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IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF LANE

PROBATE DEPARTMENT

Small Estate of:

Estate No. 53-95-10970

DAVID R. GOODRICH,
Deceased.

**AFFIDAVIT OF CLAIMING
SUCCESSOR TESTATE ESTATE**

STATE OF OREGON, County of Lane) ss.

I, Linda Goodrich, being first duly sworn, depose and say that: I was nominated as Personal Representative of the above named decedent and am a "claiming successor" to said decedent's estate as set forth below. This affidavit is made pursuant to Oregon Revised Statutes, Section 114.505 to 114.560.

(1) Name of Decedent: David Rodger Goodrich
Age: 51
Soc. Sec. No.: 264-58-9062
Domicile/Post Office Address: 84193 Lorane Hwy.
Eugene, Oregon

(2) Decedent died June 24, 1992, at Lane County, 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:

PAGE 1--AFFIDAVIT OF CLAIMING SUCCESSOR TESTATE ESTATE

Real Property located in Klamath County:

1 sm. lot in Klamath Falls, Oregon \$ 4,000.00
 Property was in decedent's name alone
 Personal Property:

None

Value \$ 4,000.00

(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	Last Known Address
Linda D. Goodrich	4429 Marcum Lane Eugene, OR 97402

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

(7) Decedent's devisees and the last address of each as known to affiant are:

Name	Last Known Address
Linda D. Goodrich	4429 Marcum Lane Eugene, OR 97402

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 devisee is entitled is:

Name	Interest
Linda Goodrich	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: 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: None.

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

(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: C/O S. Susannah Miller, Attorney at Law, 1290 W. Centennial Blvd., Springfield, OR 97477; 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.

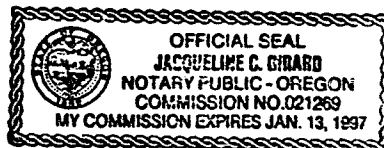
Linda Goodrich
Linda Goodrich, Affiant

Signed and sworn to before me on
November 6, 1995, by Linda Goodrich.

Jacqueline C. Girard
Notary Public for Oregon
My Commission Expires: _____

Submitted by:

S. Susannah Miller, OSB #77279
Attorney for Claiming Successor
1290 W. Centennial Blvd.
Springfield, OR 97477
(503) 726-6683



Linda Goodrich,
Claiming Successor
4429 Marcum Lane
Eugene, OR 97402
(503) 935-3168

5417

I.D. TAG NO.

OREGON DEPARTMENT OF HEALTH DIVISION

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS 136

CERTIFICATE OF DEATH

5402

Local File Number

State File Number

1. DECEDENT'S NAME First: David, Middle: Rodger, Last: GOODRICH			2. SEX M	3. DATE OF DEATH (Month, Day, Year) June 24, 1992
4. SOCIAL SECURITY NUMBER 264-58-9062	5a. AGE-Last Birthday (Years) 51	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) West Palm Beach, FL	7. DATE OF BIRTH (Month, Day, Year) December 13, 1941
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) 84193 Lorane Highway		9c. CITY, TOWN, OR LOCATION OF DEATH Eugene		9d. COUNTY OF DEATH Lane
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner/Operator		10b. KIND OF BUSINESS/INDUSTRY Dental Lab		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed) Linda		13a. RESIDENCE - STATE Oregon		
13b. COUNTY Lane		13c. CITY, TOWN OR LOCATION Eugene		
13d. STREET AND NUMBER 84193 Lorane Highway		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. ZIP CODE 97405		17. RACE American Indian, Black, White, etc. (Specify) White
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 2		19. FATHER - NAME first middle last James - Goodrich		
20. MOTHER - NAME first middle maiden Dorothy - Smith		21. INFORMANT - NAME and relationship to deceased Linda Goodrich - Wife		
22. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) West Lawn Memorial Park		
24. LOCATION - City or Town, State Eugene, Oregon		25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Andrew Pinkney Roett		
26. LICENSE NUMBER (Of Licensee) 3510		27. NAME, ADDRESS AND ZIP OF FACILITY Chapel Of Memories Funeral Home 3745 West 11th Ave., Eugene, Oregon		
28. DATE FILED (Month, Day, Year) JUN 26 1992		29. REGISTRAR'S SIGNATURE [Signature]		
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		31. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
32. TIME OF DEATH 2:00 AM		33. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
34. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [Signature]				
35. DATE SIGNED (Month, Day, Year) June 24, 1992				
36. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Douglas D. Bailey MD 355 West 3rd Ave., Junction City, OR 97448				
37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
TO BE COMPLETED ONLY BY MEDICAL EXAMINER				
38a. TIME OF DEATH M		38b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		
39. 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) [Signature]				
40. DATE SIGNED (Month, Day, Year) COUNTY				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST				
41. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) PART I (a) myocardial infarction DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Myocardial infarction				
42. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal intervention <input type="checkbox"/> Homicide		43. DATE OF INJURY (Month, Day, Year) 44. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No 45. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		
46. DESCRIBE HOW INJURY OCCURRED		47. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
RESERVED FOR REGISTRAR'S USE				

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

JUN 26 1992

DATE ISSUED

KENNETH W. CHAMPION
COUNTY REGISTRAR
LANE COUNTY, OREGON

45 Rev 7/81



LAST WILL AND TESTAMENT

OF

DAVID RODGER GOODRICH

I, David Rodger Goodrich, a resident of Lane County, Oregon, declare this will to be my Last Will and Testament revoking all Wills and Codicils previously made by me.

ARTICLE 1

I am married to Linda Dianne Goodrich. I am the father of two daughters, Kimberly Jane Lambert of Eugene, Oregon, and Elizabeth Dorothy Schreiber also of Eugene, Oregon, both children of a former marriage.

ARTICLE 2

I direct my Personal Representative to pay from my estate all my just debts, the expenses of my last illness and funeral and burial expenses and the expenses of the administration of my estate.

ARTICLE 3

I direct my Personal Representative to pay from my estate all inheritance, estate, transfer and succession taxes, which become

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payable by reason of my death, and to contest and compromise any claims for such taxes. I further direct that all such taxes shall be paid without apportionment and without withholding and collecting thereof from any beneficiary under my Will.

ARTICLE 4

I nominate and appoint my wife, Linda Diane Goodrich, as Personal Representative, to serve without bond. Should my wife be for any reason unable or unwilling to act as my Personal Representative, I nominate my wife's sister, Beverly Jean Hamby, of Eugene, Oregon, as Personal Representative, also to serve without bond.

ARTICLE 5

I hereby give devise and bequeath to my beloved spouse all property over which I have the power of testamentary disposition, whether real, personal, or mixed, of whatever nature and wherever situated.

ARTICLE 6

Should my wife predecease me or should she fail to survive me by thirty days, then, in that event, I give and devise my property to be divided equally among the survivors of the following: Michael John Keeler, of Eugene, Oregon, son born to my wife, Linda, by a former marriage; Kimberly Jane Lambert and Elizabeth Dorothy Schreiber, both of Eugene, both my daughters by a former

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Dec

marriage.

WHEREFORE, I place my hand and seal this 14 day of

April, 1989.

David Rodger Goodrich
David Rodger Goodrich

The foregoing instrument, consisting of three pages of which this is the third page, was on the date thereof, in our presence, signed, sealed, published and declared to be the Last Will and Testament of David Rodger Goodrich, and in testimony whereof, we have at his request and in his presence and in the presence of each other, subscribed our names as witnesses hereto.

Leona E. Burya Residing at Eugene, OR.

Sharon G. Hunt Residing at Eugene, Oregon

AFFIDAVIT OF ATTESTING WITNESSES TO WILL

STATE OF OREGON)
) ss.
County of Lane)

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

On the date of the foregoing will, David Rodger Goodrich, signed the same and declared it to be his Last Will and Testament, whereupon at his request and in his presence and in the presence of each other, we attested the will by signing our names thereto.

To the best of my knowledge and belief, the testator was at the time over the age of eighteen years and of sound mind.

Lorne E. Burya

Sharon A. Hunt

SUBSCRIBED AND SWORN to before me this 14th day of

April, 1989.

(SEAL)

Anthony J. Pesta
Notary Public for Oregon
My Commission Expires: 1991

CERTIFIED TO BE A TRUE COPY OF THE
ORIGINAL DOCUMENT CONSISTING OF
7 PAGES, WHICH IS FILED IN
THIS OFFICE AND OF WHICH I AM THE
LEGAL CUSTODIAN...

DATED November 16, 1995
Circuit Court
Lane County, Oregon

By Kay R. Dwyer

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Linda Goodrich the 28th day
of February A.D., 19 96 at 10:46 o'clock A M., and duly recorded in Vol. M96,
of Deeds on Page 5398.

Bernetha G. Letsch, County Clerk

FEE \$70.00

By Cheryl Russell

THE STATE OF OREGON, the 28th day of February, 1996.

I, the undersigned, County Clerk of the County of Klamath, Oregon, do hereby certify that the foregoing is a true and correct copy of the original document filed in my office.

Witness my hand and the seal of the County of Klamath, Oregon, this 28th day of February, 1996.

BERNETHA G. LETSCH, County Clerk

My commission expires on the 28th day of February, 1997.

NOTED AND FILED IN THE OFFICE OF THE COUNTY CLERK OF THE COUNTY OF KLAMATH, OREGON, this 28th day of February, 1996.

CHERYL RUSSELL, Deputy County Clerk

My commission expires on the 28th day of February, 1997.

RECORDED IN THE OFFICE OF THE COUNTY CLERK OF THE COUNTY OF KLAMATH, OREGON, this 28th day of February, 1996.

BERNETHA G. LETSCH, County Clerk

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