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Vol. 92 Page 24689

FILED

STATE OF OREGON

52636

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH 1992 OCT 20 AM 11: 49

In the Matter of the Small Estate)
of:)
LUCY JEAN NICHOLS,)
Deceased.)

CLERK OF COURT
Case No: 920-2044 CV
BY
AFFIDAVIT OF CLAIMING
SUCCESSOR/TESTATE
ESTATE

STATE OF IDAHO, County of Ada) ss:

I, RICHARD C. LAWSON, being sworn, say that I am an heir and one of the claiming successors of the above-named decedent. This Affidavit is made pursuant to the provisions of ORS 114.525.

1. Relevant information with reference to the decedent is as follows:

- A. Name: Lucy Jean Nichols, aka as Lucy Jean Lawson.
- B. Date of Birth: April 14, 1920
- C. Age at Death: 70
- D. Domicile: 2159 Arthur Street, Klamath Falls, OR 97603
- E. Post Office Address: Same as above
- F. Social Security Number: 534-18-8848

2. Date and Place of Death: March 15, 1991, Merle West Medical Center, Klamath Falls, Klamath County, Oregon.

A certified copy of the Death Certificate 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: Real property situated in Klamath County, State of Oregon, legally described as follows, to-wit:

Beginning on the West line of Lot A of sub-division of Enterprise Tracts No. 24, Klamath County, Oregon, 600 feet south of the Northwest corner of said Lot A; thence South 75 feet; thence East 299.5 feet; thence North 75 feet; thence West 299.5 feet to the place of beginning.

4. No application or Petition for Appointment of a Personal Representative has been granted in Oregon.

5. The decedent died testate, and the original of the de-

11A/ - AFFIDAVIT OF CLAIMING SUCCESSOR -1-

AL G. BUCHANAN
ATTORNEY AT LAW
FIRST INTERSTATE
BANK BLDG.
501 MAIN STREET
SUITE 218
KLAMATH FALLS,
OREGON 97601-6007
503/882-8807
O.S.B. #77127

1 dent's Will, together with proof of attestation, is attached hereto.
 2 6. The heirs of the decedent and the last address of each

3 heir, as is known to your affiant, are as follows:

4 NAME:	RELATIONSHIP:	ADDRESS:
5 Francis C. ("Nick") 6 Nichols	Surviving spouse	2159 Arthur Street Klamath Falls, OR 97603
7 John Frederic Lawson	Son	13317 Sequoia Street Victorville, CA 92392
8 Richard Craig Lawson	Son	3512 Kootenai Street Boise, ID 83705
9 Sandra Edythe Lawson 10 (nka Sheehy)	Daughter	P.O. Box 403 Electric City, WA 99123

11 A copy of this Affidavit showing the date of filing, and a copy of

12 the Will will be delivered to each heir, or mailed to each of the

13 heirs at his/her last known address set forth hereinabove.

14 7. The devisees of the estate and the last known address of

15 each devisee, as is known to your affiant, are as follows:

16 NAME:	RELATIONSHIP:	ADDRESS:
17 Francis C. ("Nick") 18 Nichols	Surviving spouse	2159 Arthur Street Klamath Falls, OR 97603
19 John Frederic Lawson	Son	13317 Sequoia Street Victorville, CA 92392
20 Richard Craig Lawson	Son	3512 Kootenai Street Boise, ID 83705
21 Sandra Edythe Lawson 22 (nka Sheehy)	Daughter	P.O. Box 403 Electric City, WA 99123
23 Bonnie Jean Nichols 24 (nka Matney)	Stepdaughter	8075 Matney Way Klamath Falls, OR 97603

25 A copy of this Affidavit showing the date of filing, and a copy of
 26 the Will will be delivered to each devisee as set forth above, or
 27 mailed to each of the devisees at his/her last known address as set
 28 forth hereinabove.

7. The interest in the property described in the Affidavit

11A/ - AFFIDAVIT OF CLAIMING SUCCESSOR -2-

to which each heir or devisee is entitled is as follows:

JOHN FREDERIC LAWSON - 33 1/3%
 RICHARD CRAIG LAWSON - 33 1/3%
 SANDRA EDYTHE LAWSON - 33 1/3%

FRANCIS C. NICHOLS - A life tenancy in the property
 described hereinabove

8. Reasonable efforts have been made by your Affiant to ascertain creditors of the estate. To your Affiant's best information and belief, no claims against the estate or the decedent remain unpaid.

9. No persons are known to your Affiant to assert a claim against the estate.

10. A copy of this Affidavit showing the date of filing will be mailed to the Adult and Family Services Division, Estate Administration Section, Salem, Oregon, and to the Department of Revenue, Salem, Oregon.

11. Claims against this estate not listed in this Affidavit or in amounts larger than those listed in this Affidavit may be barred unless:

A. A claim is presented to the Affiant within four (4) months of the filing of the Affidavit at the address stated in the Affidavit for presentation of claims; or

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

12. 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.

13. A copy of this Affidavit, showing the date of filing, will be mailed or delivered with the required filing fee to the

1 County Clerk in each County where the decedent's real property is
2 located.

3 DATED: 10/8, 1992.

Richard C. Lawson
RICHARD C. LAWSON

5 SUBSCRIBED AND SWORN to before me 10/8, 1992.

Carla D. Hackett
NOTARY PUBLIC FOR IDAHO
My Commission Expires: 2/26/93

7 STATE OF IDAHO, County of Ada) ss:

10 I, RICHARD C. LAWSON, being sworn, say: That I have caused
11 the foregoing AFFIDAVIT OF CLAIMING SUCCESSOR to be prepared; that
12 I have read the same, and that the facts contained therein are
13 true as I verily believe.

Richard C. Lawson
RICHARD C. LAWSON

14 SUBSCRIBED AND SWORN to before me 10/8, 1992.

Carla D. Hackett
NOTARY PUBLIC FOR IDAHO
Comm exp: 2/26/93

28 11A/ - AFFIDAVIT OF CLAIMING SUCCESSOR -4-

CERTIFICATION OF VITAL RECORD

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

24693

State File Number

086759
LB 6670
94
Local File Number

1. DECEDENT'S NAME: **Lucy Jean NICHOLS**

2. SEX: **F**

3. DATE OF DEATH (Month, Day, Year): **March 15, 1991**

4. SOCIAL SECURITY NUMBER: **534-18-8848**

5a. AGE - Last Birthday (Years): **70**

5b. Under 1 Year: **Mo** **Days** **Hours** **Mins**

6. BIRTHPLACE (City and State or Foreign): **Dubuois, Wyoming**

7. DATE OF BIRTH (Month, Day, Year): **April 14, 1920**

8. PLACE OF DEATH (Check only one): **OTHER** ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify):

9. U.S. ARMED FORCES: ☐ Yes ☒ No

10. HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DCA ☐ OTHER

11. COUNTY OF DEATH: **Klamath**

12. CITY, TOWN, OR LOCATION OF DEATH: **Klamath Falls**

13. FACILITY NAME (If not institution, give street and number): **Merle West Medical Center**

14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): **Homemaker**

15. 10b. KIND OF BUSINESS/INDUSTRY: **at home**

16. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): **Married**

17. SPOUSE (If Married, Widowed): **Francis**

18. 13a. RESIDENCE - STATE: **Oregon**

19. 13b. COUNTY: **Klamath**

20. 13c. CITY, TOWN, OR LOCATION: **Klamath Falls**

21. 13d. STREET AND NUMBER: **2159 Arthur**

22. 13e. INSIDE CITY LIMITS: **Yes**

23. 13f. ZIP CODE: **97601**

24. 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) **No**

25. 15. RACE American Indian, Black, White, etc. (Specify): **White**

26. 16. DECEDENT'S EDUCATION (Specify only highest grade completed): **Elementary/Secondary (0-12)** **College (1-4 or 5+)** **12** **1**

27. 17. FATHER - NAME first middle last: **John - Weber**

28. 18. MOTHER - NAME first middle maiden: **Marguerite - Cassel**

29. 19. INFORMANT - NAME and relationship to decedent: **Francis / Husband**

30. 20a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):

31. 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Klamath Memorial Park**

32. 20c. LOCATION - City or Town, State: **Klamath Falls, Oregon**

33. 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: *Shirley Pennington*

34. 21b. LICENSE NUMBER (Of Licensee): **1257**

35. 22. NAME, ADDRESS AND ZIP OF FACILITY: **Ward's Klamath Funeral Home
1945 Main St./Klamath Falls, OR 97601**

36. 24. REGISTRAR'S SIGNATURE: *Mary Lou Miller*

37. 23. DATE FILED (Month, Day, Year): **MAR 18 1991**

38. 26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

39. 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

40. 27. TIME OF DEATH: **0215**

41. 28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

42. 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): *David D. Reeder*

43. 30. DATE SIGNED (Month, Day, Year): **3-18-91**

44. 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): **David D. Reeder, MD 2301 Mt. View Boulevard Klamath Falls, Oregon 97601**

45. 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

46. 33. 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. Interval between onset and death: **minutes**

47. (a) **Congestive Heart Failure**

48. (b) **Atherosclerosis**

49. (c) **OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.**

50. 37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☒ Probably ☐ Unk

51. 38. AUTOPSY ☐ Yes ☒ No

52. 39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☒ N/A

53. 40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Unexplained Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide

54. 41a. DATE OF INJURY (Month, Day, Year):

55. 41b. TIME OF INJURY: **M**

56. 41c. INJURY AT WORK? ☐ Yes ☒ No

57. 41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

58. 41e. DESCRIBE HOW INJURY OCCURRED:

59. 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

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

DATE ISSUED

MAR 21 1991

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

45-2 RE



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FILED

24694

STATE OF OREGON

1992 OCT 20 AM 11:50

CLERK OF COURT

LAST WILL AND TESTAMENT BY

1
2 I, LUCY JEAN NICHOLS, of Klamath Falls, Klamath County, State
3 of Oregon, being of sound and disposing mind, and of legal age, do
4 make, publish, and declare this to be my Last Will and Testament,
5 hereby revoking all Wills by me at any time heretofore made.

I

6
7 I direct that all my just debts and funeral expenses be first
8 paid out of my Estate.

II

9
10 I give, devise, and bequeath all of my Estate of whatsoever
11 kind and description and wheresoever situated unto my surviving
12 children in equal shares, but with a share by right of representation
13 for the surviving issue of each child of mine who shall have
14 predeceased me leaving issue surviving at my death. The names of my
15 children are as follows: John Fredric Lawson, Richard Craig Lawson,
16 and Sandra Edythe Lawson.

17 I grant to my husband, in the event he survives me, a life
18 tenancy in any and all real property I own at my death.

19 If my husband, FRANCIS C. NICHOLS, predeceases me or we die
20 at the same time or as a result of the same accident or disaster or
21 during a joint last illness or under such circumstances that the
22 order of our deaths cannot be ascertained, then and in the event I
23 would inherit or receive, in any manner, any property, real, personal
24 or mixed by virtue of my husband's death, any and all of said
25 property I shall receive in said manner, I give, devise, and bequeath
26 to his daughter BONNIE JEAN NICHOLS, said bequest to BONNIE JEAN
27 NICHOLS shall also remain in effect unless I survive my husband
28 FRANCIS C. NICHOLS for at least six months.

III

29
30 I hereby nominate, constitute and appoint FRANCIS C. NICHOLS,
31 my husband, as Executor of this, my Will, and hereby exonerate him
32

1 from giving bond for the faithful discharge of his duties as such.
2 In the event of the death, resignation, disability or refusal of the
3 said FRANCIS C. NICHOLS to act, I hereby appoint Richard J. Smith,
4 as Executor of this, my Will, and hereby exonerate him from giving
5 bond for the faithful discharge of his duties as such.

6 I hereby empower my Executor to lease, encumber, sell, ex-
7 change or otherwise deal with or dispose of all my property, real or
8 personal, or any part thereof, in such manner, at such times, and
9 upon such terms as he shall deem to be to the interest of my Estate,
10 such sale or other disposition to be made at public or private sale
11 in the discretion of my Executor without any reference to the order
12 or disposition of real and personal property and without any petition,
13 citation, hearing, order, or any other action. I further authorize
14 my Executor to hold, manage, and operate any property and any
15 business belonging to said Estate at the risk of my Estate and not
16 at the risk of my Executor, the profits and losses therefrom to inure
17 to or be chargeable to my Estate as a whole.

18 I direct my Executor to pay from my Estate all inheritance,
19 estate, transfer and succession taxes which may become due and payable
20 by reason of my death and authorize my Executor to contest or compromise
21 any claims for such taxes. I further direct that all such taxes
22 shall be paid without apportionment thereof and without withholding
23 or collecting any part thereof from any beneficiary under my Will,
24 it being my intention that all such taxes shall be paid from my
25 estate as an expense of administration.

IV

26
27 In making the foregoing bequests and devises, I have in mind
28 all of my relations and dependants and have fully considered my
29 obligations to them. Should anyone, whether named herein or not
30 named herein, contest this, my Last Will and Testament, then I give,
31 devise and bequeath to any such contestant or contestants the sum of
32 ONE AND NO/100 (\$1.00) DOLLAR and no more.

V

If any provision of this Will or any Codicil should be invalid, it is my intention that all of the remaining provisions thereof shall continue to be fully effective.

THIS, MY LAST WILL AND TESTAMENT, was signed by me on the
23rd day of June, 1966.

Lucy Jean nichols (SEAL)

The foregoing instrument consisting of three pages, this being the third, was on the day and year above written, by the said LUCY JEAN NICHOLS, signed, sealed, published and declared by her to be her Last Will and Testament in the presence of us, who, at her request, in her presence and in the presence of each other, have signed the same as witnesses thereto.

Residing at Klamath Falls, Oregon.

Residing at Klamath Falls, Oregon.

Residing at Klamath Falls, Oregon.

CODICIL

1 I, LUCY JEAN NICHOLS, of Klamath Falls, Klamath County,
2 State of Oregon, being of sound and disposing mind, and of legal
3 age, do make, publish and declare this to be my Codicil to my
4 Last Will and Testament of June 23, 1966 by substituting for Para-
5 graph

6
7 III: I hereby nominate, constitute and appoint FRANCIS C.
8 NICHOLS, my husband, as Executor of this, my Will, and hereby
9 exonerate him from giving bond for the faithful discharge of
10 his duties as such. In the event of the death, resignation, dis-
11 ability or refusal of the said FRANCIS C. NICHOLS to act, I here-
12 by appoint Neal G. Buchanan, as Executor of this, my Will, and
13 hereby exonerate him from giving bond for the faithful discharge
14 of his duties as such.

15 I hereby empower my Executor to lease, encumber, sell, ex-
16 change or otherwise deal with or dispose of all my property, real
17 or personal, or any part thereof, in such manner, at such times,
18 and upon such terms as he shall deem to be to the interest of
19 my Estate, such sale or other disposition to be made at public
20 or private sale in the discretion of my Executor without any
21 reference to the order or disposition of real and personal proper-
22 ty and without any petition, citation, hearing, order, or any
23 other action. I further authorize my Executor to hold, manage,
24 and operate any property and any business belonging to said Es-
25 tate at the risk of my Estate and not at the risk of my Executor,
26 the profits and losses therefrom to inure to or be chargeable to
27 my Estate as a whole.

28 I direct my Executor to pay from my Estate all inheritance,
29 estate, transfer and succession taxes which may become due and
30 payable by reason of my death and authorize my Executor to con-
test or compromise any claims for such taxes. I further direct
that all such taxes shall be paid without apportionment thereof
and without withholding or collecting any part thereof from any

Neal G. Buchanan
Attorney at Law
210 N. 4th
Klamath Falls, OR 97603
(503) 882-6617

1 beneficiary under my Will, it being my intention that all such
2 taxes shall be paid from my estate as an expense of administra-
3 tion.

4 In all other respects, with the exception of the effect of
5 this Codicil upon Paragraph III, I wish to expressly ratify my
6 former Last Will and Testament of June 23, 1966.

7 In testimony whereof, I, LUCY JEAN NICHOLS, have hereunto
8 subscribed my name at the City of Klamath Falls, State of Oregon,
9 to this Codicil, and do declare this to be my Codicil to my Last
10 Will and Testament under my seal at Klamath Falls, Oregon, this
11 31 day of January, 1979.

12 Lucy Jean Nichols (SEAL)
13
14 The foregoing Codicil was by LUCY JEAN NICHOLS signed,
15 sealed, published, and declared to be her Codicil to her Last
16 Will and Testament, and we, at the same time, and at her request
17 and in her presence and in the presence of each other, have sub-
18 scribed our names as attesting witnesses to said Codicil.

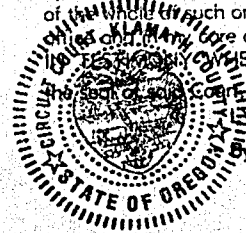
19 Dated at Klamath Falls, Klamath County, State of Oregon,
20 this 31 day of January, 1979.

21 Herbert S. Bridge Residing at Klamath Falls, Oregon.
22

23 Dorothy C. Bridge Residing at Klamath Falls, Oregon.
24
25

26 STATE OF OREGON)
27 County of Klamath)

28 I, LYN G. HARDY Clerk of the Circuit Court of the County of Klamath
29 and the State of Oregon do hereby certify that the foregoing copy has been
30 by me compared with the original, and that it is a transcript therefrom, and
of the whole of such original as the same appears on file or of record in my
office and in my care and custody.



31 In testimony whereof, I have hereunto set my hand and affixed
the seal of said Court this 20 day of Oct A.D. 1992
LYN G. HARDY, Clerk of Court

Neal G. Buchanan
Attorney at Law
210 N. 4th
Klamath Falls, OR 97601
(503) 882-6677

Page 2 - CODICIL OF LUCY JEAN NICHOLS
ss.

STATE OF OREGON: COUNTY OF KLAMATH: Filed for record at request of Neal G. Buchanan the 21st day
of Oct. A.D., 19 92 at 2:45 o'clock P M., and duly recorded in Vol. M92
of Deeds on Page 24689
By Evelyn Biehn County Clerk
Pauline Mullendore

FEE \$55.00