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08-30-93P02:32 RCV

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In the Probate Court of the County of DOUGLAS, Oregon

Small Estate of:

TED JAMES BAKER

Deceased.

Estate No. 93CV2508PB

**AFFIDAVIT OF CLAIMING SUCCESSOR  
TESTATE ESTATE**

STATE OF OREGON, County of DOUGLAS ) ss.

I, HELGA H. BAKER

, being first duly sworn, depose and say that: I am a devisee 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, Section 114.505 to 114.560.

(1) Name of Decedent Ted James Baker Age 76 Soc. Sec. No. 560-07-1572  
Domicile/Post Office Address 155 "A" Street, Dillard, Oregon 97432

(2) Decedent died March 31, 1993, at Roseburg, Oregon;  
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)

Lot 7 and the West 1/2 of Lot 8, Block 2,

Fair Market Value  
\$15,000.00

Blair Subdivision, Douglas County, Oregon

Deed # 78-18232 Book 692 Page 451

Personal Property Description

See Exhibit "A" for additional real property

Fair Market Value

(4) No application or petition for the appointment of a personal representative has been granted in Oregon;

(5) The decedent died testate; decedent's will is attached to this affidavit;

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

Name

Last Known Address

Theodore Baker

Mike Baker

3424 Carnes Road, Roseburg, OR 97470

Lynn Baker

974 N. E. Cedar, Roseburg, OR 97470

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

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

Name

Last Known Address

Helga H. Baker

P. O. Box 1292, Winston, OR 97496

A copy of the will and a copy of the affidavit showing the date of filing will be delivered to each devisee or mailed to the devisee at the devisee's last known address;

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## (8) The interest in decedent's property described in this affidavit to which each devisee is entitled is:

Name)  
Helga H. Baker

Interest

100% of Estate

(9) 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

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.

(10) 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

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.

(11) 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.

(12) 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:

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

(13) If there is listed one or more claims which the affiant disputes [See (10)], such claim(s) may be barred unless:

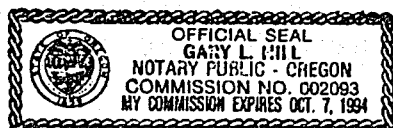
(a) A petition for summary determination is filed within four months of the filing of this affidavit; or

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

(14) A copy of this affidavit showing the date of filing or an abstract meeting the requirements of ORS 113.165(2), will be mailed or delivered with the required recording fee to the county clerk in each county where said decedent's real property, if any, is located.

Helga H. Baker

HELGA H. BAKER

me on July 20<sup>th</sup> 1993

Notary Public for Oregon. My commission expires

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 \*\*\*."

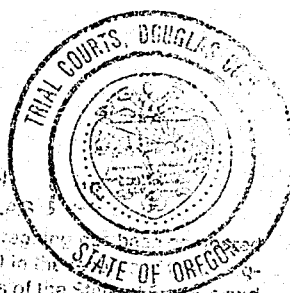
## EXHIBIT "A"

Lot 1, Block 32, FIRST ADDITION TO THE CITY OF  
KLAMATH FALLS, Klamath County, Oregon.

\$2,000.00

Lots 6, 7, and 8, Block 8, and a portion of the  
vacated alley adjacent to OPPORTUNITY ADDITION TO  
THE CITY OF KLAMATH FALLS, Klamath County, Oregon.

\$7,000.00



STATE of OREGON  
COUNTY of DOUGLAS

I Certify that the foregoing is a true and correct copy  
by me with the original in the Trial Courts of the State of Oregon and  
that it is a full and correct transcript thereof.

Dated this 10 day of Aug 19 93

Roseburg, Oregon

Trial Court Administrator

By

Kelly Atkinson

# CERTIFICATION OF VITAL RECORD

130944  
I.D. TAG NO.

## OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

21873

Local File Number

State File Number

1. DECEDENT'S NAME First: <b>Ted</b> Middle: <b>James</b> Last: <b>BAKER</b>			2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>March 31, 1993</b>
4. SOCIAL SECURITY NUMBER <b>560-07-1572</b>		5a. AGE-Last Birthday (Years) <b>79</b>	5b. Under 1 Year Mos. <b>79</b> Days <b>0</b> Hours <b>0</b> Mins. <b>0</b>	6. BIRTHPLACE (City and State or Foreign Country) <b>South Bend, WA</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		7. DATE OF BIRTH (Month, Day, Year) <b>July 25, 1913</b>
10. FACILITY NAME (If not institution, give street and number) <b>155 A Street</b>			9b. CITY, TOWN, OR LOCATION OF DEATH <b>Dillard</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Watchman</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Security</b>		9c. COUNTY OF DEATH <b>Douglas</b>
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Douglas</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Divorced</b>
13c. INSIDE CITY LIMITS? <b>Yes</b>		13d. STREET AND NUMBER <b>155 A Street</b>		12. SPOUSE (If Married, Widowed) <b>-</b>
13e. ZIP CODE <b>97132</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>
17. FATHER - NAME first middle last <b>Ernest James Baker</b>		18. MOTHER - NAME first middle maiden <b>Kate Louise</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) <b>8</b> College (14 or 5+) <b>-</b>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Uniservice Crematory</b>		19. (If Human) - NAME and relationship to decedent <b>Helga Baker - Per. Rep.</b>
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Ron Hanlin</i>		21b. LICENSE NUMBER (Of Licensee) <b>3165</b>		20c. LOCATION - City or Town, State <b>Roseburg, Oregon</b>
23. DATE FILED (Month, Day, Year) <b>APR 2 1993</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Wilson's Chapel of the Roses 965 W Harvard Avenue Roseburg, OR 97470</b>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		24. REGISTRAR'S SIGNATURE <i>Donna Clarke</i>		
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A				

27. TIME OF DEATH <b>11:28 A.M.</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Rola P. Baker, MD</i>			
30. DATE SIGNED (Month, Day, Year) <b>APRIL 1, 1993</b>			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>ROLA P. BAKER, MD 544 W. LINCOLN #104 ROSEBURG, OR 97470</b>			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. 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.)		37. Did tobacco use contribute to this death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART I (a) <b>BRONCHOGENIC CARCINOMA</b>		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DUE TO, OR AS A CONSEQUENCE OF:		39. H. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
(b)		Interval between onset and death <b>6 mos.</b>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		41e. 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 DOUGLAS COUNTY REGISTRAR.

DATE ISSUED: **APR 2 1993**

*Donna Clarke*  
DONNA CLARKE  
COUNTY REGISTRAR  
DOUGLAS COUNTY, OREGON

ANY ALTERATION OR FALSIFICATION OF THIS CERTIFICATE

3:05 FILED P  
AT 2:05 O'CLOCK P.M.

AUG 1 0 1993

# Last Will and Testament

KNOW ALL MEN BY THESE PRESENTS That I Ted James Baker , a resident of Douglas County, Oregon being over the age of majority and being of sound and disposing mind and memory and not acting under duress, menace, fraud or undue influence of any person whomsoever do make, publish and declare this and this only to be my LAST WILL AND TESTAMENT in manner and form following , to wit:

FIRST. I hereby revoke all prior wills and codicils. I direct that all my just debts and testamentary expenses and funeral expenses be paid and satisfied as soon as practicable after my death.

SECOND. I hereby give to HELGA H. BAKER all of my property, both real and personal , wheresoever the same may be situated at the time of my death.

THIRD. I hereby give to my children, THEODORE R. BAKER, MICHAEL C. BAKER and LYNN A. BAKER my love and affection.

FOURTH. I hereby appoint HELGA H. BAKER as my Personal Representative. No personal bond or other undertaking shall be required by my Personal Representative

IN WITNESS WHEREOF I have hereunto set my hand this 5 day of Sept 5 1989.

Ted James Baker  
TED JAMES BAKER

The foregoing instrument consisting of one page was signed, sealed published and declared by Ted James Baker as his Last Will and Testament in the presence of each of us, who at his request and in his presence and in the presence of each of us, who at his request and in his presence and in the presence of one another subscribe our names hereto as witnesses on the day of the date hereof and we declare that at the time of the execution of this instrument Ted James Baker according to our best knowledge and belief was of sound and disposing mind and memory and was under no constraint.

Jim Saxton residing at 114 S.E. 7th St. Winston, Ore.

Callan Saxton residing at 114 SE Main St, Winston Or

Return: Gary L. Hill  
P.O. Box 1146  
Roseburg, Or. 97470

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 30th day of August A.D., 19 93 at 2:32 o'clock P.M., and duly recorded in Vol. M93 of Deeds on Page 21870.

FEE \$50.00

Evelyn Biehn - County Clerk

By Dorlene Muelendore