Order # 1107524 Vol. m94 Page 9041

05-28-94P03:29 RCVD

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FILED

ENTERED

FEB 16 1994

IN REGISTER BY SC

In the Probate Court of the County of Multnomah, State of Oregon

Small Estate of: Joan McClellan Newman, Deceased.

Estate No. 940290312

AFFIDAVIT OF CLAIMING SUCCESSOR
TESTATE ESTATE

STATE OF OREGON, County of Multnomah } ss.

I, Wendy Joan Farrier, 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 114.505 to 114.560.

(1) Name of Decedent Joan McClellan Newman Age 64 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)	Fair Market Value
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 Please see attached for a more particular description.	$28,480.00

Personal Property Description	Fair Market Value
Contents of mobile home	$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	Last Known Address
Wendy Joan Farrier	1909 SE 84th Ave. Portland, OR 97216
Jeffrey Charles Allen	5434 Princeton Montclair, CA 91763
Christopher David Allen	2670 Harbor 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.

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(7) Decedent's devisees, and the last address of each as known to affiant, are: (if none, so state)

Name	Last Known Address
Wendy Joan Farrier	1909 SE 84th Ave. Portland, OR 97216

A copy of decedent's will and a copy of this affidavit showing the date of filing will be delivered to each devisee or mailed to each devisee at the devisee's last known address stated above.

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

Name	Interest
Wendy Joan Farrier	100%

(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):

Name of Creditor	Address	Nature of Expense/Claim	Known or Estimated Amount
Please see attached for a list of creditors			

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.

(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):

Name	Address	Known or Estimated Amount

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.

(11) 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.

(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.

Wendy Joan Farrier

OFFICIAL SEAL
SANDRA H. NIGRO
NOTARY PUBLIC - OREGON
COMMISSION NO. 021497
MY COMMISSION EXPIRES APR. 17, 1997

Signed and sworn to before me on February 16th, 1994, by Wendy Joan Farrier.

Notary Public for Oregon. My commission expires 4/17/97

ORS 114.545(3) requires that an affiant's 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 $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 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 114.515***."

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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 Northwesterly 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 Northwesterly 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)

Name of Creditor	Address		Nature of Expense/Claim	Known or Estimated An
American Feed & Farm Supply	2225 Washburn Way	Klamath Falls, OR 97603	Supplies	$51.53
Amerigas	6940 So. 6th St.	Klamath Falls, OR 97603	Propane	$352.84
Belcher & Associate	816 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
Hosiery Corp.	PO Box 7867	Phila, PA 19188-0001	Hosiery	$3.92
Klamath Family Practice	2300 Clairmont	Klamath Falls, OR 97601	Services	$2.50
Klamath Ophthalmology	1000 Pine Street	Klamath Falls, OR 97601	Services	$20.00
Nickel, The	2051 Radcliffe	Klamath Falls, OR 97601	Ad	$13.50
Pacific Power	500 Main St.	Klamath Falls, OR 97601	Services	$123.00
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	$1225.69
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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(9) Continued

Name of Creditor	Address	Nature of Expense/Claim	Known or Estimated Amount
Demots, 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 Daggett St. Klamath Falls, OR 97601	Medical services	$7026.13
University Hospital Clinic	PO Box 575 Portland, OR 97207	Medical services	$58,332.81
University Medical Center	921 SW Washington St #300 Portland, OR 97205	Medical services	$205.00
University Medical Group	921 SW Washington St #300 Portland, OR 97205	Medical services	$959.00
Universirty 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 filed.

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WILL OF JOAN McCLELLAN NEWMAN

P. 9046

I, JOAN McCLELLAN 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.

JMN

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.

Joan N.

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 22nd day of April, 1990, at Klamath Falls, Oregon.

Joan McClellan 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. Wiggins, residing at Klamath Falls, Oregon.

STATE OF OREGON)
) ss.
County of Klamath)

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 be 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 Stevenson

Kim A Lidgus

Subscribed and sworn to before me by the Affiant above named this 1st day of April, 1990.

(SEAL)

Notary Public for Oregon
My Commission expires: 11-1-91

CERTIFICATION OF VITAL RECORD

154603
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

Local File Number — State File Number 9050

- 1. Decedent's Name (First, Middle, Last): Joan McClellan NEWMAN
- 2. Sex: Female
- 3. Date of Death: December 15, 1993
- 4. Social Security Number: 530-14-3000
- 5a. Age Last Birthday (Years): 64
- 6. Birthplace: Long Beach, CA
- 7. Date of Birth: September 15, 1929
- 8. Was Decedent Ever in U.S. Armed Forces? ☐ Yes ☒ No
- 9a. Place of Death: Hospital: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
- 9b. Facility Name: Oregon Health Sciences University
- 9c. City, Town, or Location of Death: Portland
- 9d. County of Death: Multnomah
- 10a. Decedent's Usual Occupation: Housewife
- 10b. Kind of Business/Industry: Own Home
- 11. Marital Status: Divorced
- 12. Spouse: -
- 13a. Residence - State: Oregon
- 13b. County: Klamath
- 13c. City, Town or Location: Klamath Falls
- 13d. Street and Number: 19090 N. Poe Valley Road
- 13e. Inside City Limits? ☐ Yes ☒ No
- 13f. Zip Code: 97603
- 14. Was Decedent of Hispanic Origin? No
- 15. Race: White
- 16. Decedent's Education: College (1-4 or 5+): 1
- 17. Father - Name: Jacob M. Foutz
- 18. Mother - Name: Grace A. Laidlaw
- 19. Informant - Name and relationship to deceased: Wendy Farrier - Daughter
- 20a. Method of Disposition: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
- 20b. Place of Disposition: Redland Pioneer
- 20c. Location: Redland, Oregon
- 21a. Signature of Funeral Service Licensee or Person Acting as Such: [signature]
- 21b. License Number: 3050
- 22. Name, Address and Zip of Facility: LINCOLN WILLAMETTE FUNERAL DIRECTORS 9775 S.E.MT.SCOTT, PORTLAND, OR 97266
- 23. Date Filed: DEC 27 1993
- 24. Registrar's Signature: [signature]
- 25. Did Hospital Representative Make Request for Anatomical Gift Consent? ☒ Yes ☐ No ☐ N/A
- 26. Was Gift Made? ☐ Yes ☒ No ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

- 27. Time of Death: M
- 28. Was Medical Examiner Notified? ☐ Yes ☐ No
- 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
- 30. Date Signed

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

- 31a. Time of Death: 7:41 A M
- 31b. Date Pronounced Dead: December 15, 1993 7:41 AM
- 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Karen Gunson MD
- 33. Date Signed: December 20, 1993 — County: STATE OF OREGON
- 34. Name, Title, Address and Zip of Certifier/Medical Examiner: KAREN GUNSON, M. D., DEPUTY MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212
- 35. Name of Attending Physician if Other Than Certifier
- 36. Part I. Immediate Cause: (a) CHEST AND ABDOMINAL INJURIES WITH TERMINAL PERITONITIS AND SEPSIS
  - Due to, or as a consequence of: (b)
  - Due to, or as a consequence of: (c)
- Part II. Other Significant Conditions
- 37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
- 38. Autopsy: ☒ Yes ☐ No
- 39. If yes were findings considered in determining cause of death? ☒ Yes ☐ No ☐ N/A
- 40. Manner of Death: ☐ Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined ☐ Legal Intervention
- 41a. Date of Injury: December 1993
- 41b. Time of Injury: 2:50 PM
- 41c. Injury at Work? ☐ Yes ☐ No
- 41d. Describe How Injury Occurred: Driver in two car collision
- 41e. Place of Injury
- 41f. Location: Intersection of Laverne and Washburn Streets, Klamath Falls, OR

Reserved for Registrar's Use: MAR 1 8 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
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

9051

THIS IS TO CERTIFY THE ATTACHED AFFIDAVIT OF CLAIMING SUCCESSOR:
TESTATE ESTATE w/3 exhibits
INTESTATE ESTATE WITH A ATTACHMENTS:
LAST WILL & TESTAMENT
CODICIL(S)
AFFIDAVIT OF WITNESSES
DEATH CERTIFICATE
TOTAL NUMBER OF PAGES: 9
DEPUTY:

CIRCUIT COURT, STATE OF OREGON — MULTNOMAH COUNTY

MAR 1 8 1994

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co the 28th day of March A.D., 19 94 at 3:29 o'clock P.M., and duly recorded in Vol. M94 of Deeds on Page 9041.

Evelyn Biehn County Clerk

By Dernetha G Letsch

FEE $80.00

Aspen Return: Aspen Title Co