

41083

Vol. m92 Page 3199

In the Probate Department of the County of Klamath, Oregon

Small Estate of:

Estate No. 9260556 CV

GRACE M. REYNOLDS

Deceased.

AFFIDAVIT OF CLAIMING SUCCESSOR  
INTESTATE ESTATE

STATE OF OREGON, County of Klamath ) ss.

I, Harold H. Watkins

, 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 Grace M. Reynolds Age 84 Soc. Sec. No. 562-14-4042  
Domicile/Post Office Address 5845 Estate Drive, Klamath Falls, OR 97603

(2) Decedent died February 12, 1992, at Merle West Medical Center;  
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)

Fair Market Value

Lot 18 of Kennicott Country Estates, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon. \$43,500.00

Personal Property Description

Fair Market Value

none

(4) No application or petition for the appointment of a personal representative has been granted in Oregon;

(5) The decedent died intestate;

(6) Decedent's heirs and the last address of each as known to affiant are:

Name

Last Known Address

Harold H. Watkins

5845 Estate Drive

Klamath Falls, OR 97603

A copy of the affidavit showing the date of filing will be delivered to each heir or mailed to each heir at the last known address stated above.

(7) The interest in decedent's said property to which each heir is entitled is:

Name

Interest

Harold H. Watkins

100 percent

(8) Reasonable efforts have been made to ascertain creditors of the estate. Any debts of the decedent remaining unpaid or on account, and the names and addresses 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.

(9) 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	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.

(10) 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.

(11) 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;

(12) If there is listed one or more claims which the affiant disputes [See (9)], such claims 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;

(13) 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.

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

of the whole of such original as the same appears on file or of record

office and kept in the custody of

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed

the seal of said office, this 14th day of February, 1992

at the County of Klamath, State of Oregon

Notary Public for Oregon. My commission expires 11/1/95

My commission expires NOV. 01, 1995

My commission expires NOV. 01, 1995

EXCERPT FROM ORS 114.515: "If the estate consists of personal property having a fair market value of \$25,000 or less, or real property having a fair market value of \$60,000 or less, or a combination of personal property having a fair market value of \$25,000 or less, and real property having a fair market value of \$60,000 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 \*\*\*"

TYPE OR  
PRINT IN  
PERMANENT  
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E 5282  
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

3201

State File Number

Local File Number

1. DECEDENT'S NAME First: Grace Middle: Marie Last: REYNOLDS		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) February 12, 1992
4. SOCIAL SECURITY NUMBER 562-14-4042	5a. AGE-Last Birthday (Years) 84	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) San Diego, CA
7. DATE OF BIRTH (Month, Day, Year) June 24, 1907		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Licensed Vocational Nurse		12. SPOUSE (If Married, Widowed, Divorced (Specify)) Divorced	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 5845 Estate Drive	
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) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 5+) 2		17. INFORMANT - NAME and relationship to deceased Harold H. Watkins Son	
18. FATHER - NAME first middle last Nathan Paul Hale		19. MOTHER - NAME first middle maiden Ada Williams	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <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>Michael O'Hair</i>		21b. LICENSE NUMBER (Of Licensee) 47-3287	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine ST. Klamath Falls, OR 97601		23. REGISTRAR'S SIGNATURE	
24. DATE FILED (Month, Day, Year)		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	

26. TIME OF DEATH 6:20 P.M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Charles D. Bury</i> M.D.			
29. DATE SIGNED (Month, Day, Year) February 13 1992		30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles D. Bury M.D. 2300 Clairmont Street Klamath Falls, OR 97601	

31. 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.)		32. INTERVAL BETWEEN ONSET AND DEATH Week	
(a) <i>Sepsis</i>		Interval between onset and death	
(b) <i>Complication of Tbx Secondary to Diabetes Mellitus</i>		Interval between onset and death	
(c) <i>Other Significant Conditions - Conditions contributing to death but not related to cause given in PART 1.</i>		Interval between onset and death	

33. 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"/> Legal Intervention <input type="checkbox"/> Homicide		34. DATE OF INJURY (Month, Day, Year)	
35. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No		36. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
37. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		38. DESCRIBE HOW INJURY OCCURRED	

39. LOCATION (Street and Number or Rural Route Number, City or Town, State)		40. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
41. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

43. 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"/> Legal Intervention <input type="checkbox"/> Homicide		44. DATE OF INJURY (Month, Day, Year)	
45. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No		46. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		48. DESCRIBE HOW INJURY OCCURRED	

49. LOCATION (Street and Number or Rural Route Number, City or Town, State)		50. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
51. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		52. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

STATE OF OREGON: COUNTY OF KLAMATH: 55.

Filed for record at request of Harold H. Watkins the 14th day of Feb. A.D., 19 92 at 3:34 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 3199

Evelyn Biehn - County Clerk  
By Pauline Mullendore

FEE \$40.00

Return: Harold Watkins  
5845 Estate Dr., Klamath Falls, Or. 97603

NOT CERTIFIED