only predeceased child of
decedent)

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:
Michael D. Hagen	Grandson **	1917 pine Grove Road Klamath Falls, OR 97601

1 **(Only child of only predeceased child of
2 decedent)

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

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

8 MICHAEL D. HAGEN - 100%

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

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

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

19 12. Claims against this estate not listed in this Affidavit
20 or in amounts larger than those listed in this Affidavit may be
21 barred unless:

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

25 B. A Personal Representative of the Estate is appointed
26 within the time allowed under ORS 114.555.

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

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

1 14. A copy of this Affidavit, showing the date of filing,
2 will be mailed or delivered with the required recording fee to
3 the County Clerk in each County where the decedent's real property
4 is located.

5 DATED: JULY 24, 1991.

6
7 Michael D. Hagen
MICHAEL D. HAGEN

8 STATE OF OREGON, County of Klamath)ss:
9

10 I, MICHAEL D. HAGEN, being sworn, say: That I have caused
11 the foregoing AFFIDAVIT OF CLAIMING SUCCESSOR to be prepared; that
I have read the same, and that the facts contained therein are
true as I verily believe.

12 Michael D. Hagen
13 MICHAEL D. HAGEN

14 SUBSCRIBED AND SWORN to before me JULY 24th 1991.

15
16
17 Vivienne I. Husted
18 VIVIENNE I. HUSTEAD
19 NOTARY PUBLIC-OREGON
My Commission Expires 4-11-93
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LAST WILL AND TESTAMENT

I, CLARENCE H. HAGEN, of Klamath County, Oregon, being of sound and disposing mind and memory and of legal age, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and Codicils heretofore made by me.

I

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

II

All of my estate of whatsoever kind and wheresoever situated, I give, devise and bequeath unto my wife, KATHRYN L. HAGEN, if she shall survive me by at least thirty (30) days.

III

If my wife shall not survive me by at least thirty (30) days, then I give, devise and bequeath all of my estate unto my son, DEANE H. HAGEN.

IV

If my said wife and son, DEANE H. HAGEN, shall not survive me by at least thirty(30) days, then I give, devise and bequeath all of my estate unto my grandson, MICHAEL DEAN HAGEN.

V

I hereby appoint my said wife, KATHRYN L. HAGEN, as Executrix of this, my Will, to serve without bond.

I hereby empower my said Executrix to lease, encumber, sell, exchange or otherwise deal with or dispose of all of my property, real or personal, or any part thereof, in such manner, at such times and upon such terms as my said Executrix shall deem to be to the interest of my estate, such sale or other disposition to be made at public or private sale in the discretion of my Executrix without any reference to the order of disposition of real and personal property and without any petition, citation, hearing, order, notice of sale, confirmation or any other action. I further authorize my Executrix

to hold, manage and operate any property and any business belonging to my estate at the risk of my estate and not at the risk of my Executrix, the profits and losses therefrom to inure or be chargeable to my estate as a whole.

VI

I suggest that my Executrix, when requiring legal services, employ Proctor & Puckett, Attorneys at Law.

IN WITNESS WHEREOF, I hereunto set my hand and seal this 9th day of July, 1963.

Clarence H. Hagen (SEAL)

The foregoing instrument consisting of two (2) pages, this being the second, was at the date hereof, by the said CLARENCE H. HAGEN signed, sealed, published and declared to be his Last Will and Testament in the presence of us, who, at his request, in his presence and in the presence of each other, have signed the same as witnesses hereto.

Ward J. DeCamp Residing at Klamath Falls, Oregon

Robert L. Puckett Residing at Klamath Falls, Oregon

Residing at Klamath Falls, Oregon

STATE OF OREGON)

County of Klamath)

I, LYN G. HARDY, Clerk of the Circuit Court of the County of Klamath and the State of Oregon do hereby certify that the foregoing copy has been by me compared with the original, and that it is a true and correct copy of the whole of such original as the same appears on file of record in the County of Klamath, Oregon.

WHEREOF, I have hereunto set my hand and affixed the Seal of said Court, this 26 day of July, A.D. 1961

LYN G. HARDY,

Clerk of Court

By Cathy Schreyer



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CERTIFICATION OF VITAL RECORD

103184
I.D. TAG NO.238
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136

1. DECEDENT'S NAME First: <u>Clarence</u> Middle: <u>Henry</u> Last: <u>HAGEN</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>July 9, 1991</u>
4. SOCIAL SECURITY NUMBER <u>557-09-4229</u>	5a. AGE - Last Birthday (Years) <u>94</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Pigeon Falls, WI</u>
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) <u>October 13, 1896</u>	
8a. FACILITY NAME (If not institution, give street and number) <u>Plum Ridge Care Center</u>		8b. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Lathe Operator</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Lathe Operator</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Lumber</u>	
11a. RESIDENCE - STATE <u>Oregon</u>		11b. COUNTY <u>Klamath</u>	
12a. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		12b. MARITAL STATUS - Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced (Specify)	
13a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13b. ZIP CODE <u>97603</u>	
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) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>6</u>		17. FATHER - NAME first middle last <u>Oluf - Hagen</u>	
18. MOTHER - NAME first middle maiden <u>Anna - Armon</u>		19. INFORMANT - NAME and relationship to decedent <u>Mike Hagen/grandson</u>	
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) <u>Eternal Hills Memorial Gardens</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Verlinda Kennedy</u>		21b. LICENSE NUMBER (Of Licensee) <u>1257</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home</u>		23. DATE FILED (Month, Day, Year) <u>JUL 10 1991</u>	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. TIME OF DEATH <u>1230</u> M <input type="checkbox"/> A <input checked="" type="checkbox"/> P		27. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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. (Signature) <u>RAB</u>		29. DATE SIGNED (Month, Day, Year) <u>7-10-91</u>	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Ralph Breitenstein, MD / 2622 Campus Drive / Klamath Falls, Oregon 97601</u>		31. DATE SIGNED (Month, Day, Year) <u>7-10-91</u>	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33. DATE SIGNED (Month, Day, Year)	
34. 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) <u>emphysema</u> (b) <u>atherosclerotic coronary artery disease</u> (c) <u> </u>		35. INTERVAL BETWEEN ONSET AND DEATH (a) <u>10 days</u> (b) <u> </u> (c) <u> </u>	
36. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		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. MANNER OF DEATH <input checked="" 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		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40a. DATE OF INJURY (Month, Day, Year)		40b. TIME OF INJURY <u>2:56</u> P.M.	
40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40d. DESCRIBE HOW INJURY OCCURRED	
40e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		40f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

THIS IS A TRUE AND EXACT ORIGINAL OF VITAL RECORDS COPY
REGISTERED AT THE OFFICE OF THE CLAMATH COUNTY HEALTH DEPARTMENT

DATE ISSUED JUL 11 1991

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Neal G. Buchanan
of July A.D., 19 91 at 2:56 o'clock P.M., and duly recorded in Vol. M91,
of Deeds on Page 14642.

FEE \$38.00

Evelyn Biehn County Clerk

By Donna A. Verling