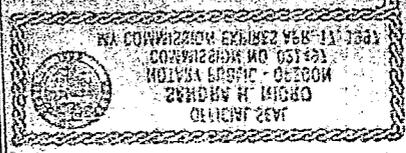


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8138
JUDICIAL DISTRICT
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FEB 16 1994
IN REGISTER BY SC



(p) A person is designated as the affiant within four months of the filing of this affidavit at the following address:
(q) A person is designated as the affiant within four months of the filing of this affidavit at the following address:
(r) The person, if not listed in section (p) and (q) may be a party to the estate.
(s) A person is designated as the affiant within four months of the filing of this affidavit at the following address:
(t) Claims against the estate not listed herein or in another probate case filed with the probate court of Oregon
(u) A copy of the will of the decedent is being filed with this affidavit in the Probate Court of the County of Multnomah, Oregon.
Small Estate of: Joan McClellan Newman Deceased. **940290312**
AFFIDAVIT OF CLAIMING SUCCESSOR TESTATE ESTATE

STATE OF OREGON, County of Multnomah
I, Wendy Joan Farrier, being personally known to the affiant in being first duly sworn, depose and say that I am a devisee of the above named decedent and a claiming successor to a portion of the decedent's estate as set forth below. This affidavit is made pursuant to ORS 14.305 to 14.360.

(1) Name of Decedent Joan McClellan Newman Age 68 Soc. Sec. No. 530-14-3000
Domicile/Post Office Address 19090 N. Poe Valley Rd. Klamath Falls, OR 97603
(2) Decedent died December 15, 1993, at Oregon Health Sciences University

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 Assessor's Parcel Number) of the records of the County of Multnomah, Oregon:
A tract of land in the NW 1/4 of Section 20, Township 39N, Range 11E, 1/2 East of the Willamette Meridian, Clatsop County, Oregon Fair Market Value \$28,480.00
Please see attached for a more particular description.
Personal Property Description Contents of mobile home Fair Market Value \$1000.00

(4) No application or petition for the appointment of a personal representative has been granted in Oregon.
(5) The decedent died testate, and the decedent's will is attached to this affidavit.
(6) Decedent's heirs, and the last address of each as known to affiant, are:
Name Wendy Joan Farrier Last Known Address 1909 SE 84th Ave. Portland, OR 97216
Jeffrey Charles Allen 5474 Princeton Montclair, CA 91763
Christopher David Allen 2670 Barber Long Beach, CA 90815

A copy of decedent's will and 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) Decedent's devisees and the last address for each as known to affiant, are: and will be furnished to each devisee or mailed to each devisee at the devisee's last known address stated above.

Name: Mandy Joan Farrier, Last Known Address: 1907 SE 84th Ave, Portland, OR 97216

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

Name: Mandy Joan Farrier, Interest: 100%

Contents of Probate Proceedings: None

(9) 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 (if none, so state):

(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, are (if none, so state):

(11) 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 such creditor at the creditor's last known address stated above.

(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 following address: or (b) A personal representative of the estate is appointed within the time allowed under ORS 114.555.

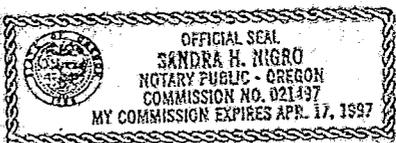
(13) The claim(s), if any, listed in Section (10) may be barred unless: (a) A petition for summary determination is filed within four months of the filing of this affidavit; or (b) A personal representative of the estate is appointed within the time allowed under ORS 114.555.

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

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, Salem, Oregon, and to the Department of Revenue, Salem, Oregon.

Signed and sworn to before me on February 16th, 1994

By Mandy Joan Farrier, Notary Public for Oregon. My commission expires 4/17/97



ORS 114.545(3) requires that an affidavit of claiming successor's deed executed in the manner required by ORS Chapter 31 be recorded in the deed records of any county in which real property belonging to the decedent is situated. EXEMPT FROM ORS 114.518: If the estate consists of personal property having a fair market value of \$20,000 or less, or real property having a fair market value of \$40,000 or less, or a combination of personal property having a fair market value of \$20,000 or less, and real property having a fair market value of \$40,000 or less, not less than 24 days after the death of the decedent, and no 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 must contain the information required by ORS 114.545.

940290312

A tract of land in the N1/2 of Section 20, Township 39 South, Range 11 1/2 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Commencing at the Southwest corner of the SE1/4NW1/4 of said Section 20, said corner being S. 89 16'53" W. a distance of 3949.91 feet from the East quarter corner of said Section 20; thence N. 00 48'38" W. 649.47 feet along the West line of the SE1/4NW1/4 of said Section 20; thence N 40 24'01" E., 664.38 feet to the Southwesterly right of way line of North Poe Valley Road; thence Northwestery along the South line of said road to its intersection with a line 200 feet distant from and parallel with the last mentioned course, said point being the true point of beginning of this description; thence S. 40 24'01" W., 236.7 feet more or less along said parallel line to the Northerly right of way line of the K.I.D. "E" Canal; thence Northwestery along said right of way line to its intersection with the South line of the NW1/4NW1/4 of said Section 20; thence Easterly along said South line to the Southeast corner of said NW1/4NW1/4; thence N. 00 48'38" W. along the east line of said NW1/4NW1/4 to the Southwesterly right of way of North Poe Valley Road; thence Southeasterly along said right of way to the true point of beginning.

EXHIBIT "A"

(9)

<u>Name of Creditor</u>	<u>Address</u>	<u>Nature of Expense/Claim</u>	<u>Known or Estimated Am</u>
American Feed & Farm Supply	2225 Washburn Way Klamath Falls, OR 97603	Supplies	\$511.53
Amerigas	6940 So. 6th St. Klamath Falls, OR 97603	Propane	352.84
Beicher & Associate	315 Washburn Way Klamath Falls, OR 97603	Legal services	\$1134.03
Discover Card Services	PO Box 860210 Pasadena, CA 91186-0210	Card charges	\$2974.00
First Card	PO Box 2004 Elgin, IL 60122-0001	Card charges	\$2476.05
Herald & News	PO Box 788 Klamath Falls, OR 97601	Ad & subscription	\$20.49
Hository Corp.	PO Box 7867 Phila, PA 19188-0001	Hosiery	\$9.92
Klamath Family Practice	2300 Clairmont Klamath Falls, OR 97601	Services	\$2.50
Klamath Ophthalmology	1000 Pine Street Klamath Falls, Ok 97601	Services	\$20.00
Nicke), The	2051 Radcliffe Klamath Falls, OR 97601	Ad	\$13.50
Pacific Power	500 Main St. Klamath Falls, OR 97601	Services	\$129.00
So. 6th Vet Clinic	6837 So. 6th St. Klamath Falls, OR 97603	Services	\$150.82
Tax Collector-Klamath Co.	PO Box 340 Klamath Falls, OR 97601	Taxes	\$1226.69
US West Communications	PO Box 12480 Seattle, WA 98111-4480	Service	\$55.21
Klamath Irrigation	6640 Kid Lane Klamath Falls, OR 97603	Service	\$14.10
Wendy & William Farrier	1909 SE 84th Ave. Portland, OR 97216	2/3 owner of car settlement	\$3056.00

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9044

(9) Continued

<u>Name of Creditor</u>	<u>Address</u>	<u>Nature of Expense/Claim</u>	<u>Known Or Estimated Amount</u>
Denots, Henry MD	921 SW Washington St #300 Portland, OR 97205	Medical services	\$592.00
Klamath Orthopedic Clinic	2580 Campus Dr. Klamath Falls, OR 97601	Medical services	\$625.00
Klamath Radiology/Transmed	1769 Washburn Way Klamath Falls, OR 97601	Medical services	\$602.75
Merle West Medical Center	2865 Doggett St. Klamath Falls, OR 97601	Medical services	\$7026.13
University Hospital Clinic	P.O. Box 575 Portland, OR 97207	Medical services	\$58,332.81
University Medical Center	921 SW Washington St #500 Portland, OR 97205	Medical services	\$205.00
University Medical Group	921 SW Washington St #300 Portland, OR 97205	Medical services	\$959.00
University Radiology	921 SW Washington St #300 Portland, OR 97205	Medical services	\$268.00

The above creditors are all for medical services, the medical insurance, Klamath Medical Service Bureau has been notified.

940290312

9015

WILL OF JOAN MCGLELLAN NEWMAN

9046

I, JOAN MCGLELLAN NEWMAN, being of sound and disposing mind, do hereby make, publish and declare this to be my Will and revoke all other Wills and Codicils previously made by me.

FIRST: I hereby state the following:

A. I was born on September 15, 1929; my Social Security Number is 530-14-3000; my residence is Klamath County, Oregon.

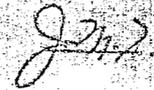
B. I am married to JACK VINCENT NEWMAN; however, dissolution proceedings are pending.

C. I am the mother of CHRISTOPHER DAVID ALLEN, JEFFREY CHARLES ALLEN, and WENDY JOAN FARRIER, all of legal age.

SECOND: It is my intention hereby to dispose, upon my death, of all real and personal property of whatever kind and character, however acquired, and wherever situated, which I have the right to dispose of by Will.

THIRD: I direct whoever serves as Personal Representative of this Will to pay from the funds of my probate estate, as soon as convenient after my death, the expenses of the administration of my estate, expenses of my last illness and funeral and all just claims not barred by the Statute of Limitations which may be filed against my estate duly verified as required by law.

FOURTH: I authorize and direct my Personal Representative to pay from the funds of my probate estate all inheritance, estate, transfer and succession taxes which may become payable by reason of my death, and I authorize my Personal Representative of this Will to contest or to compromise any claim for such taxes. I further direct that all such taxes shall be paid without apportionment thereof and without withholding or collecting any part thereof from any beneficiary under my Will, it being my intention that all such taxes shall be paid from my estate as an expense of administration.

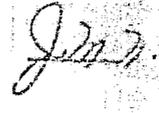


FIFTH: I hereby give, devise, and bequeath unto my daughter, WENDY JOAN FARRIER, all and any real and personal property for her use and benefit forever.

SIXTH: I nominate, constitute and appoint my daughter, WENDY JOAN FARRIER, as Executrix of this, my Will. In the event my daughter should be deceased or otherwise unable or unwilling to act as such Executrix, I nominate, constitute and appoint my son-in-law, WILLIAM LOUIS FARRIER, as such Executor. I direct that any Personal Representative herein nominated shall serve as such without bond and without being required to post any bonds, or bonds, for any purpose during the administration of my estate. Whenever the term "Personal Representative" is used herein, it shall include any Executrix or Executor of my Will nominated in this Article.

SEVENTH: In addition to all powers provided by law, I empower my Personal Representative named in this Will to do the following acts without petition to or license or leave of court, and without issuance or publication of notice or citation, and without reporting to any court or securing from any court an order authorizing or confirming the same, namely: to continue, operate, discontinue or wind up any business, partnership or other contract or transaction in which I may be interested at the time of my death, at the risk of the probate estate; to borrow money as occasion may require, at the risk of the probate estate; to compromise, settle or waive any claim or claims due to or by the probate estate; to sell, assign, transfer, convey, lease or mortgage any real or personal property belonging to the probate estate, any income or losses to the devisee or legatee entitled to receive the same by reporting such distribution on any tax return or report required by any state or federal taxing authority for the purpose of reporting such distribution during the administration of the probate estate.

EIGHTH: This, my Will, was executed after all matters were thoroughly considered and the disposal of all property is herein made exactly as desired. In making such disposition I have had in mind all of my heirs and next of kin and my responsibilities to them.



NINTH: If any provision of this Will, or any Codicil, should be invalid, it is my intention that all of the remaining provisions thereof shall continue to be fully effective.

This Will was signed by me on the 27th day of April, 1990, at Klamath Falls, Oregon.

Joan M. Newman

The foregoing instrument, consisting of two pages besides this and the following page, was signed on the above date by the Testatrix, JOAN McCLELLAN NEWMAN, in our presence, we being present at the same time, and she then declared to us that such instrument was her Will and she published it as such; and we, at the request of the Testatrix, and in her presence and in the presence of each other, have signed such instrument as witnesses.

All of the foregoing clause has been read to us.

Sue Stevenson, residing at Klamath Falls, Oregon.

Kim A. Dillig, residing at Klamath Falls, Oregon.

STATE OF OREGON }
County of Klamath } ss.

The undersigned, each being duly and severally sworn, each for himself, and not one for the other, under oath say:

That I reside in Klamath County, Oregon; that I knew JOAN McCLELLAN NEWMAN (hereinafter called "Testatrix") on the date of the foregoing Will and that on said date, and in our presence, said Testatrix signed said Will and declared it to be her Last Will and Testament, whereupon, at her request and in her presence, and in the presence of each other, we attested said Will by signing our names thereto; that the signature of said Testatrix hereinabove set forth is the signature which was signed in our presence and is the true signature of said Testatrix, and that each of our signatures above set forth is the signature which each of us signed in the presence of said Testatrix and in the presence of each other and is the true signature of the person who

J.M.N.

signed the same. That the Testatrix was, at that time, of the age of 60 years and of sound mind.

Sue Stinson

Kim A. Hillier

Subscribed and sworn to before me by the Affiant above named this 17th day of April, 1990.

(SEAL)

Nancy P. Doane
Notary Public for Oregon

My Commission expires: 11-1-91

J.M.N.

CERTIFICATE OF VITAL RECORD

154603
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

3-10290312

Local File Number _____ State File Number **9050**

1. DECEDENT'S NAME Joan McClellan NEWMAN		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) December 15, 1993
4. SOCIAL SECURITY NUMBER 530-14-3600		5. BIRTHPLACE (City and State or Foreign Country) Long Beach, CA	6. DATE OF BIRTH (Month, Day, Year) September 15, 1929
7. PLACE OF DEATH (Check only local) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
8. FACILITY NAME (If not institution, give street and number) Oregon Health Sciences University		9. CITY, TOWN, OR LOCATION OF DEATH Portland	
10. DECEDENT'S USUAL OCCUPATION Housewife		11. MARITAL STATUS - Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	
12. RESIDENCE - STATE Oregon		13. RESIDENCE - CITY, TOWN, OR LOCATION Klamath Falls	
14. INSIDE CITY COUNTRY USA		15. PLACE AMERICAN BIRTH White	
16. FATHER - NAME and middle Jacob M. Foutz		17. MOTHER - NAME and middle Grace A. Laidlaw	
18. METHOD OF DEPOSITION <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Cremation <input type="checkbox"/> Burial <input type="checkbox"/> Other (Specify)		19. PLACE OF DEPOSITION (Name of cemetery, repository, or other place) Redland Pioneer	
20. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON SERVING AS SUCH <i>Central & Bellmer</i>		21. LICENSE NUMBER 3050	
22. NAME, ADDRESS AND ZIP OF FACILITY LINCOLN WILLAMETTE FUNERAL DIRECTORS		23. CITY, TOWN, OR LOCATION Redland, Oregon	
24. DATE FILED (Month, Day, Year) DEC 27 1993		25. REGISTRATION NUMBER <i>Arthur W. Bloom</i>	

26. TIME OF DEATH 7:41 A.M.		27. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) December 15, 1993 7:41 A.M.	
28. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) <i>Karen Gunson</i>		29. DATE SIGNED (Month, Day, Year) December 20, 1993	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) KAREN GUNSON, M.D., DEPUTY MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212		31. STATE OF OREGON	

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not give mode of dying, e.g., Cardiac or Respiratory Arrest.)			
PART I (a) CHEST AND ABDOMINAL INJURIES WITH TERMINAL PERITONITIS AND SEPSIS			
PART II (b) DUE TO (c) TRAUMATIC INJURY TO THE HEAD			
PART III OTHER SIGNIFICANT CONDITIONS			
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34. DATE OF INJURY DEC 15 1993	
35. TIME OF INJURY 7:50 PM		36. PLACE OF INJURY Intersection of Laverne and Washburn Streets, Klamath Falls, OR	
37. MANNER OF DEATH (Type or Print) Driver in two car collision		38. DATE SIGNED (Month, Day, Year) DEC 20 1993	

RESERVED FOR REGISTRAR USE
MAR 1 1994

ORIGINAL-VITAL STATISTICS COPY
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED **DEC 27 1993**

Arthur W. Bloom
ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



