

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

In the Matter of the Small Estate
of:

FRANCES MAE POTTER,

Deceased.

Case No: 920 2382 CV

AFFIDAVIT OF CLAIMING
SUCCESSOR/INTESTATE ESTATE

STATE OF OREGON, County of Klamath) ss:

I, THERESA FOELLER, being sworn, say that I am the Personal Representative of the Estate of Jack Potter, and as such, 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: Frances Mae Potter
- B. Decedent's Age: 99
- C. Decedent's Date of Birth: June 13, 1889
- D. Domicile: 1755 Ivory Street, Klamath Falls, Oregon
- E. Decedent's P. O. Box Address: Same as above
- E. Decedent's Social Security No.: 540-40-6948

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

- A. Date of death: July 5, 1988
- 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: Because of errors made in completion of certain conveyancing instruments, the decedent apparently retained an undivided one half interest in certain property situated in Klamath County, State of Oregon, described as follows, to-wit:

Lot 36, PLEASANT HOME TRACTS, in the County of Klamath,

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State of Oregon.

CODE 41, MAP 3909-2BA TL 3200

ESTIMATED VALUE \$ 7,185.00

4. No application or petition for the appointment of a Personal Representative for this decedent has been granted in Oregon. Your Affiant has, however, been appointed as Personal Representative of the Estate of this decedent's sole surviving heir, Jack Potter, which such probate proceeding bears Klamath County Circuit Court Case No. 9200643 CV.

5. To your Affiant's best information and belief, the decedent died intestate.

6. The only heir of the decedent known to your Affiant, and the last known address of said heir, as is known to your Affiant, is as follows:

Jack Lee Potter - Son
1755 Ivory Street
Klamath Falls, Oregon 97601

Note: The said Jack Lee Potter died on March 28, 1991. Your Affiant has been appointed as Personal Representative of the Estate of Jack Lee Potter, deceased, which such estate is Claiming Successor to the interest of this decedent. A copy of this Affidavit showing the date of filing will be delivered to each heir, or mailed to that heir at the last known address.

7. Parties believed to have an interest in the Estate of Jack Lee Potter and the last known address of such interested parties as is known to your Affiant are as follows:

NAME:	RELATIONSHIP:	ADDRESS:
Tom Potter	Son	1755½ Ivory Street Klamath Falls, OR 97603

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15563

1 Janette Potter Harris Daughter

1741 Ivory Street
Klamath Falls, OR 97603

2 A copy of this Affidavit showing the date of filing will be
3 delivered, or mailed to each such interested person at the last
4 known address.

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

7 ESTATE OF JACK LEE POTTER, acting by and through
8 Theresa Foeller, Personal Representative 100%

9 9. Reasonable efforts have been made by your Affiant to
10 ascertain creditors of the estate. Your Affiant has not been made
11 aware of any claims against the estate or the decedent.

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

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

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

21 A. A claim is presented to the Affiant within four (4)
22 months of the filing of the Affidavit at the address of the
23 attorney for the affiant which is the address for the presentation
24 of claims or

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

27 /////

28

NEAL G. BUCHANAN
ATTORNEY AT LAW
FIRST INTERSTATE
BANK BLDG.
601 MAIN STREET
SUITE 215
KLAMATH FALLS,
OREGON 97601-6007
503/882-6807
O.S.B. #77127

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

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

DATED: JUNE 22, 1992.

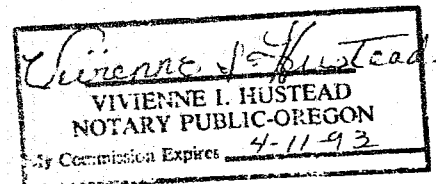
Theresa Foeller
THERESA FOELLER

STATE OF OREGON, County of Klamath)ss:

I, THERESA FOELLER, being sworn, say: That I have caused 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.

Theresa Foeller
THERESA FOELLER

SUBSCRIBED AND SWORN to before me JUNE 22, 1992.



OREGON STATE HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

15565

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

D 1636
1.0 PRO NO
245
LOCAL FILE NUMBER

88-012986

138- Death File Number

1. DECEASED'S NAME Frances Mae POTTER		2. SEX F		3. DATE OF BIRTH (Month, Day, Year) July 5, 1988	
4. SOCIAL SECURITY NUMBER 540-40-6948		5. AGE (Years) 99		6. BIRTHPLACE (City and State or Foreign) Helena, Montana	
7. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Check one only) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Prison <input type="checkbox"/> Other (Specify)			
9. FACILITY NAME (If not present in your area, omit) Mt. View Care Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		11. COUNTY OF DEATH Klamath	
12. DECEASED'S USUAL OCCUPATION (Type and of work done during week of death) Housewife		13. RACE OF DECEASED White		14. MARITAL STATUS (Married, Widowed, Divorced, Single) Widowed	
15. PRESENCE - STATE Oregon		16. COUNTY Klamath		17. CITY, TOWN, OR LOCATION Klamath Falls	
18. ZIP CODE 97603		19. STREET AND NUMBER 1755 Ivory		20. DECEASED'S EDUCATION (Specify one, highest grade completed) 8	
21. FATHER'S NAME James Williams		22. MOTHER'S NAME Mary Ann Battel		23. INFORMANT NAME and relationship to decedent Jack Potter - Son	
24. METHOD OF DISPOSING OF BODY <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION, name of cemetery, etc. Eternal Hills Memorial Gardens		26. LOCATION (City, State, Zip) Klamath Falls, Oregon	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lawrence		28. LIC. NO. 3224		29. NAME, ADDRESS AND ZIP OF FACILITY Word's Klamath Funeral Home 1945 Main St. Klamath Falls, Oregon 97601	
30. TIME OF DEATH 1300		31. DATE OF DEATH July 8, 1992		32. TIME OF DEATH 1300	
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN Jon G. McCallister, MD - 2300 Clairmont - Klamath Falls, Oregon 97601		34. NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFYING PHYSICIAN			
35. IMMEDIATE CAUSE OF DEATH (List all causes, including contributing causes, in sequence) Unknown Natural Causes					
36. OTHER CAUSE OF DEATH (List all causes, including contributing causes, in sequence)					
37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. DATE OF DEATH JUL 8 1992					
39. SIGNATURE OF REGISTRAR Dorelle Barliff					
40. DATE OF DEATH JUL 8 1992					

ORIGINAL - VITAL STATISTICS COPY

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.

JUL 9 1992

DATE ISSUED

Edward J. Johnson II
COUNTY REGISTRAR

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 compared with the original and that it is a true and correct copy thereof, and that the original is the same appears on file in or of record in my office and custody.

HEREOF, I have hereunto set my hand and affixed my official seal, this 15th day of July, A.D. 1992.
LYN G. HARDY Clerk of Court
By *[Signature]*

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Neal G. Buchanan
on this 15th day of July A.D. 1992
at 11:50 o'clock A.M. and duly recorded
in Vol. M92 of Deeds Page 15561
Evelyn Biehn County Clerk
By *[Signature]* Deputy.

Fee. \$30.00