

4/12/95

AFFIDAVIT OF SUCCESSORS

STATE OF WASHINGTON,)

County of King.)

ss.

9501545 CV

The undersigned, being first duly sworn, on oath depose and say:

1. Turner R. Bobo, age 56, a resident of 3420 - 18th Avenue S., Seattle, Washington 98144, social security #410-40-6276, died on January 7, 1987 in Seattle, WA. A certified copy of the death certificate is attached hereto as Exhibit A.
2. The decedent owned a piece of real property, situated in Klamath County, Oregon, described as:

Lot 19A, Block 7, of Railroad Addition to the City of Klamath Falls, Oregon, according to official plat thereof, on file in the office of the County Clerk, Klamath County, Oregon.

Tax Account #R-3809-33BC 800. Land only.
Assessed Value \$11,100.

3. No application or petition for the appointment of a personal representative has been granted in Oregon.
4. The decedent died intestate and the undersigned, Brenda Bobo, has been appointed as Administrator of the estate in Washington.
5. That the names and addresses of the undersigned successors are as follows:

Ret: → Brenda J. Bobo (Daughter + 21)
3420 - 18th Avenue S.
Seattle, WA 98144

Turner R. Bobo, Jr. (Son + 21)
2302 - 32nd Avenue S.
Seattle, WA 98144

A copy of this affidavit, showing the date of filing, will be delivered to each successor at the last-known address.

6. Each successor is entitled to an undivided one-half (1/2) interest.
7. Reasonable efforts have been made to ascertain creditors of the estate. There are no expenses of or claims against the estate remaining unpaid, except administrative expenses of the estate for which the undersigned administrator accepts responsibility.
8. No disputed claims against the estate have been made.
9. A copy of this affidavit showing date of filing will be mailed to the Adult & Family Services Division, Estate Administration Section, Salem, OR and to the Department of Revenue, Salem, OR.

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10. Claims against the estate not listed in the affidavit or in amounts larger than those listed in the affidavit may be barred unless:
- (a) A claim is presented to the affiant within four months of the filing of the affidavit at the address stated in the affidavit for presentment of claims; or
 - (b) A personal representative of the estate is appointed within the time allowed under ORS 144.555.

DATED this 17th day of Feb, 1995.

Brenda J. Bobo
Brenda J. Bobo, Successor

SUBSCRIBED AND SWORN to by Brenda J. Bobo before me this 17th day of Feb, 1995.

[Signature]
Name: ERROL PACOTA
Notary Public
My Appointment expires: 5/19/91

County of KLAMATH
STATE OF OREGON
I hereby CERTIFY that the within is a
true and correct copy and the whole
of the original.
Clerk of Court
By Mary A. Norton
Date 11/7/95



STATE OF WASHINGTON DEPARTMENT OF HEALTH

DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS SECTION

30387

CERTIFIED COPY OF DEATH CERTIFICATE

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER **383** 146-8

NAME FIRST MIDDLE LAST: **Turner R. Bobo Sr.** SEX: **Male** DATE OF BIRTH: **Jan 7 1987**

RACE: **Black** AGE: **56** PLACE OF BIRTH: **Mississippi** CITIZENSHIP: **U.S.A.** MARRIED: **Divorced** SOCIAL SECURITY NO: **410-40-6276**

CITY/TOWN/LOCATION OF DEATH: **Seattle** DATE OF DEATH: **Mar. 24, 1990** COUNTY OF DEATH: **King**

PLACE OF DEATH: **3420 18th Ave. S.** MARRIED: **Divorced** SPOUSE OF DECEASED: **No**

RESIDENCE NUMBER AND STREET: **3420 18th Ave. S.** RECEIVING CLERK: **Warehouse Pier 91**

FATHER'S NAME FIRST MIDDLE LAST: **James Arthur Bobo** MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: **Mary Scott**

DECEASED'S LAST RESIDENCE: **Seattle** DATE OF DEATH: **1/17/87** TIME OF DEATH: **0937**

CAUSE OF DEATH: **Respiratory Arrest** INTERVAL BETWEEN ONSET AND DEATH: **hours**

OTHER SIGNIFICANT CONDITIONS: **Cerebral Vascular Accident** INTERVAL BETWEEN ONSET AND DEATH: **months**

DATE OF DEATH: **1/13/87** TIME OF DEATH: **0937**

NAME AND ADDRESS OF CERTIFYING PHYSICIAN: **Dr. Barbara Troiano, 1660 S. Columbia Way, Seattle, WA 98108**

SIGNATURE AND TITLE: **Barbara Troiano, M.D.** DATE SIGNED: **1/13/87**

NAME AND ADDRESS OF MEDICAL EXAMINER OR CORONER: **Bonney-Watson Co., 1732 Broadway, Seattle, WA 98122**

SIGNATURE AND TITLE: **Thomas M. Lwata** DATE SIGNED: **JAN 16 1987**

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Exhibit A

DOM 01 003 (7/94)

Filed for record at request of **Brenda J. Bobo** the **7th** day of **November** A.D., 19 **95** at **10:25** o'clock **A** M., and duly recorded in Vol. **M95** of **Deeds** on Page **30385**

FEE \$40.00

By **Bernetha G. Letsch, County Clerk**
Annette Mueller