

64072

07-02-93P03:16 RCVD

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

In the Matter of the )  
 Estate of ) No. 9302/27 CV  
 )  
 MARLEY CLAYTON McFADDEN, ) AFFIDAVIT OF CLAIMING  
 ) SUCCESSOR OF SMALL ESTATE  
 Deceased. ) OF TESTATE ESTATE

STATE OF OREGON )  
 ) SS:  
 County of Klamath )

L. WAYNE McFADDEN, being first duly sworn, say:

I am the Conservator for the claiming successor, as defined in ORS 114.505(1), to Decedent's Estate. I am hereinafter referred to as "Affiant."  
 This Affidavit is hereinafter referred to as "Affidavit." This Affidavit is made pursuant to ORS 114.505-114.560.

1.

The following information is given with regard to the Decedent:

A. Name: Marley Clayton McFadden  
 B. Age: 81  
 C. Domicile: Klamath Falls, Oregon  
 D. Post office Address: 2521 Hope Street  
 Klamath Falls, OR 97601  
 E. Social Security No.: 542-44-3273

2.

The Decedent died on May 14, 1993, at Klamath Falls, Oregon; a certified copy of the Decedent's Death Certificate is attached as Exhibit 1 and thereby made a party here as though it were fully set forth here.

3.

The Decedent's property subject to administration in Oregon consists of the following:

Affidavit of Claiming Successor of  
 Small Estate of Testate Estate - Page 1.

WILLIAM L. SISEMORE  
 Attorney at Law  
 540 Main Street  
 KLAMATH FALLS, ORE  
 97601

503/882-7229  
 O.S.B. #70133

A. Real property and value thereof:

The Easterly 100 feet of the W 1/2 of Lot 10, GIENGER'S HOME TRACTS, and any portion of the vacated alley located within said property, in the County of Klamath, State of Oregon.

Assessor's tax account # CODE 41 MAP 3909-2CA TL 9800

Value \$2,500.00

4.

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

5.

The Decedent died Testate. The Decedent's Will is attached as Exhibit 2.

6.

The Decedent's heir and the heir's last addresses known to the Affiant is:

Gladys McFadden  
2555 Main Street  
Klamath Falls, OR 97601

A copy of the Will and this Affidavit showing the date of filing will be delivered or mailed to the heirs at the last-known address.

7.

The Decedent's Devisee and the Devisee's last address known to the Affiant

is: Gladys McFadden  
2555 Main Street  
Klamath Falls, OR 97601

A copy of the Will, and this Affidavit showing the date of filing, will be delivered or mailed to the Devisee at the last-known address.

1 8.

2 The interest in the Decedent's property described in the Affidavit to which  
3 each Devisee is entitled is:

4 Gladys McFadden - 100%  
5 2555 Main Street  
6 Klamath Falls, OR 97601

7 9.

8 Reasonable efforts have been made to ascertain each creditor of the Estate.  
9 The expenses of and claims against the Estate remaining unpaid or on account of  
10 which the Affiant or any other person is entitled to reimbursement from the  
11 Estate, including any known or estimated amount thereof, and the name and address  
12 of each creditor, as known to the Affiant are:

13 None

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

17 10.

18 The name and address of each person known to the Affiant to assert a claim  
19 against the Estate which the Affiant disputes and the last-known or estimated  
20 amount thereof:

21 None

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

24 11.

25 A copy of this Affidavit showing the date of filing has been mailed or  
26 delivered to:

WILLIAM L. SISEMORE  
Attorney at Law  
540 Main Street  
KLAMATH FALLS, ORE.  
97601

503/682-7229  
O.S.B. #70133

Affidavit of Claiming Successor of  
Small Estate of Testate Estate - Page 3.

1 State of Oregon  
2 Adult and Family Services Division  
3 Estate Administration Section  
4 Salem, Oregon 97310

Oregon Department of Revenue  
Salem, Oregon 97310

5 by depositing the copy of the Affidavit in the United States Postal Service in  
6 a sealed envelope, with postage prepaid.

7 12.

8 Claims against the Estate not listed herein, or in amounts larger than  
9 those listed herein, may be barred unless (a) a claim is presented to the Affiant  
10 within four months of the filing of this Affidavit at the address set forth in  
11 this paragraph or (b) a personal representative of the Estate is appointed within  
12 the time allowed under ORS 114.555.

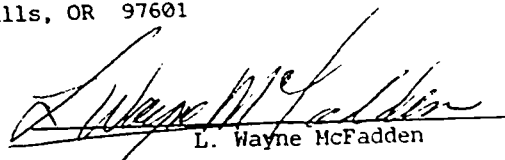
13 13.

14 If there is listed one or more claims that the Affiant disputes, any such  
15 claim may be barred unless (a) a Petition for Summary Determination is filed  
16 within four months of the filing of this Affidavit; or (b) a personal  
17 representative of the Estate is appointed within the time allowed under ORS  
18 114.555.

19 14.

20 The address for the purposes of presenting a claim to the Affiant is:

21  
22 L. Wayne McFadden  
23 c/o WILLIAM L. SISEMORE  
24 Attorney at Law  
25 540 Main Street - Suite 301  
26 Klamath Falls, OR 97601

  
L. Wayne McFadden

WILLIAM L. SISEMORE  
Attorney at Law  
540 Main Street  
KLAMATH FALLS, ORE.  
97601

503/882-7229  
O.S.B. #70133

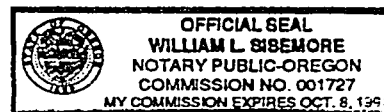
Affidavit of Claiming Successor of  
Small Estate of Testate Estate - Page 4.

1 STATE OF OREGON }  
 2 County of Klamath } ss:

3 BE IT REMEMBERED, that on this 1 day of July, 1993, before me, the  
 4 undersigned, a Notary Public in and for the State of Oregon, personally appeared  
 5 Wozne & Fadden and executed this instrument and  
 6 acknowledged to me that they executed the same freely and voluntarily. Before  
 7 me:

8 William L. Sisemore  
 9 Notary Public for Oregon

10 My commission expires: Oct 8, 1994



WILLIAM L. SISEMORE  
 Attorney at Law  
 540 Main Street  
 KLAMATH FALLS, ORE.  
 97601

503/882-7229  
 O.S.B. #70133

Affidavit of Claiming Successor of  
 Small Estate of Testate Estate - Page 5.

16006

## CERTIFICATION OF VITAL RECORD

HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

State File Number

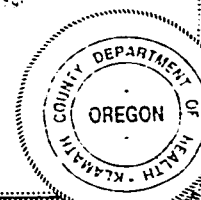
|   |                                     |   |   |
|---|-------------------------------------|---|---|
| 1. DECEASED'S NAME<br>First: Marley Middle: Clayton Last: McFadden  |                                     | 2. SEX<br>M   | 3. DATE OF DEATH (Month, Day, Year)<br>May 14, 1993 |
| 4. SOCIAL SECURITY NUMBER<br>542 44 3273  | 5a. AGE LAST BIRTHDAY (Years)<br>81 | 5b. Under 1 Year<br>Mos. Days Hours Mins.   | 5c. Under 1 Day<br>Hours Mins.                      |
| 6. BIRTHPLACE (City and State or Foreign Country)<br>Lyons, Colorado  |                                     | 7. DATE OF BIRTH (Month, Day, Year)<br>July 8, 1911   |   |
| 8. WAS DECEASED EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                                     |   |   |
| 9a. PLACE OF DEATH (Check only one)<br><input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): |                                     |   |   |
| 10. FACILITY NAME (If not institution, give street and number)<br>2521 Hope Street  |                                     | 11. CITY, TOWN, OR LOCATION OF DEATH<br>Klamath Falls   |   |
| 12. COUNTY OF DEATH<br>Klamath  |                                     | 13. DECEASED'S USUAL OCCUPATION<br>(If kind of work done during most of working life. Do not use retired)<br>Doctor   |   |
| 14. KIND OF BUSINESS/INDUSTRY<br>Veterinary Medicine  |                                     | 15. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify)<br>Married  |   |
| 16. SPOUSE (If Married, Widowed, Divorced)<br>Gladys  |                                     | 17. RESIDENCE STATE<br>Oregon   |   |
| 18. COUNTY<br>Klamath   |                                     | 19. CITY, TOWN OR LOCATION<br>Klamath Falls   |   |
| 20. STREET AND NUMBER<br>2521 Hope Street   |                                     | 21. INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| 22. ZIP CODE<br>97603   |                                     | 23. WAS DECEASED OF HISPANIC ORIGIN?<br>(Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |   |
| 24. RACE American Indian, Black, White, etc. (Specify)<br>White   |                                     | 25. DECEASED'S EDUCATION<br>(Specify only highest grade completed)<br>Elementary/Secondary (10-12) College (14 or 16)<br>12 6   |   |
| 26. FATHER - NAME first middle last<br>Charles - McFadden   |                                     | 27. MOTHER - NAME first middle maiden<br>Nettie - Spaulding   |   |
| 28. INFORMANT - NAME and relationship to deceased<br>Wayne McFadden / Son   |                                     | 29. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input 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)<br>Eternal Hills Memorial Gardens  |                                     | 31. LOCATION - City or Town, State<br>Klamath Falls, Oregon   |   |
| 32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON PRESENTING AS SUCH<br><i>Charles A. Barcus</i>  |                                     | 33. LICENSE NUMBER (Of Licensee)<br>3409  |   |
| 34. ADDRESS AND ZIP OF FACILITY<br>Ward's Klamath Funeral Home, Inc.<br>1945 Main / Klamath Falls, OR. 97601  |                                     | 35. REGISTRAR'S SIGNATURE<br><i>Charles Barcus</i>  |   |
| 36. DATE FILED (Month, Day, Year)<br>May 17 1993  |                                     | 37. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A  |   |
| 38. TO BE COMPLETED BY CERTIFYING PHYSICIAN<br>27. TIME OF DEATH<br>0100 M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                                     | 39. TO BE COMPLETED ONLY BY MEDICAL EXAMINER<br>31a. TIME OF DEATH<br>M   |   |
| 40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSES AND MANNER STATED<br>(Signature)<br><i>Ralph A. Breitenstein</i>   |                                     | 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated<br>(Signature)  |   |
| 41. DATE SIGNED (Month, Day, Year)<br>5-17-93   |                                     | 33. DATE SIGNED (Month, Day, Year) COUNTY   |   |
| 42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)<br>Ralph A. Breitenstein, MD / 2622 Campus Dr / Klamath Falls, OR. / 97601   |                                     | 34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |   |
| 43. 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.<br>PART 1: (a) <i>Carcinoma of esophagus</i><br>DUE TO OR AS A CONSEQUENCE OF<br>(b)<br>DUE TO OR AS A CONSEQUENCE OF<br>(c)<br>DUE TO OR AS A CONSEQUENCE OF   |                                     | 35. INTERVAL BETWEEN ONSET AND DEATH<br><i>1 yr</i><br>INTERVAL BETWEEN ONSET AND DEATH<br>INTERVAL BETWEEN ONSET AND DEATH   |   |
| 44. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to death but not resulting in the underlying cause given in PART 1  |                                     | 36. DID TOBACCO USE CONTRIBUTE TO THE DEATH?<br><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unknown   |   |
| 45. AUTOPSY<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A   |                                     | 37. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A   |   |
| 46. MANNER OF DEATH<br><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"/> Legal Intervention <input type="checkbox"/> Homicide  |                                     | 47. DATE OF INJURY (Month, Day, Year)   |   |
| 48. TIME OF INJURY<br>M <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                     | 49. INJURY AT WORK?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| 50. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)   |                                     | 51. DESCRIBE HOW INJURY OCCURRED  |   |
| 52. LOCATION (Street and Number or Rural Route Number, City or Town, State)   |                                     | 53. LOCATION (Street and Number or Rural Route Number, City or Town, State)   |   |

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED

MAY 17 1993

Charles Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

## LAST WILL AND TESTAMENT

KNOW ALL MEN BY THESE PRESENTS. That I, HARLEY C. McFADDEN, being of sound and disposing mind and memory and of legal age do hereby make, publish and declare this to be my last Will and Testament, hereby revoking all Wills and Testaments heretofore made by me.

## I.

I hereby direct that all of my just debts be paid as soon as conveniently can be done after my death.

## II.

All of my estate of whatsoever kind and wheresoever situated, I give, devise and bequeath unto my wife, Gladys McFadden, if she shall survive me by at least 30 days.

## III.

If my wife shall not survive me by at least 30 days then I give, devise and bequeath all of my estate unto my son, Lewis Wayne McFadden.

## IV.

I hereby nominate and appoint Gladys McFadden as Executrix of this, my Last Will and Testament to serve with and for me. In event of the death, resignation, disability or removal of the said Gladys McFadden to act I hereby appoint Robert L. Burkett to serve with and for me. my Executrix or Executor to act upon the terms hereinafter set forth.

I hereby empower my said Executrix or Executor, as may be necessary to, to lease, encumber, sell, exchange or otherwise deal with or dispose of all my property, real or personal, in any part thereof, in such manner, at such times and upon such terms as my said Executrix or Executor shall deem to be in the best interest of my estate, said sale or other disposition

to be made at public or private sale in the discretion of my Executrix or Executor without any reference to the order of disposition of real or personal property and without any petition, citation, hearing, order, notice of sale, confirmation or any other action. I further authorize my Executrix or Executor to hold, manage and operate any property and any business belonging to my estate at the risk of my estate and not at the risk of my Executrix or Executor, profits and losses therefrom to inure or be chargeable to my estate as a whole.

V.

I suggest that my Executrix or my Executor when requiring legal service employ PROCTOR AND PUCKETT, Attorneys at Law.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 26<sup>th</sup> day of August, 195<sup>1</sup>.

Marley C. McFadden (SEAL)

The foregoing instrument, consisting of two pages, this being the second, was at the date hereof, by the said MARLEY C. McFADDEN, signed, sealed, published and declared by him to be his Last Will and Testament, in the presence of us who, at his request, in his presence and in the presence of each other, have signed the same as witnesses hereto.

Robert A. Beulitt Residing at Klamath Falls, Oregon

Janice M. Dowers Residing at Klamath Falls, Oregon

Russ Young Residing at Klamath Falls, Oregon

STATE OF OREGON )  
County of Klamath )  
LYN G. HARDY, Clerk of the Circuit Court of the County of Klamath, Oregon do hereby certify that the foregoing copy has been compared with the original, and that it is a transcript therefrom, and such original or one same appears on file or of record in my office and is in my care and custody.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Court, this 26<sup>th</sup> day of July, A.D. 19<sup>51</sup>

LYN G. HARDY, Clerk of Court  
Sally Dwyer

STATE OF OREGON, ss.  
County of Klamath

Filed for record at request of:

Wm. L. Sisemore

on this 2nd day of July A.D. 19 51  
at 3:16 o'clock P.M. and duly recorded  
in Vol. M93 of Deeds Page 16001.

Evelyn Biehn County Clerk

By Pauline M. Mulendore  
Deputy.

Fee, \$65.00