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TO THE PROBATE CLERK OF JACKSON COUNTY:

SMALL ESTATE OF:

Small Estate No. 909106

LILA P. DANA, Deceased

AFFIDAVIT OF CLAIMING
SUCCESSOR OF INTESTATE
ESTATESTATE OF OREGON)
County of Jackson) ssI, CARL K. SYLVIA, being first duly sworn, say that I am a
"claiming successor" of the above named decedent.

1. INFORMATION REGARDING DECEDENT:

(a) Name: Lila P. Dana

(b) Age: 69

(c) Domicile: Santa Clara, California

(d) Post Office Address: 2250 S. Kiny Road
San Jose, CA 95122

(e) Social Security No.: 015-10-2117

2. The decedent died on October 13, 1988, in Santa Clara
County, Oregon. A certified copy of the death certificate is
attached hereto.3. The fair market value of the property in the estate is
as follows:

(a) Real Property - FAIR MARKET VALUE

Jackson County property \$12,020.00

Legal DescriptionCommencing at the North one-quarter corner of Section 29,
Township 36 South, Range 2 West of the Willamette Meridian,

AFFIDAVIT OF CLAIMING SUCCESSOR OF INTESTATE ESTATE - 1

1 Jackson County, Oregon; thence South 1097.00 feet to the South
 2 line of Merita Terrace; thence South 88 35' West along the
 3 South line of said road 2673.51 feet; thence continue South 88
 4 35' West 450.62 feet to the Northwest corner of property
 5 described in instrument recorded in Volume 546, page 199 Deed
 6 Records, Jackson County, Oregon; thence South 290.00 feet;
 7 thence South 88 35' West, 315.98 feet more or less to the East
 8 line of Villa Lane and the true point of beginning; thence North
 9 88 35' East, 157.99 feet; thence North parallel to Villa Lane,
 10 290.00 feet more or less to the South line of Blackwell Road;
 11 thence Westerly along the South line of Blackwell Road to its
 12 intersection with the East line of Villa Lane; thence South
 13 along the East line of Villa Lane 292.7 feet more or less to the
 14 true point of beginning.

15 (b) Real Property - FAIR MARKET VALUE

16 Klamath County Property \$12,960.00
 17 (4 lots)

18 Legal Description:

19 Tax Account # 142054:

20 Sun Forest Estates Lot 1 Block 11 according
 21 to the Official Plat filed with the County.

22 Tax Account # 142027:

23 Sun Forest Estates Lot 1 Block 1 according
 24 to the Official Plat filed with the County.

25 Tax Account # 141876:

26 Sun Forest Estates Lot 16 Block 1 according
 to the Official Plat filed with the County.

Tax Account # 139610

Sun Forest Estates Lot 63, Block 1 according
 to the Official Plat filed with the County.

TOTAL REAL PROPERTY VALUE\$24,980.00

(c) Personal Property FAIR MARKET VALUE

(1) 1967 VAN DYKE Mobile Home

AFFIDAVIT OF CLAIMING SUCCESSOR OF INTESTATE ESTATE - 2

Serial # 6HV5020G3S5224X \$500.00

TOTAL PERSONAL PROPERTY VALUE \$500.00

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

5. The decedent died intestate.

6. The decedent left the following listed heirs and their last address as known to the Affiant are as follows:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
Carl K. Sylvia	Son	P. O. Box 7313 Auburn, CA 95604
Jean Stuck	Daughter	Rt. 5 Box 68A Hereford, TX 79045
Brenda Beasley	Daughter	12300 Fifth St., Sp.#84 Yucaipa, CA 92399

A copy of this Affidavit showing the date of filing will be delivered to each heir or mailed to the heir at the last known address stated above.

7. The devisees of the decedent and the last address of each as known to the Affiant are as follows:

None - No Will

8. The interest in the property described in the Affidavit to which each heir or devisee is entitled is as follows:

After payment of the bills and obligations of the estate, the balance, if any, to the above named children equally.

9. Reasonable efforts have been made to ascertain the creditors of the estate. The expenses and claims against the

AFFIDAVIT OF CLAIMING SUCCESSOR OF INTESTATE ESTATE - 3

1 estate remaining unpaid or on account of which the Affiant or
 2 any other person is entitled to reimbursement from the estate
 3 include the known or estimated amounts and the names and
 4 addresses of the creditors as known to the Affiant are as
 5 follows:

<u>Name and Address</u>	<u>Amount of Debt</u>
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7 None other than real property taxes owing on the above listed
 8 real property.

9 A copy of this Affidavit showing the date of filing will
 10 be delivered to each creditor which has not been paid in full or
 11 mailed to the creditor at the last known address.

12 10. The name and address of each person known to the
 13 Affiant to assert a claim against the estate which the Affiant
 14 disputes and the known or estimated amount thereof is as
 15 follows:

16 none

17 A copy of the Affidavit showing the date of filing will be
 18 delivered to each such person or mailed to the person at the
 19 last known address.

20 11. A copy of this Affidavit showing the date of filing
 21 will be mailed to the Adult and Family Services Division,
 22 Estate Administration Section, Salem, Oregon, and to the
 23 Department of Revenue, Salem, Oregon.

24 12. Claims against the estate not listed in the Affidavit
 25 or in amounts larger than those listed in the Affidavit may be
 26

1 (a) A claim is presented to the Affiant within four
2 months of the filing of the Affidavit at the address stated in
3 the Affidavit for presentment of claims; or

4 (b) A personal representative of the estate is
5 appointed within the time allowed under ORS 114.555;

6 (c) If the Affidavit lists one or more claims which
7 the affiant disputes, any such claim may be barred unless:

8 (1) A petition for summary determination is
9 filed within four months of the filing of the Affidavit; or

10 (2) A personal representative of the estate is
11 appointed within the time allowed under ORS 114.555.

12 13. A copy of the Affidavit showing the date of filing or
13 an abstract meeting the requirements of ORS 113.165(2) will be
14 mailed or delivered with the required recording fee to the
15 county clerk in each county where the decedent's real property,
16 if any, is located.

17 14. Claims against the estate may be presented to the
18 Affiant at the following address:

19 Carl K. Sylvia
20 P. O. Box 7313
21 Auburn, CA 95604

22 
23 CARL K. SYLVIA

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2 STATE OF OREGON) ss

3 County of Jackson)

4 Subscribed and Sworn to before me this 8 day of October,
5 1990.

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Janie L. Licker
NOTARY PUBLIC FOR OREGONMY COMMISSION EXPIRES: 7-20-93

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

HEALTH DEPARTMENT
2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

21633

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST LILA		2A. DATE OF DEATH (MONTH, DAY, YEAR) October 13, 1988	
1B. MIDDLE P.		2B. HOUR 1445	
3. SEX Female		4. RACE/ETHNICITY Portuguese	
5. SPANISH/HISPANIC X		6. DATE OF BIRTH January 22, 1919	
7. AGE 69 YEARS		8. IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES	
9. NAME AND BIRTHPLACE OF FATHER Manuel Silva/Azores		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Maria Pacheco/Azores	
11A. CITIZEN OF WHAT COUNTRY U.S.A.		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19** TO 19**	
12. SOCIAL SECURITY NUMBER 015-10-2117		13. MARITAL STATUS Married	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Roy R. Dana		15. NAME OF SURVIVING SPOUSE (IF HUSBAND, ENTER BIRTH NAME)	
16. NUMBER OF YEARS THIS OCCUPATION 8		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Eastridge Shopping Cntr.	
18. KIND OF INDUSTRY OR BUSINESS Public Relations		19. CITY OR TOWN San Jose	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Carl Sylvia Son		21. CITY OR TOWN San Jose	
22. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2250 So. King Rd		23. CITY OR TOWN San Jose	
24. COUNTY Santa Clara		25. STATE CA	
26. PLACE OF DEATH San Jose Hospital		27. CITY OR TOWN Santa Clara	
28. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 675 E. Santa Clara St.		29. CITY OR TOWN San Jose	
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) VENTRICULAR THROMBOSIS/VENTRICULAR FIBRILLATION (B) CORONARY INFARCTION (C) ADVANCED 3 VESSEL CORONARY ARTERIOSCLEROSIS		31. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 45	
32. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A EXTENSIVE MYOCARDIAL INFARCTION 11/18 POST INFARCTION CONGESTIVE FAILURE		33. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23 NO	
34. TYPE PHYSICIAN'S NAME AND ADDRESS Martin Robinson, M.D., 725 E. Santa Clara S. #306 S.J.		35. DATE SIGNED 10-14-88	
36. PHYSICIAN'S LICENSE NUMBER C77573		37. DATE OF DEATH REPORTED TO CORONER NO	
38. WAS AUTOPSY PERFORMED? NO		39. DATE OF OPERATION NO	
40. SPECIFY ACCIDENT, SUICIDE, ETC.		41. PLACE OF INJURY	
42. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		43. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
44. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		45. CORONER—SIGNATURE AND DEGREE OR TITLE	
46. DATE SIGNED		47. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
48. DISPOSITION Burial		49. DATE—MONTH, DAY, YEAR Oct. 17, 1988	
50. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Darling-Fischer Garden Chapel		51. LICENSE NO. F557	
52. LOCAL REGISTRAR—SIGNATURE Stephen A. Coray M.D.		53. DATE ACCEPTED BY LOCAL REGISTRAR OCT 17 1988	
54. STATE REGISTRAR		55. DATE SIGNED	

H096105

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED **OCT 17 1988**

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

STEPHEN A. CORAY, MD
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of **AmeriTitle** the **19th** day of **July** A.D., 19 **96** at **11:10** o'clock **A.M.**, and duly recorded in Vol. **M96** of **Deeds** on Page **21627**.

FEE \$60.00

Bernetha G Letsch, County Clerk

By **Cheryl Swannell**