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Vol. 94 Page 7490

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FILED

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NB

STATE OF OREGON  
CLERK OF COURTIn the Probate Court of the County of Klamath, Oregon

Small Estate of:

CLERK OF COURT

Estate No. 94009020Larry Roy Mitchell

BY

AFFIDAVIT OF CLAIMING SUCCESSOR  
INTESTATE ESTATE

Deceased.

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. 512-A2-9568  
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)

N 1/2, NW 1/4, SE 1/4 and the W 1/2, NW 1/4, SE 1/4 of Section 5, Township 33 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon.

Fair Market Value

Personal Property Description

NONE

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
<u>Jodie Mitchell</u>	<u>P.O. Box 1052, Battle Mt., NV. 89820</u>
<u>Sandee Jo Weitzel</u>	<u>112 Gray's Landing, Hampton, Virginia 23666</u>
<u>Lori Ann Clark</u>	

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
<u>Jodie Mitchell</u>	<u>100%</u>
<u>Sandee Jo Weitzel</u>	<u>0%</u>
<u>Lori Ann Clark</u>	<u>0%</u>

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

Name of Creditor

NONE

**Address**

**Nature of Expense/Claim**

Known or Estimated Amount

(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
------

Name \_\_\_\_\_

**Address**

Known or Estimated Amount

\_\_\_\_\_

Signed and sworn to before me on Feb. 11, 1994

by Jodie Mitchell

Sharon Jensen

Notary Public for Nevada My commission expires 5-6-97

Decedent is situated.

ORS 114.545(3) requires that an affidavit 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.

EXCEPT 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 an administrator of the estate. The affidavit shall state:

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
COOPERATIVE CENTER FOR HEALTH STATISTICS

Return:  
Ladd Mitchell  
5912 Rd 8.1 F.N.W.  
Ephrata, WA 98823

Certificate of Death  
STATE OF IDAHO

State File No. 2249  
Local Reg. No. 15  
Reg. Dist. No. 670

1. PLACE OF DEATH & COUNTY Butte		2. USUAL RESIDENCE (Where deceased lived, if different: residence before admission) Idaho	
3. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Moore		4. COUNTY Jefferson	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 1 Mile No. 1/4 mi East of Moore		6. STREET ADDRESS (If rural, give location) Copes Trailer Court	
7. NAME OF DECEASED a. (First) ALEXANDER b. (Middle) SANDY c. (Last) MITCHELL		8. DATE OF BIRTH July 6, 1903	
9. SEX Male		10. DATE OF DEATH May 28, 1977	
11. COLOR OR RACE White		12. AGE (In years, months, days) 73	
13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		14. BIRTHPLACE (State & territorial) Idaho	
15. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Miner, Farmer ret.		16. KIND OF BUSINESS OR INDUSTRY Self Employed	
17. FATHER'S NAME Alexander Mitchell		18. BIRTHPLACE Canada	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		20. SOCIAL SECURITY NO. 519 44 0982	
21. CAUSE OF DEATH 428X 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardiac insufficiency		22. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 7 yrs.	
23. ANTECEDENT CAUSES Marital conditions, if any, giving rise to the above stated (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		24. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
25. DATE OF OPERATION		26. MAJOR FINDINGS OF OPERATION	
27. ACCIDENT SUICIDE HOMICIDE		28. PLACE OF INJURY (a). In or about (Home, farm, factory, street, office bldg., etc.)	
29. CITY, TOWN, OR TOWNSHIP		30. COUNTY	
31. STATE		32. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
33. TIME OF INJURY		34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
35. HOW DID INJURY OCCUR?		36. DATE SIGNED 6-3-77	
37. I hereby certify that I attended the deceased from _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.			
38. SIGNATURE Butte County Coroner		39. ADDRESS Arco, Idaho	
40. DATE May 28, 1977		41. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park	
42. LOCATION (City, town, or county) Idaho Falls, Idaho		43. DATE RECD BY LOCAL REG. June 4-1977	
44. REGISTRAR'S SIGNATURE Betty J. Marnel		45. EMBRASSER FROM SOURCE	
46. BACK-SULLIVAN FUNERAL HOME		47. LICENSE NO. M387	

I certify that this is a true and correct reproduction or abstract of an official record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS.

DATE ISSUED: FEB 17 1994

JANE SIMITH  
State Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.  
Filed for record at request of Mountain Title co  
of March A.D., 19 94 at 2:41 o'clock P.M., and duly recorded in Vol. M94  
of Deeds on Page 7490  
FEE \$40.00  
Evelyn Biehn - County Clerk  
By Pauline Mulendore