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FORM No. 1406.8—AFFIDAVIT FOR FILING SMALL INTESTATE ESTATE. STEVENS NESS LAW PUBLISHING CO., PORTLAND, OR. 97204

No. 47251 Vol. m92 Page 14967

In the Probate Department of the County of Clackamas, Oregon

Small Estate of:

Stella Lea Williamson, *Deceased.*

Estate No. SE 2006

AFFIDAVIT OF CLAIMING SUCCESSOR INTESTATE ESTATE

STATE OF OREGON, County of Clackamas) ss.

I, Brenda Dittman, *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) 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 #5, BATTIN ACRES, City of Portland, Clackamas County Oregon	$45,000
Lot #1, Block #36, City of Crescent, Klamath County, Oregon	$ 1,500
See attached Exhibit "A" legal description - Wise County, State of Virginia	$ 500

Personal Property Description	*Fair Market Value*
NONE	

(2) Reasonable efforts have been made to ascertain creditors of the estate. Any debts of the decedent remaining unpaid, and the names and addresses of the creditors as known to the affiant are:

Name of Creditor	*Address*	*Debt*	*Amount*
NONE			

(If space insufficient, continue on reverse)

(3) Decedent died November 18th, 1988; *a certified copy of decedent's death certificate is attached hereto:*

(4) An application or petition for the appointment of a personal representative has not been granted in Oregon:

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

Name	*Last Known Address*
Brenda Dittman	9800 S.E. Fuller Road Portland, Oregon 97266

A copy of this affidavit has been delivered to each heir or mailed to the heir at his, her or its last known address stated above:

(6) The decedent died intestate;

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

Name	*Interest*
Brenda Dittman	100%

(8) A copy hereof has been mailed to the Adult and Family Services Division, Estate Administration Section and to the Department of Revenue, Salem, Oregon.

(9) A copy of this affidavit has been filed with the county clerk in each county where said decedent's real property, if any, is located.

x Brenda Dittman

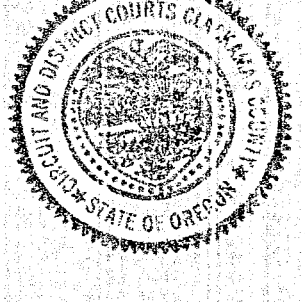
Subscribed and sworn to before me on June 3, 1992

JUDY JACOB
NOTARY PUBLIC OREGON
My commission expires

Notary Public for Oregon. My commission expires 7/13/94

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 county clerk in the county where the decedent died or was domiciled or resided at the time of his death or in the county where the property of the decedent was located at the time of his death or is located at the time the affidavit is filed, to be made a part of the probate records. The affidavit shall contain the information required by ORS 114.525."

Return: Yacob & Associates, 8800 SE Sunnyside Rd., #107, Clackamas, Or. 97015



Certified True Copy Of The Original
Dated This 12 Day of June, 1992
Trial Court Administrator

By: [signature]

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

14969

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

D-4690 (10 WORD)
1690 (Local File Number)
88 022568 (State File Number)

DECEDENT
1. DECEDENT'S NAME: Stella Lea WILLIAMSON
2. SEX: F
3. DATE OF DEATH: November 18, 1988
4. SOCIAL SECURITY NUMBER: 230-23-5041
5a. AGE: 72
5b. IF UNDER 1 YEAR: Months / Days
5c. IF UNDER 1 DAY: Hours / Minutes
6. BIRTHPLACE: Lipps, Virginia
7. DATE OF BIRTH: November 13, 1916
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9. PLACE OF DEATH: Inpatient
10. FACILITY NAME: 9800 SE Fuller Road
11. CITY, TOWN OR LOCATION OF DEATH: Portland
12. COUNTY OF DEATH: Clackamas
13. DECEDENT'S USUAL OCCUPATION: Paper Spring
14. KIND OF BUSINESS/INDUSTRY: Paper Thread
15. MARITAL STATUS: Married
16. SPOUSE: Caleb
17. RESIDENCE - STATE: Oregon
18. COUNTY: Clackamas
19. CITY, TOWN, OR LOCATION: Portland
20. STREET AND NUMBER: 9800 SE Fuller Road
21. INSIDE CITY LIMITS? Yes
22. ZIP CODE: 97266
23. WAS DECEDENT OF HISPANIC ORIGIN? No
24. RACE: White
25. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 6; College (1-4 or 5+):

PARENTS
26. FATHER'S NAME: Sidney - Hill
27. MOTHER'S NAME: Ella Ethel Bollin
28. INFORMANT: Caleb Williamson - Husb.

DISPOSITION
29. METHOD OF DISPOSITION: Cremation
30. PLACE OF DISPOSITION: Park Hill Crematory
30. LOCATION: Vancouver, WA
31. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: John Henderson
32. LICENSE NUMBER: 3466
33. NAME, ADDRESS AND ZIP OF FACILITY: Corinthian Funeral Service 97213 4424 NE Glisan, Portland, OR

CERTIFIER
TO BE COMPLETED BY CERTIFYING PHYSICIAN
34. TIME OF DEATH: 9:30 AM
35. WAS MEDICAL EXAMINER NOTIFIED? No
36. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)
37. DATE SIGNED: 11-25-88
TO BE COMPLETED ONLY BY MEDICAL EXAMINER
34. TIME OF DEATH:
35. DATE PERSONALLY PRONOUNCED DEAD:
36. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
37. DATE SIGNED: COUNTY
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER: W. BOHME, MEDICAL EXAMINER, 3033 SE MONROE, MILWAUKIE, OR 97222
41. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER):

CAUSE OF DEATH
42. IMMEDIATE CAUSE (ENTER ONLY ONE): Carcinoma of the Ovary — Interval between onset and death: 6 mos
PART I (a) DUE TO, OR AS A CONSEQUENCE OF:
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II: OTHER SIGNIFICANT CONDITIONS
43. AUTOPSY: No
44. If YES were findings considered in determining cause of death?

45. MANNER OF DEATH: Natural
46. DATE OF INJURY:
47. TIME OF INJURY:
47. INJURY AT WORK? No
48. DESCRIBE HOW INJURY OCCURRED
49. PLACE OF INJURY:
50. LOCATION:

REGISTRAR
51. REGISTRAR'S SIGNATURE: Verna Jones
52. DATE FILED: NOV 30 1988
53. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? N/A
54. WAS GIFT MADE? N/A
RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JAN 23 1989

Edward J. Johnson II
EDWARD J JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Yacob & Associates the 9th day of July A.D., 9 92 at 9:35 o'clock A M., and duly recorded in Vol. M92 of Deeds on Page 14967.

Evelyn Biehn County Clerk
By Darlene Hutchinson

FEE $40.00