FORM No. 1406-A—AFFIDAVIT OF CLAIMING SUCCESSOR—TESTATE ESTATE.

FILED Vol. m94 Page 4190

ONBE 75669 02-07-94A09:45 RCVD STATE OF OREGON, KLAMATH COUNTY

In the Probate Department of the County of Klamath, Oregon

1994 FEB 4 PM

Estate No. 9400435CV

Small Estate of:
WARREN WESLEY WALKER,
Deceased.

CLERK

BY

AFFIDAVIT OF CLAIMING SUCCESSOR
TESTATE ESTATE

STATE OF OREGON, County of Klamath) ss.

I, Glenna Ione Walker, being first duly sworn, depose and say that: I am an heir of the above named decedent and a "claiming successor" to the following described portion of said decedent's estate. This affidavit is made pursuant to Oregon Revised Statutes, Sections 114.515 and 114.525.

(1) Name of Decedent Warren Wesley Walker Age 59 Soc.Sec.No. 540-20-7534
Domicile/Post Office Address 109 N. Garfield, P. O. Box 214, Merrill OR 97633

(2) Decedent died November 12, 1983, at Merrill, 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)	Fair Market Value
Lot 5, Block 26, MERRILL, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon	$41,580.00

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 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	Relationship	Last Known Address
WILLIAM WARREN WALKER	Son	P. O. Box 830, Merrill OR 97633
JOHN R. WALKER	Son	P. O. Box 830, Merrill OR 97633
MATILDA IONE WALKER FLYNN	Daughter	438 Mountain View, Lakeview OR 97630
GLENNA IONE WALKER	Surviving Spouse	P. O. Box 214, Merrill OR 97633

A copy of this affidavit showing the date of filing and a copy of decedent's will will be delivered 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
WILLIAM WARREN WALKER	Son	P. O. Box 830, Merrill OR 97633
JOHN R. WALKER	Son	P. O. Box 830, Merrill OR 97633
MATILDA IONE WALKER FLYNN	Daughter	438 Mountain View, Lakeview OR 97630
GLENNA IONE WALKER	Surviving Spouse	P. O. Box 214, Merrill OR 97633

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;

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

Name	Interest
Glenna Ione Walker	One-half
William Warren Walker	One-sixth
John R. Walker	One-sixth
Matilda Ione Walker Flynn	One-sixth

(9) Reasonable efforts have been made to ascertaining creditors of the estate. Any debts of the decedent remaining unpaid or on account, and the names and address of the creditors as known to the affiant are:

Name of Creditor	Address	Debt 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.

(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
none		

A copy of the affidavit showing the date of filing will be delivered to each of the above or mailed to the person at the last known address.

(11) A copy hereof 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 address stated in this affidavit for presentment of claims; or

(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.

Glenna Ione Walker

Glenna Ione Walker

Subscribed and sworn to before me on February 2nd, 19 94

Kay Ekal

Notary Public for Oregon. My commission expires 5-30-94

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***."

STATE HEALTH DIVISION
ment of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

4192

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

416
Local File Number

State File Number

DECEASED—NAME: 1 WARREN	First	W.	Middle	WALKER	Last	DATE OF DEATH (month, day, year): 2 November 12, 1983
RACE (White, Black, American Indian, etc. (specify)): 3 White	SEX: 4 Male	AGE—Last birthday (years): 5a 59	Under 1 year: mos. 5b / days	Under 1 day: hours / min. 5c		DATE OF BIRTH (month, day, year): 6 September 6, 1924
CITY, TOWN OR LOCATION OF DEATH: 7a Merrill	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7b 107 N. Garfield St.	IF HOSP. OR INST. indicate DOA, OP/Emer., Rm., Inpatient (Specify): 7c —				COUNTY OF DEATH: 7d Klamath
STATE OF BIRTH (If not in U.S.A., name country): 8 Oregon	CITIZEN OF WHAT COUNTRY: 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married	SPOUSE (IF MARRIED, WIDOWED): 11 Glenna I. Walker			WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): 12 Yes
SOCIAL SECURITY NUMBER: 13 540-20-7534	USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 14a Farming	KIND OF BUSINESS OR INDUSTRY: 14b Agriculture				
RESIDENCE—STATE: 15a Oregon	COUNTY: 15b Klamath	CITY, TOWN, OR LOCATION: 15c Merrill	STREET AND NUMBER OR R.F.D., ZIP: 15d 107 N. Garfield St. 97633			Inside City Limits (specify yes or no): 15e Yes
FATHER—NAME first middle last: 16 William Whipple Walker	MOTHER—Maiden Name first middle last: 17 Lena Grace Thompson	INFORMANT—NAME and relationship to deceased: 18 Glenna I. Walker, Wife				
BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Burial	CEMETERY OR CREMATORY—NAME: 19b Merrill I.O.O.F. Cemetery	LOCATION city or town state: 19c Merrill, Oregon				
FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: 20a Mike O'Hair	NAME AND ADDRESS OF FACILITY: 20b O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O					

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

21a [Signature] Karl Vidricksen — DATE SIGNED [Mo., Day, Yr.] 21b 11-15-83 — HOUR OF DEATH 21c 10:10 P. M

NAME AND ADDRESS OF CERTIFIER [Type or Print]: 21d Karl Vidricksen, M.D., 692 Main St., Tulelake, California 96134

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: 21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: 22a NOV 18 1983 — REGISTRAR: 22b [Signature] Marian E Ackerman

PART I — IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

		Interval between onset and death
(a)	congestive heart failure	1 day.
(b) DUE TO, OR AS A CONSEQUENCE OF:	intra abdominal Exsanguination	1 day
(c) DUE TO, OR AS A CONSEQUENCE OF:	metastatic adenocarcinoma of the colon	6 months

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

AUTOPSY (Specify Yes or No): 24 No

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): 25 Yes

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a	26b	26c M	26d

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
26e	26f	26g			

RESERVED FOR REGISTRAR'S USE

21-2 (11/81)

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By Marian E Ackerman Deputy Registrar

Date

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

Last Will and Testament

of

WARREN WESLEY WALKER

I, WARREN WESLEY WALKER, a married man, residing in Klamath County, Oregon, being of sound mind and memory and not acting under duress, menace, fraud or undue influence of any person or persons whomsoever, do make, publish and declare this to be my Last Will and Testament and do hereby revoke all former wills and testamentary dispositions heretofore made by me.

FIRST: I direct that my personal representative hereinafter named as soon as possible after my death treat as an obligation of my estate and to pay without apportionment thereof all my just debts including funeral expenses and expenses of last illness together with all estate, inheritance or other death taxes or duties imposed and made payable by reason of my death by the laws of the United States or of any state, territory or country together with the cost of administering my estate. If any other person shall pay any such debts, expenses, taxes, duties or costs, my personal representative shall reimburse such person.

SECOND: I give and bequeath my Shriner's ring to my son, JOHN R. WALKER.

THIRD: I give, devise and bequeath one-half (1/2) of my property and estate, real, personal and mixed, wheresoever situated to my beloved wife, GLENNA IONE WALKER.

FOURTH: I give, devise and bequeath all the rest, residue and remainder of my property and estate, real, personal or mixed, wheresoever situated to my children, namely: WILLIAM WARREN WALKER,

W.W.W.

JOHN R. WALKER and MATILDA IONE WALKER, share and share alike with a share by right of representation to the surviving issue of any of my said children that are then deceased. In the event any of my children are then deceased without leaving issue surviving them, I direct that the share of such deceased child of mine shall be distributed to such children of mine as are then surviving, also with a share by right of representation to the surviving issue of any deceased child of mine.

FIFTH: I hereby nominate and appoint my son, WILLIAM WARREN WALKER, personal representative of this, my Last Will and Testament and I direct that he shall not be required to furnish any bond or undertaking for the faithful performance of his duties as personal representative. In the event of the death, resignation, disability or refusal of him to act as such personal representative, I hereby nominate and appoint my son, JOHN R. WALKER, as alternate personal representative and direct that he shall not be required to furnish any bond or undertaking.

SIXTH: I hereby authorize and empower my said personal representative to sell at private sale and at such price and on such terms as he may deem wise any and all real or personal property which I may own at the time of my decease without any petition, citation to heirs, order of sale, notice of sale or other probate proceedings whatsoever except that all such sales shall be reported to and be subject to the confirmation of the probate court having jurisdiction of the administration of my estate. The power hereby given to my personal representative may be exercised solely for the purpose of converting said property into money and irrespective of the necessity therefor, for the payment of debts or expenses of administration of my estate.

IN WITNESS WHEREOF, I have hereunto subscribed my hand this 17 day of Oct, 1973.

Warren Wesley Walker
Warren Wesley Walker

The foregoing instrument, consisting of three pages, including this one, was signed, sealed, published and declared by the Testator, WARREN WESLEY WALKER, as and for his Last Will and Testament, in our presence, who, at his request and in his presence and in the presence of each other, have subscribed our names as witnesses thereto on the 17 day of October, 1973.

Edward W. Howe residing at Klamath Falls, Oregon

Nancy E. McCaig residing at Klamath Falls, Oregon

AFFIDAVIT OF ATTESTING WITNESSES

to

LAST WILL AND TESTAMENT

of

WARREN WESLEY WALKER

STATE OF OREGON)
) ss.
County of Klamath)

We, the undersigned, being first duly sworn, each for myself say:

On the date of the foregoing Last Will and Testament of Warren Wesley Walker, said Warren Wesley Walker signed the same and declared it to be his Last Will and Testament, whereupon, at his request and in his presence, we attested the Last Will and Testament by signing our names thereto.

To the best of my knowledge and belief, the Testator was, at the time, over the age of eighteen (18) years and of sound mind.

Edward W. Yeaw

Nancy E. McCaig

Subscribed and sworn to by each of the affiants above named on this 17th day of October, 1973.

Michael L. Grant
Notary Public for Oregon
My commission expires: 1-21-77

4197

Last Will and Testament

of

WARREN WESLEY WALKER

Rec'd: Parks & Bentley
228 N. 7th St
Klamath Falls, Or. 97601

Dated

Katz and Brant, P.C.
Attorneys at Law
830 Main St. Suite
Klamath Falls, Oregon 97601

4197

L. 4198

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 7th day of February A.D. 1994

LYN G. HARDY Clerk of Court

By Dess Peck

CIRCUIT COURT KLAMATH COUNTY STATE OF OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Parks & Ratliff the 7th day of Feb A.D., 19 94 at 9:45 o'clock A M., and duly recorded in Vol. M94, of Deeds on Page 4190.

FEE $70.00

Evelyn Biehn County Clerk
By Darlene Mullendore

Return: Parks & Ratliff
228 N. 7th St
Klamath Falls, Or. 97601