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August E. Souernorm	APPIDAVIT OF CLAIMING SUCCESSOR
CALIFORNIA Deceased.	INTESTATE ESTATE
TATE OF GREADING County of Placer) 55.
I, Shirley M. Patocka	
eir of the above named decedent and a "claiming successo This affidavit is made pursuant to Oregon Revised Statutes	
(1) Name of Decedent August E. Soderho Domicile/Post Office Address Klamath Reg. Rehal	lm Age9 5 Soc.Sec.No. 541-0 b Center, Klamth Falls, Or
(2) Decedent died May 12 1996	
A certified copy of decedent's death certificate is attached h	· · · · · · · · · · · · · · · · · · ·
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(3) A description of all of decedents property, incl air market value of the personal property is: (1) (1) Real Property Less Description (Including County) on (1) (10)	and the second state of the second
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(8) 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:

27788

Davenport's chaper of th	ne Good Shepherd	Nature of Expense/Claim Funeral	Known or Estimated Amo \$2,841.
6420 S.	. 6th St. Klamath	Falls. OR 97603	
Klamth Regional Rehabili	itation Center	Expense	1,816.36
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(9) The name and address of ea e alfiant disputes and the last known o			ainst the estate whi
	angegeness of dame		Known or Estimated Amo
		and the presentation of the second second	
A copy of the affidavit showing the	data of filing will be deliv	and to each of the above a	
each person's last known address.	date of filling will be deliv	erea to each of the above o	r mailed to each per
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(10) A copy of the affidavit show	ing the date of filing will	be mailed or delivered to	the Adult and Far
rvices Division, Estate Administration	Section and to the Depart	tment of Revenue, Salem,	Oregon.
(11) Claims against the estate no	+ listed berain on in amou	nte landes than these listed	harain many he has
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STATE OF CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT
COUNTY OF PLACER)
On 8-1-96 before me, KATTHYL CLEMEUS
personally appeared, <u>ShirLey</u> <u>PATOCKA</u> personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are- subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(iee), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal. <u>Hathum</u> Clemens (SEAL) NOTARY PUBLIC SIGNATURE OPTIONAL INFORMATION
TITLE OR TYPE OF DOCUMENT A ffid AWT of CLAUMING SUCCESSOR THE STAR
SIGNER(S) OTHER THAN NAMED ABOVE NUMBER OF PAGES REAL FLOOR SIGNER(S) OTHER THAN NAMED ABOVE
STATE OF OREGON: COUNTY OF KLAMATH: ss.
Filed for record at request of
By <u>Clump Linsoull</u>