FORM No. 1406-B—AFFIDAVIT OF CLAIMING SUCCESSOR—INTESTATE ESTATE. COPYRIGHT 1981 STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR 97204

12-23-93P03:06 RCVD MAR 31526-MK Vol. m93 Page 34538

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In the Probate Court of the County of Klamath, Oregon

Small Estate of:

JAMES STEWART FLANIG

Deceased.

Estate No.

AFFIDAVIT OF CLAIMING SUCCESSOR INTESTATE ESTATE

STATE OF OREGON, County of KLAMATH) ss.

I, DONALD CARL FLANIG, 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 JAMES STEWART FLANIG Age 35 Soc. Sec. No. 532 40 9007
Domicile/Post Office Address 1800 W. GLENCREST APT. 15 ANAHEIM CA. 92804

(2) Decedent died June 28, 1993, at Anaheim, California
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
The NE¼ SE¼ SW¼ of Section 35 Township 35 South Range 7 EWM	3,000.00

Personal Property Description	Fair Market Value
NONE	

(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
RITA E. FRYE (DECEASED)	21450 33rd SO. SEATTLE, WASH. 98188 *

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	Last Known Address	Interest
~~DONALD CARL FLANIG~~ RITA E. FRYE (DECEASED)	21450 33rd SO. SEATTLE, WASH. 98188	ALL 100% *

* Subsequently deeded to Donald Carl Flanig by instrument recorded 6-30-80 in Volume m80 at Page 11886 and re-recorded 2-21-85 Volume m85 Page 2577 Microfilm records of Klamath County, Oregon.

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(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: Rural Route 2 - Box 338A - Lake Park MN - 56554; 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.

Donald P. Flaniy

Signed and sworn to before me on November 26th, 1993

by Donald P. Flaniy

RICHARD A. SCHAEFER
NOTARY PUBLIC — MINNESOTA
BECKER COUNTY
My commission expires 10-30-96

Notary Public for Oregon. My commission expires 10-30-96

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***."

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

MTC 31526-MK

345540

78-079588 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3000 05435 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	James
1B. MIDDLE	Stuart
1C. LAST	FLANIG
2A. DATE OF DEATH (MONTH, DAY, YEAR)	June 28, 1978
2B. HOUR	p.m.hr
3. SEX	Male
4. RACE	white
5. ETHNICITY	9
6. DATE OF BIRTH	Sept. 12, 1941
7. AGE	36 years
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	California
9. NAME AND BIRTHPLACE OF FATHER	Carl Flanig - Montana
10. BIRTH NAME AND BIRTHPLACE OF MOTHER	Rita Sallee - Montana
11. CITIZEN OF WHAT COUNTRY	United States
12. SOCIAL SECURITY NUMBER	532-40-9007
13. MARITAL STATUS	Never Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
15. PRIMARY OCCUPATION	Warehouseman
16. NO. OF YEARS IN THIS OCCUPATION	11
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	George A. Hormel Co.
18. KIND OF INDUSTRY OR BUSINESS	Meat Packing

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	1800 Glencrest
19B.	
19C. CITY OR TOWN	Anaheim
19D. COUNTY	Orange
19E. STATE	Calif.
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	Don Flanig (brother) 2239 Vancouver Dr., #C Anaheim, Calif.

PLACE OF DEATH

21A. PLACE OF DEATH	
21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	1800 Glencrest, Apt. 12
21C. CITY OR TOWN	Anaheim
21D. COUNTY	Orange

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE — ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

(A) Brain Laceration and hemorrhage

DUE TO, OR AS A CONSEQUENCE OF:

(B) Gunshot wound, skull

DUE TO, OR AS A CONSEQUENCE OF:

(C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? 78-2801-S1

25. WAS INQUEST PERFORMED? no

26. WAS AUTOPSY PERFORMED? yes

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE: NO

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE: (MONTH, DAY, YR.) LAST SAW DECEDENT ALIVE: (MONTH, DAY, YR.)

28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE

28C. DATE SIGNED

28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE/PRINT PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	Suicide
30. PLACE OF INJURY	Home
31.	1
32.	NO
32A. DATE OF INJURY—MONTH, DAY, YEAR	June 28, 1978
32B. HOUR	p.m.hrs.
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	1800 Glencrest, Apt. 12, Anaheim
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	Self-inflicted gunshot wound with handgu

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (CORONER'S INVESTIGATION)

Investigation

35B. CORONER SIGNATURE AND TITLE: BRAD GATES CORONER By: [signature]

35C. DATE SIGNED: 7-4-78

FUNERAL DIRECTOR AND LOCAL REGISTRAR

36. DISPOSITION	Cremation
37. DATE—MONTH, DAY, YEAR	July 6 1978
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	Memory Garden Mem. Park, Brea, Calif.
39. EMBALMER'S LICENSE NUMBER	not embalmed
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	Daly & Bartel Mortuary
41. LOCAL REGISTRAR—SIGNATURE	[signature]
42. DATE ACCEPTED BY LOCAL REGISTRAR	JUL 6 1978

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
7	X	1		9550	

VS-11 (1-78)

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Molly Joel Coye, MD, MPH, Director and State Registrar of Vital Statistics

by: Michael Davis
MICHAEL DAVIS, CHIEF
OFFICE OF STATE REGISTRAR

877881

DATE ISSUED
DEC 15 1993

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 23rd day of Dec. A.D., 19 93 at 3:06 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 34538

FEE $40.00

Evelyn Biehn County Clerk
By Deputy