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MAC 28505-MA Vol. m92 Page 22398

In the Probate Court of the County of Klamath, Oregon

Small Estate of:

Emma B. Rodgers }
Deceased.

Estate No.

**AFFIDAVIT OF CLAIMING SUCCESSOR
INTESTATE ESTATE**

STATE OF OREGON, County of Klamath, ss.

I, Anne K. Hansberry, being first duly sworn, depose and say that: I am an heir of the above named decedent and a "claiming successor" to a portion of said decedent's estate as set forth below. This affidavit is made pursuant to Oregon Revised Statutes, Sections 114.505 to 114.560.

(1) Name of Decedent Emma B. Rodgers Age 77 Soc. Sec. No. 542-14-5282
Domicile/Post Office Address 335 Alameda Ave.

(2) Decedent died August 21, 1990 at 335 Alameda Ave.
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
<u>Lot 9 Blk. 42 Hot Springs Addition Klamath Co.</u>	<u>29,900</u>
<u>1/2 interest</u>	

Personal Property Description	Fair Market Value
<u>NONE</u>	

(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
<u>Ronald E. Rodgers</u>	<u>6213 Climax Klamath Falls Ore 97603</u>
<u>Dennis A. Rodgers</u>	<u>2720 Brookside Dr. Medford Ore. 97504</u>
<u>Anne K. Hansberry</u>	<u>330 Khartoum S.E. Salem, Ore. 97306</u>

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

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

Name	Interest
<u>Anne K. Hansberry</u>	<u>ALL</u>

*Return After Recording - Anne Hansberry
330 Khartoum SE Salem
97306

(8) Reasonable efforts have been made to ascertain creditors of the estate. The expenses of and claims against the estate remaining unpaid or on account of which the affiant or any other person is entitled to reimbursement from the estate, including the known or estimated amounts thereof and the names and addresses of the creditors, as known to the affiant are:

Name of Creditor	Address	Nature of Expense/Claim	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	Known or Estimated Amount
None		

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

(10) A copy of the affidavit 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:

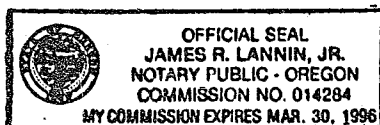
(a) A claim is presented to the affiant within four months of the filing of this affidavit at the following address: _____; or

(b) A personal representative of the estate is appointed within the time allowed under ORS 114.555.

(12) The claim(s), if any, listed in Section (9) 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.



Signed and sworn to before me on September 25, 1992.

by James R. Lannin, Jr.

James R. Lannin, Jr.
Notary Public for Oregon. My commission expires March 30, 1996

ORS 114.545(3) requires that an affiant or claiming successor's deed executed in the manner required by ORS Chapter 93 be recorded in the deed records of any county in which real property belonging to the decedent is situated.

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 ***"

079756
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

22400

136-

State File Number

1. DECEDENT'S NAME First Middle Last Martha Emma RODGERS		2. SEX F	3. DATE OF DEATH (Month, Day, Year) August 21, 1990
4. SOCIAL SECURITY NUMBER 542-14-5282	5a. AGE - Last Birthday (Years) 77	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Hermitage Arkansas
7. DATE OF BIRTH (Month, Day, Year) May 18, 1913		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) 335 Alameda Avenue		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Luther E. Rodgers	
13. RESIDENCE - STATE Oregon		14. RESIDENCE - COUNTY Klamath	
15. RESIDENCE - CITY, TOWN, OR LOCATION Klamath Falls		16. STREET AND NUMBER 335 Alameda Avenue	
17. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. ZIP CODE 97601	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20. HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA	
21. FATHER - NAME first middle last Samuel Augustus Bryant		22. MOTHER - NAME first middle maiden Pansy J. Lewis	
23. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		26. LICENSE NUMBER (Of Licensee) 3287	
27. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601		28. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
29. DATE FILED (Month, Day, Year) AUG 22 1990		30. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
31. TIME OF DEATH 3:35 P.		32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) August 21, 1990	
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Kenneth K. Magee, M.D., 1900 Main Street, Klamath Falls, Oregon 97601		34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
35. 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.) PART I (a) <i>Respiratory Failure</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Complicated Small Cell Carcinoma of lung - metastatic</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>Large Cell Carcinoma of lung - T4N3M1</i>		36. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
37. Autopsy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. If YES have findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		40. DATE OF INJURY (Month, Day, Year)	
41. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No		42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
43. LOCATION (Street and Number or Rural Route Number, City or Town, State)		44. DESCRIBE HOW INJURY OCCURRED	

ORIGINAL - VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV. 1-89

DATE ISSUED AUG 24 1990

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 28th day of Sept. A.D., 19 92 at 9:45 o'clock AM., and duly recorded in Vol. M92 of Deeds on Page 22398.

FEE \$40.00

Evelyn Biehn - County Clerk
By *[Signature]*