JAN-14-94 FRI 16:34 P.02

FORM No. 1406-B—AFFIDAVIT OF CLAIMING SUCCESSOR—INTESTATE ESTATE. COPYRIGHT 1951 STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR 97204 P-05

NB Return Jodie Mitchell P.O. Box 1052 Battle Mt. NV 89820

01-21-94A10:51 RCVD

74847 In the Probate Court of the State of Oregon FILED Vol. M94 Page 2321

County of Klamath

1994 JAN 21 PM 2:11

CLERK OF COURT

Small Estate of: Larry Roy Mitchell, Deceased. By

Estate No. 9400249CV

AFFIDAVIT OF CLAIMING SUCCESSOR INTESTATE ESTATE

01-21-94P02:16 RCVD

STATE OF OREGON, County of Klamath) ss.

I, Jodie Mitchell, 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 Larry R. Mitchell Age 55 Soc. Sec. No. 518-42-9568
Domicile/Post Office Address P.O. Box 1052, Battle Mt., NV. 89820

(2) Decedent died Sept. 20, 1992, at Dillon, Mont.
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
N 1/2, NW 1/4, SE 1/4 and the W 1/2, NW 1/4, SE 1/4 of Section 5, Township 23 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon (NE 1/4) 10th interest	$ 14.380
NONE	

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
Jodie	Mitchell	wife	P.O. Box 1052, Battle Mt., NV. 89820
Sandee Jo Weitzel		child	
Lorie Ann Clark		child	112 Grays Landing, Hampton, Virgina 23666

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
Jodie	Mitchell	100%
Sandee Jo Mitchell Weitzel		0%
Lorie Ann Clark		0%

(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: Jodie Mitchell, P.O. Box 1052, Battle Mt., NV. 89820; 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.

Jodie Mitchell

Signed and sworn to before me on January 18th, 1994.

by Jodie Mitchell

NOTARY PUBLIC
STATE OF NEVADA
County of Lander
TAMMI ELDER
Appointment Expires May 6, 1997

Tammi Elder

Notary Public for Nevada My commission expires May 6, 1997

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 [illegible]

FORM V.S. 3 (1988 revision)

MONTANA CERTIFICATE OF DEATH

Local File Number: 50

State File Number: 2323 7721

DECEDENT

1. DECEDENT'S NAME (First): Larry (Middle): Roy (Last): Mitchell
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): Sept. 20, 1992
4. RACE—American Indian, Black, White, etc. (Specify): Wht.
5. AGE—Last Birthday (Years): 55 UNDER 1 YEAR: 5a. Months 5b. Days UNDER 1 DAY: 5c. Hours Minutes
6. DATE OF BIRTH (Month, Day, Year): July 5, 1937
7a. COUNTY OF DEATH: Beaverhead
7b. PLACE OF DEATH (Check only one): ☐ HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA ☐ OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
7c. FACILITY NAME (If not institution, give street and number): Barrett Memorial Hospital
7d. CITY, TOWN, OR LOCATION OF DEATH: Dillon, MT
8. BIRTHPLACE (City and State or Foreign Country): Roberts, Idaho
9. MARITAL STATUS: ☐ Never Married ☐ Widowed ☒ Married ☐ Divorced
10. SURVIVING SPOUSE (If wife, give maiden surname): Damie Jo Hart
11. SOCIAL SECURITY NUMBER: 518-42-9568
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Driver
12b. KIND OF BUSINESS/INDUSTRY: Trucking
13. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no): no
14a. RESIDENCE—STATE: Nevada
14b. COUNTY: Lander
14c. CITY, TOWN, OR LOCATION: Battle Mt.
14d. STREET NUMBER: not given
14e. INSIDE CITY LIMITS? (Yes or no): yes
14f. ZIP CODE: 89820
15. ANCESTRY—Mexican, Puerta Rican, Cuban, African, English, Irish-German, Hmong, etc. (Specify): American
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): High School; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Alexander Mitchell
18. MOTHER'S NAME (First, Middle, Maiden Surname): Dorthey Hawley

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Damie Jo Mitchell
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Box 1052 Battle Mt. NV 89820

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mt. View
20c. LOCATION—City or Town, State: Dillon, Montana
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION:
21b. MONTANA LICENSE NUMBER (of Licensee): 381
22. NAME AND ADDRESS OF FACILITY: Brundage Funeral Home Inc. 300 South Atlantic Dillon, Montana 59725

CAUSE OF DEATH

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See Instructions on other side)

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Acute Myocardial Infarction — Approximate Interval Between Onset and Death: sudden

Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last.

DUE TO (OR AS A CONSEQUENCE OF): b. Coronary artery disease — years

DUE TO (OR AS A CONSEQUENCE OF): c.

DUE TO (OR AS A CONSEQUENCE OF): d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? (Yes or no): no
24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
25. WAS CASE REFERRED TO CORONER? (Yes or no): yes

26. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Could not be Determined ☐ Suicide ☐ Homicide
27a. DATE OF INJURY (Month, Day, Year)
27b. TIME OF INJURY
27c. INJURY AT WORK? (Yes or no)
27d. DESCRIBE HOW INJURY OCCURRED
27e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
27f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFIER

28a. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

(Signature and Title)

28b. DATE SIGNED (Month, Day, Year)
28c. HOUR OF DEATH M
28d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
30. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print): Kenneth W. Brunkhorst 300 South Atlantic Street-Dillon, MT 59725

29a. TO BE COMPLETED BY CORONER ONLY. On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated.

(Signature and Title): Coroner
29b. DATE SIGNED (Month, Day, Year): Sept. 23, 1992
29c. HOUR OF DEATH: 01:35 M
29d. DATE PRONOUNCED DEAD (Month, Day, Year): Sept. 20, 1992
29e. PRONOUNCED DEAD (Hour): 01:35 M

REGISTRAR

31a. LOCAL REGISTRAR'S SIGNATURE:
31b. DATE FILED (Month, Day, Year): Sept 24 1992

2324

STATE OF OREGON)
County of Klamath)

I, LYN G. HARDY Clerk of the Circuit Court of the County of Klamath and the State of Oregon do hereby certify that the foregoing copy has been 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.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court, this 21st day of Jan A.D. 19 94

LYN G. HARDY Clerk of Court

CIRCUIT COURT KLAMATH COUNTY STATE OF OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 21st day of Jan A.D., 19 94 at 2:16 o'clock P M., and duly recorded in Vol. M94, of Deeds on Page 2321.

Evelyn Biehn - County Clerk

By Pauline Muldendore

FEE $45.00