

01-11-94 A11:35 RCVD

K-46019

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In the Probate Court of the County of Linn, Oregon

Small Estate of:

Verna Lou Banks

Deceased.

Estate No.

18146

AFFIDAVIT OF CLAIMING SUCCESSOR
INTESTATE ESTATE

STATE OF OREGON, County of Linn ss.

I, Ronald Gene Cook, 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 Verna Lou Banks Age 47 Soc. Sec. No. 512-54-5337
Domicile/Post Office Address _____

(2) Decedent died March 14th, 1981, at 3622 S. Tudor way Albany OR
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

Undivided 6.6 Acre Property, Tai Klamath Falls OR
And which is Grazing Land only

Klamath County value at 1000.00

Personal Property Description

Fair Market Value

(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

Joe Cook 1260 SE Howard St Albany OR

Rae Cook 2266 Whitworth Ln Spfld OR

Kathy Cook Gravel Del Wagon Springs OR

Mike Cook 1888 S Del Rio Albany OR

Jackie Cook 830 N 39th Spfld OR

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

Verna Lou George Bank 6.6 undivided Interest

Return Saxon's Masonry

4740 Main

Springfield, Or 97478

1047

(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.

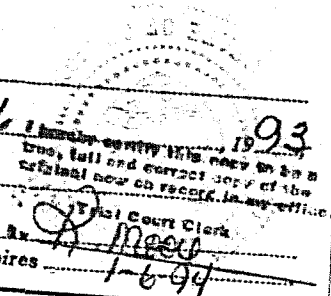
(11) Claims against the estate not listed herein or in amounts larger than those listed herein may be barred unless:

- (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.

Tom Cook

Signed and sworn to before me on 1-6-93
Witnessed by A. Meese



Notary Public for Oregon. My commission expires 1-6-94

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

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

1048

JAN - 6 PM 4:42

18146

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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH
ORS 146

Local File Number

DECEASED - NAME FIRST MIDDLE LAST
Verna Lou BANKS

RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (PRECISE)
Indian

SEX Female

AGE - LAST BIRTHDAY (YEARS) MONTH DAY
47 12 24

DATE OF DEATH (MONTH, DAY, YEAR)
March 14, 1981

CITY, TOWN, OR LOCATION OF DEATH
Albany

HOSPITAL OR OTHER INSTITUTION
NAME (IF NOT IN HOME, AND STREET & NO.)
3622 S. Tudor Way

DATE OF BIRTH (MONTH, DAY, YEAR)
August 17, 1933

STATE OF BIRTH
Oregon

CITY, TOWN, OR LOCATION OF BIRTH
Linn

COUNTRY OF BIRTH
U.S.A.

SOCIAL SECURITY NUMBER
542-54-5337

USUAL OCCUPATION (NAME OF BUSINESS OR INDUSTRY)
Homemaker

SPOUSE (IF MARRIED, DECEASED)
Murray T.

RESIDENCE - STATE
Oregon

COUNTY
Linn

CITY, TOWN, OR LOCATION
Albany

STREET AND NUMBER OR R.F.D.
3622 S. Tudor Way

FATHER NAME FIRST MIDDLE LAST
Dean George

MOTHER NAME FIRST MIDDLE LAST
Edna Tupper

BURIAL CREATION, REMOVAL, MAUS. (PRECISE)
Burial

CEMETERY OR CREMATORY - NAME
Willamette Memorial Park

INFORMANT - NAME AND RELATIONSHIP TO DECEASED
Murray T. Banks - Husband

LOCATION - CITY OR TOWN
Albany, Oregon

STATE
Oregon

DATE RECEIVED BY REGISTRAR (MONTH, DAY, YEAR)
April 7, 1981

DEATH OCCURRED
THE DECEASED WAS PRONOUNCED DEAD
DATE
March 14, 1981
TIME
11:00 A.M.

CERTIFIER
NAME (TYPE OR PRINT)
Linn

DATE SIGNED (MONTH, DAY, YEAR)
April 7, 1981

SIGNATURE
William D. Ferguson

ED

IMMEDIATE CAUSE
(a) PROPOXYPHENE OVERDOSE
DUE TO, OR AS A CONSEQUENCE OF

OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART 1 (a)
(c)

DATE OF INJURY (MONTH, DAY, YEAR)
Mar. 14, 1981

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART 1 (a) OR PART 1 (c))
Accidental propoxyphene overdose

PLACE OF INJURY (NAME, STREET, FACTORY, OFFICE, HOME, ETC.)
Home

LOCATION
3622 S. Tudor Way, Albany, Oregon 97321

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY



I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JAN 05 1991

Edward J. Johnson
STATE REGISTRAR



STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Klamath County Title Co
of Jan A.D. 19 94 at 11:35 o'clock A M., and duly recorded in Vol. M94 day
of Deeds on Page 1046
FEE \$40.00
Evelyn Biehn County Clerk
By *Deanne M. Munk*