FORM No. 1406-B—AFFIDAVIT OF CLAIMING SUCCESSOR—INTESTATE ESTATE.

NB 01-21-94P03:37 RCVD

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In 31689-H STATE OF OREGON

In the Probate Court of the County of KLAMATH CIRCUIT COURT, Oregon

1994 JAN 21 PM 3:21

Small Estate of: DAVID K. PRENTICE, Deceased. } Estate No. 94-250CV

AFFIDAVIT OF CLAIMING SUCCESSOR
INTESTATE ESTATE

BY

STATE OF OREGON, County of KLAMATH) ss.

We, Glenn Prentice and Nina Prentice, 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 DAVID K. PRENTICE Age 47 Soc. Sec. No. 048-38-7295
Domicile/Post Office Address 4716 San Rafael Avenue, Los Angeles, CA. 90042

(2) Decedent died December 22, 19 93, at Los Angeles, CA.
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 NORTH 1/2 OF LOT 3 IN BLOCK 8 OF ALTAMONT ACRES, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON. EXCEPTING THEREFROM THAT PORTION CONVEYED TO KLAMATH COUNTY FOR THE WIDENING OF BISBEE STREET	$42,000.00

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
GLENN PRENTICE	(Father)	RT 2, Hornell, N.Y. 14843
NINA PRENTICE	(Mother)	RT 2, Hornell, N.Y. 14843

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
GLENN PRENTICE	(Father)
NINA PRENTICE	(Mother)

Return: Mountain Title Co

$328

(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*
Investors Mortgage Service Company	216 E. Virginia P.O. BOX 515 SLAYTON, OREGON 97383 Loan Number 5-8606		$17,379.04

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*

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: GLENN PRENTICE, RT 2, Hornell, N.Y. 14843 *; 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.

Glenn Prentice
GLENN PRENTICE

Nina Prentice
NINA PRENTICE

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 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 25th day of January 1994

LYN G. HARDY, Clerk of Circuit Court
By Deputy

Signed and sworn to before me on January 12, *19*94,

BECKY S. TAFT, Notary Public
State of New York, Steuben County
Official No. 4930826
My Commission Expires 5/31/94

Becky S. Taft
Notary Public for New York *My commission expires* Steuben County

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 * * *."

2359

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER — USE BLACK INK ONLY — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO., DAY, YR.	2B. HOUR	3. SEX
DAVID	KEITH	PRENTICE	12/22/1993	1315	M

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO., DAY, YR.	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
White	Yes ___ X No	10/30/1946	47				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
NY	USA	Glenn Prentice	NY	Nina Champlin	NY

12. MILITARY SERVICE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 69 TO 19 71 ☐ NONE	048-38-7295	Never Married	--

1 OF 2

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Accountant	Accounting	Jacobs-Gerber	15	16

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
4716 San Rafael Ave.	Los Angeles	90042

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Angeles	20	California	Leonard Matamores-Friend 4716 San Rafael Ave. Los Angeles,CA 90042

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IF, ER/OP, DOA	19C. COUNTY
CHRIS BROWNLIE HOSPICE	—	LOS ANGELES

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
1300 SCOTT AVE	LOS ANGELES

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	TOXOPLASMOSIS	UNK
DUE TO (B)	AIDS	UNK
DUE TO (C)		

22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER? ☐ YES X NO

23. WAS BIOPSY PERFORMED? ☐ YES X NO

24A. WAS AUTOPSY PERFORMED? ☐ YES X NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: NONE

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE: NO

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
M Polonsky MD	G062039	12/22/93

27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
11/06/1993	12/18/1993	M. POLONSKY, M.D. LAC USC MED CTR 1200 N. STATE ST, L.A., CA 90033

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	28B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK ☐ YES ☐ NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO, DAY, YR.	35A. SIGNATURE OF EMBALMER	35B. LICENSE NO.
CR/RES	1/3 cremains to : Leonard Matamores, 4716 San Rafael Ave.,L.A,CA	12/24/1993	not embalmed	none

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
ABBOTT & HAST	FD 1399	Robert C. Nicks II	DEC 24 1993

64F

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 7-92) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS 01-9?1-0000

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES [illegible] THIS SEAL IN PURPLE INK.

DEC 28 1993

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Director of Health Services and Registrar

AFFIDAVIT TO AMEND A RECORD

STATE FILE NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

NO ERASURES, WHITEOUTS, OR ALTERATIONS

2360

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY

1A.

1B.

1C.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD

1A. NAME—FIRST (GIVEN): David

1B. MIDDLE: Keith

1C. LAST (FAMILY): Prentice

ADDITIONAL INFORMATION TO LOCATE RECORD

2. SEX: M

3. DATE OF EVENT—MONTH, DAY, YEAR: 12/22/1993

4A. CITY OF OCCURRENCE: Los Angeles

4B. COUNTY OF OCCURRENCE: Los Angeles

5. FATHER'S NAME AS STATED ON ORIGINAL: Glenn Prentice

6. MOTHER'S NAME AS STATED ON ORIGINAL: Nina Champlin

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

2 OF 2

LIST ONE ITEM PER LINE

7. CERTIFICATE ITEM NUMBER	8A. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8B. INFORMATION AS IT SHOULD APPEAR
34A	CR/RES	1/3 CR/RES 1/3/CR/SEA 1/3 CR/TR/BU
34B	1/3 cremains to: Leonard Matamores,	1/3 Cremains to: Leonard Matamores,
	4716 San Rafael Ave.,L.A,CA	4716 San Rafael Ave.,L.A,CA
		1/3 cremains to be scatter off the CA Coast
		Santa Monica,California
		1/3 creamains to: Maplewood Cemetery
		Alfred Station, NY

REASON FOR CORRECTION

9. splitting of ashes to be indicated on amendment form.

AFFIDAVITS AND SIGNATURES

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM

10A. SIGNATURE OF FIRST PERSON

10B. TITLE/RELATIONSHIP TO PERSON IN PART I: Funeral Director

10C. DATE SIGNED: 12/24/1993

10D. AGE: Adult

10E. ADDRESS (STREET, CITY, STATE, ZIP): 315 Silver Lake Blvd.,Los Angeles,CA 90026

USE BLACK INK ONLY

11A. SIGNATURE OF SECOND PERSON

11B. TITLE/RELATIONSHIP TO PERSON IN PART I: Funeral Director

11C. DATE SIGNED: 12/24/1993

11D. AGE: Adult

11E. ADDRESS (STREET, CITY, STATE, ZIP): 315 Silver Lake Blvd.,Los Angeles,CA 90026

STATE/LOCAL REGISTRAR USE ONLY

12. SIGNATURE OF STATE OR LOCAL REGISTRAR: Robert C. Watts MC

12. DATE ACCEPTED FOR REGISTRATION: DEC 28 1993

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 24 (REV. 6/91) 91 60733

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES. IT BEARS THIS SEAL IN PURPLE INK.

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES STATE OF CALIFORNIA

DEC 28 1993

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Director of Health Services and Registrar

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Mountain Title Co

on this 21st day of Jan A.D., 19 94

at 3:37 o'clock P M. and duly recorded

in Vol. M94 of Deeds Page 2357

Evelyn Biehn County Clerk

By Pauline Millendorf

Fee, $45.00 Deputy.