

17796

ATC#01041988

AFFIANT'S DEED

Vol. 1796 Page 13500

CHARLIE PAUL, affiant and claiming successor of the small estate proceeding of the estate of ELSIE PAUL TRASK, deceased, Lincoln County Circuit Court Case Number 932143, grantor, conveys to the STATE OF OREGON, grantee, the following described real property located in Klamath County, Oregon:

All of the decedent's interest in Lots 9 and 10 and her undivided interest in Lots 1 and 14, of Kiwanis Beach, in Klamath County, Oregon.

The true consideration for this conveyance is value other than money. This deed is given in full satisfaction of the claim of the State of Oregon on Elsie Paul Trask, deceased, Lincoln County Circuit Court Case No. 932143.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Dated 7/28, 1995.

GRANTOR:

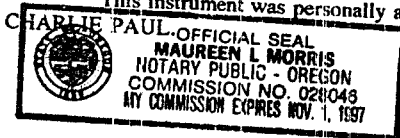
Charlie Paul
CHARLIE PAUL

STATE OF OREGON, by:

Walt Bradford

STATE OF OREGON) County of Lincoln) ss.

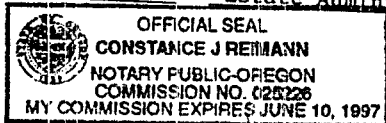
This instrument was personally acknowledged before me on July 28, 1995, by



Maureen L. Morris
NOTARY PUBLIC FOR OREGON
My Commission Expires: 11-1-97

STATE OF OREGON) County of Marion) ss.

This instrument was personally acknowledged before me on May 8, 1995, by
Walt Bradford as Estate Administrator for the State of Oregon.



Constance J. Remann
NOTARY PUBLIC FOR OREGON
My Commission Expires: 6-10-97

Until a change is requested, send all tax statements to:

After recording, please return to:
Estate Administration Unit, Senior and Disabled Services Division
P.O. Box 14021
Salem, OR 97309

96 MAY 10 P3:49

13501

CIRCUIT FILED DISTRICT RECEIVED COURT
 MAY 13 1993
 AT 1:45 O'CLOCK P. M.
 BY DA

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

In the Matter of the
 Estate of)

No. 932143

ELSIE PAUL TRASK,)

AFFIDAVIT OF CLAIMING
 SUCCESSOR OF SMALL ESTATE
 OF INTESTATE ESTATE

Deceased.)

STATE OF OREGON)

County of Lincoln)

ss:

CHARLIE PAUL , being first duly sworn, say:

I am a claiming successor, as defined in ORS 114.505(1), to
 a portion of decedent's estate. I am hereinafter referred to as
 "affiant." This affidavit is hereinafter referred to as
 "affidavit." This affidavit is made pursuant to ORS 114.505-
 114.560.

1.

The following information is given with regard to the
 decedent:

- (a) Name: ELSIE PAUL TRASK
- (b) Age: 90 years
- (c) Domicile: Lincoln County, Oregon
- (d) Post Office Address: Evergreen Care Center, 3011 NE
 28th, Lincoln City, Oregon 97367
- (e) Social Security No.: 540-36-9814

2.

The decedent died on May 8, 1991, at Lincoln City, Oregon; a
 certified copy of the decedent's death certificate is attached as
 Exhibit 1 and thereby made a party here as though it were fully

1 set forth here.

2 3.

3 The decedent's property subject to administration in Oregon
4 consists of the following:

5 (a) Real property and value thereof:

6 All of the decedent's interest in Lots 9 and 10 and her undivided
7 interest in Lot 14, of Kiwanis Beach, in Klamath County, Oregon.

8 Estimated Value - \$16,666.00

9 4.

10 No application or petition for the appointment of a personal
11 representative has been granted in Oregon.

12 5.

13 The decedent died intestate.

14 6.

15 The decedent's heirs and the heirs' last address known to
16 the affiant are:

17 Name

Address

18 Charlie Paul 431 NE 10th Court, Newport, OR 97365

19 Leslie Paul 2220 Hayden St. NE, Salem, OR 97301-4465

20 Amy Murr General Delivery, Crooked River Ranch, OR 97760

21 A copy of this affidavit showing the date of filing will be
22 delivered or mailed to the heirs at their last-known address.

23 7.

24 The interest in the decedent's property described in this
25 affidavit to which each heir is entitled is:

26 ///

///

- 1 Charlie Paul - one-third
 Leslie Paul - one-third
 2 Amy Murr - one-third

3 8.

4 Reasonable efforts have been made to ascertain each creditor
 5 of the estate. The expense of and claim against the estate
 6 remaining unpaid or on account of which the affiant or any other
 7 person is entitled to reimbursement from the estate, including
 8 any known or estimated amount thereof, and the name and address
 9 of each creditor, as known to the affiant are:

10 Estate Administration Section
 Senior and Disabled Services Division
 11 P.O. Box 14021
 Salem, OR 97309-9913

Estimated Amount - \$ 64,449.88

12 A copy of the affidavit showing the date of filing will be
 13 delivered to each creditor who has not been paid in full or
 14 mailed to the creditor at the last-known address.

15 9.

16 The name and address of each person known to the affiant to
 17 assert a claim against the estate which the affiant disputes and
 18 the last-known or estimated amount thereof: None.

19 10.

20 A copy of this affidavit showing the date of filing has been
 21 mailed or delivered to:

22 State of Oregon
 23 Adult and Family Services Division
 Estate Administration Section
 24 Salem, Oregon 97310

25 Oregon Department of Revenue,
 26 Salem, Oregon 97310

1 by depositing the copy of the affidavit in the United States
2 Postal Service in a sealed envelope, with postage prepaid.

3 11.

4 Claims against the estate not listed herein, or in amounts
5 larger than those listed herein, may be barred unless (a) a claim
6 is presented to the affiant within four months of the filing of
7 this affidavit at the address set forth in this paragraph or
8 (b) a personal representative of the estate is appointed within
9 the time allowed under ORS 114.555.

10 12.

11 If there is listed one or more claims that the affiant
12 disputes, any such claim may be barred unless (a) a petition for
13 summary determination is filed within four months of the filing
14 of this affidavit; or (b) a personal representative of the estate
15 is appointed within the time allowed under ORS 114.555.

16 13.

17 The address for the purposes of presenting a claim to the
18 affiant is: Charlie Paul, c/o Louise Smith Waarvick, Attorney at
19 Law, P.O. Box 1144, Newport, OR 97365.

20 14.

21 Any noun or verb used in this affidavit shall be construed
22 as either singular or plural as the context requires.

23
24 
25 CHARLIE PAUL
26

Subscribed and sworn to before me May 5, 1993.



Maureen L. Morris
Notary Public for Oregon
My commission expires: 11-1-93

Charlie Paul
Claiming Affiant
431 NE 10th Court
Newport, OR 97365
265-2427

Louise Smith Waarvick, OSB #83342
Attorney for Claiming Affiant
P.O. Box 1144
Newport, OR 97365
265-8553

WAARVICK & WAARVICK
Attorneys at Law
924 S. W. Hurbert - P. O. Box 1144
Newport, Oregon 97365
Telephone (503) 265-8553

81029

I.D. TAG NO.

159

Local File Number

HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

Exhibit 1

13506

State File Number

1. DECEDENT'S NAME First: Elsie Middle: M. Last: TRASK			2. SEX F	3. DATE OF DEATH (Month, Day, Year) May 8, 1991
4. SOCIAL SECURITY NUMBER 540-36-9814	5a. AGE-Last Birthday (Years) 90	5b. Under 1 Year Mos. Days Hours	5c. Under 1 Day Mins.	6. BIRTHPLACE (City and State or Foreign Country) Finland
7. DATE OF BIRTH (Month, Day, Year) May 4, 1901		8. 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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9a. FACILITY NAME (If not institution, give street and number) Oregon Health Care Center - Evergreen		9b. CITY, TOWN, OR LOCATION OF DEATH Lincoln City		9c. COUNTY OF DEATH Lincoln
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed
12. SPOUSE (If Married, Widowed) Harry		13a. RESIDENCE - STATE Oregon		
13b. COUNTY Lincoln		13c. CITY, TOWN OR LOCATION Lincoln City		13d. STREET AND NUMBER 3011 N.E. Park Drive
14. WAS DECEDENT OF HISPANIC OR GI? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) 10 College (13 or 14 or 15) 10		
17. FATHER - NAME first middle last Abel Manninen		18. MOTHER - NAME first middle maiden Hilda Unknown		19. INFORMANT - NAME and relationship to decedent Charles Paul, Son
20a. 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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Evergreen Mem. Park Cemetery		20c. LOCATION - City or Town, State McMinnville, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON MAKING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of License) 0056	22. NAME, ADDRESS AND ZIP OF FACILITY Macy and Son; 135 North Evans; McMinnville, OR 97128-4682	
23. DATE FILED (Month, Day, Year) May 17, 1991		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH 3:30 p.m.		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. <i>[Signature]</i>				
30. DATE SIGNED (Month, Day, Year) 5-15-91				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Dr. Karl Ordelheide, M.D.; 2870 W. Devils Lake Road; Lincoln City, OR 97367				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
33. 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) Senile Dementia of Alzheimer's type				Interval between onset and death Years
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
(b)				Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
(c)				Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.				
40. 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"/> Homicide <input type="checkbox"/> Intervention		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		41e. LOCATION (Street and Number of)		
42. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		43. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. If yes, was autopsy done in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
45. DESCRIBE HOW INJURY OCCURRED				

Exhibit 1
Page 1 of 1

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title
of May A.D., 19 96 at 3:49 o'clock P. M., and duly recorded in Vol. M96
of Deeds on Page 13500

FEE \$60.00

By Bernetha G. Letsch, County Clerk