

mtc/24647
45599

920754

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F T L E U
MAY 22 1992
11:02 O'CLOCK P.M.
DOLORES SWISHER COUNTY CLERK
BY *Maureen Swisher* DEPUTY

IN THE COUNTY COURT OF THE STATE OF OREGON

FOR THE COUNTY OF HARNEY

Small Estate of) No. 92-05-2421
)
CLYDENA DEVOTA ANDERSON, also) AFFIDAVIT OF CLAIMING
known as RUTH C. ANDERSON,) SUCCESSOR - INTESTATE ESTATE
)
Deceased.)

State of OREGON)
County of Malheur) :ss

I, ROSE M. LARKIN, being first duly sworn, say that: I
am an heir and a "claiming successor" of the above-named decedent.
This Affidavit is made pursuant to ORS 114.515.

1. The following information is given with regard to
the decedent:

A. Name: CLYDENA DEVOTA ANDERSON, also known as
RUTH C. ANDERSON.

B. Age: 83, born February 13, 1909.

C. Domicile: Harney County, Oregon.

D. Post Office Address: 764 West Madison, Burns,
Oregon, 97720.

E. Social Security No: 541-28-8333.

2. The decedent died on March 27, 1992, at Burns,
Oregon. A certified copy of the decedent's death certificate is
attached to this Affidavit.

3. A description of all of the decedent's property in
Oregon which is subject to probate, including its location and the
fair market value thereof is as follows:

A. Checking account No. 073 0043-361
on deposit in the Town and Country

Page 1 - AFFIDAVIT OF CLAIMING SUCCESSOR - INTESTATE ESTATE

~~AFTER RECORDING RETURN TO: MTC #24647~~

Branch, United States National Bank
of Oregon, Klamath Falls, Oregon,
having a balance of approximately \$ 381.16

B. Promissory note dated November 9, 1990,
in the face amount of \$22,750.00 bearing
interest at the rate of 9 percent per
annum and payable in monthly install-
ments of not less than \$230.00 each.
Promissory note is signed by Martin I.
Monti and James J. Monti and is secured
by a Trust Deed dated November 9, 1990,
between Martin I. Monti and James J.
Monti as Grantor, Mountain Title Company
of Klamath County, as Trustee and the
decendent as Beneficiary and covering land
in Klamath County, Oregon described on
Exhibit "A" attached hereto and by this
reference made a part hereof. The Trust
Deed was recorded in the Mortgage Records
of Klamath County, Oregon on November 15,
1990 in Volume M90, Page 22823-5. The
promissory note and trust deed, along with
escrow instructions and other documents are
held in escrow at Mountain Title Company of
Klamath County, Klamath Falls, Oregon as their
escrow No. 24647-DN. The principal balance
owing on the promissory note is the
sum of 21,683.57

Total value: \$ 22,064.73

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

5. The decedent died intestate.

6. The decedent's heirs and relationships to the
decedent and the last address of each as known to the affiant are
as follows:

Name	Relationship	Address
Rose M. Larkin	daughter	1320 West Main St. S. Vale, OR 97918

A copy of this Affidavit, showing the date of filing

1 will be delivered to each heir or mailed to the heir at the last
2 known address stated above.

3 7. The interest in the decedent's property described
4 in this Affidavit to which each heir is entitled is as follows:

5 <u>NAME</u>	<u>INTEREST</u>
6 Rose M. Larkin	entire estate

7 8. Reasonable efforts have been made to ascertain
8 creditors of the Estate. The expenses of and claims against the
9 Estate remaining unpaid or on account of which the affiant or any
10 other person is entitled to reimbursement from the Estate,
11 including the known or estimated amounts thereof and the names and
12 addresses of the creditors as known to the affiant are as follows:
13 LaFollette's Chapel, 332 W. Monroe, Burns, OR 97720.

14 A copy of the Affidavit showing the date of filing will
15 be delivered to each creditor who has not been paid in full or
16 mailed to the creditor at the last known address stated above.

17 9. The name and address of each person known to the
18 affiant to assert a claim against the Estate which the affiant
19 disputes and the known or estimated amount thereof, separately
20 listed, is as follows: None

21 A copy of the Affidavit showing the date of filing will
22 be delivered to each such person or mailed to the person at the
23 last known address stated above.

24 10. A copy of the Affidavit showing the date of filing
25 will be mailed or delivered to the Estate Administration Section,
26 P.O. Box 14021 Salem, Oregon 97309, and to the Department of

1 Revenue, Salem, Oregon 97310.

2 11. Claims against the Estate not listed in the
3 Affidavit or in amounts larger than those listed in the Affidavit
4 may be barred unless:

5 A. A claim is presented to the affiant within four
6 months of the filing of the Affidavit at the address stated in the
7 Affidavit for presentment of claims which is: 1320 West Main
8 Street S., Vale, OR 97918; or

9 B. A personal representative of the Estate is appointed
10 within the time allowed under ORS 114.555.

11 12. If the Affidavit lists one or more claims which the
12 affiant disputes, any such claims may be barred unless:

13 A. A petition for summary determination is filed within
14 four months of the filing of the Affidavit; or

15 B. A personal representative of the Estate is appointed
16 within the time allowed under ORS 114.555.

17 Dated: May 19, 1992.

18
19 Rose M. Larkin

20 Rose M. Larkin
21 Claiming Successor

22
23
24
25
26

NOTARY
PUBLIC
OF OREGON

May, 1992

SUBSCRIBED AND SWORN to before me this 19 day of

Laura J. Hancock

Notary Public for Oregon

My commission expires: 8/15/92

EXHIBIT "A"
LEGAL DESCRIPTION

A tract of land more particularly described as follows:

Beginning at a point which lies on the West right of way line of Summers Lane, North, 1 degree 14' West a distance of 680.3 feet and South 9 degrees 26' West a distance of 30 feet from the iron pin which marks the Section corner common to Sections 2, 3, 10 and 11, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon and running thence; Continuing South 89 degrees 26' West a distance of 175 feet to an iron pin; thence, North 1 degree 14' West a distance of 72.2 feet to an iron pin; thence North 89 degrees 26' East a distance of 175 feet to an iron pin on the Westerly right of way line of Summers Lane; thence, South 1 degree 14' East along the Westerly right of way line of Summers Lane a distance of 72.2 feet, more or less, to the point of beginning, in the S1/2 S1/2 N1/2 SE1/4 SE1/4 of Section 3, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon.

Tax Account No: 3909 003DD 04000

PRINT IN
PERMANENT
BLACK INK

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

11869

1. DECEASED'S NAME: Clydena Devota Anderson		2. SEX: F	3. DATE OF DEATH (Month, Day, Year): March 27, 1992
4. SOCIAL SECURITY NUMBER: 541-28-8333	5a. AGE (at Birth): 83	5b. Under 1 Year: Mo	5c. Under 1 Day: Days
6. PLACE OF BIRTH (City and State or Foreign Country): Weed, California		7. DATE OF BIRTH (Month, Day, Year): February 13, 1909	
8. WAS DECEASED 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"/> DCA <input type="checkbox"/> Other <input 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): 1764 West Madison		11. CITY, TOWN, OR LOCATION OF DEATH: Burns	
12. COUNTY OF DEATH: Harney		13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not list retired): Housewife	
14. KIND OF BUSINESS/INDUSTRY: Own Home		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed	
16. SPOUSE (If Married, Widowed): Henry		17. RESIDENCE - STATE: Oregon	
18. COUNTY: Harney		19. CITY, TOWN, OR LOCATION: Burns	
20. STREET AND NUMBER: 764 West Madison		21. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22. ZIP CODE: 97720		23. WAS DECEASED 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. DECEASED'S EDUCATION (Specify only highest grade completed): 8	
26. FATHER - NAME: Clyde Niswonger		27. MOTHER - NAME: Grace Troxel	
28. INFORMANT - NAME and relationship to deceased: Rose Larkin, daughter		29. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" 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): Central Oregon Cremation Assoc.		31. LOCATION - City or Town, State: Bend, Oregon	
32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: D. M. Donald		33. LICENSE NUMBER (Of Licensee): 1273	
34. NAME, ADDRESS AND ZIP OF FACILITY: Lafollette's Chapel 332 West Monroe, Burns OR 97720		35. REGISTRAR'S SIGNATURE: Deputy	
36. DATE FILED (Month, Day, Year): March 30, 1992		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. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
39. TIME OF DEATH: 7:20 A.M.		40. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
41. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Thomas H. Wendel, M.D.			
42. DATE SIGNED (Month, Day, Year): March 28, 1992		43. TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
44. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): THOMAS H. WENDEL, M.D., 271 North Egan, Burns, Oregon 97720		45. TIME OF DEATH: Found 7:20 A.M.	
46. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): March 28, 1992 8:30 A.M.		47. 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): Thomas H. Wendel, M.D.	
48. DATE SIGNED (Month, Day, Year): March 28, 1992		49. COUNTY: HARNEY	
50. 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) Myocardial infarction		Interval between onset and death: Sudden	
(b) Atherosclerotic coronary artery disease		Interval between onset and death: Unknown	
(c) Diabetes mellitus		Interval between onset and death:	
51. OTHER SIGNIFICANT CONDITIONS: Diabetes mellitus		52. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unk	
53. AUTOPSY: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		54. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
55. DATE OF INJURY (Month, Day, Year):		56. TIME OF INJURY:	
57. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify):		58. LOCATION (Street and Number or Rural Route Number, City or Town, State):	

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 2nd day of June A.D., 19 92 at 11:03 o'clock A.M., and duly recorded in Vol. M92 of Miscellaneous on Page 11864.

FEE \$30.00

Evelyn Biehn * County Clerk
By Deputy