

24359 In the Probate Court of the County of Klamath, Oregon  
 Vol. 1439B Page 27787

Small Estate of: \_\_\_\_\_ Estate No. \_\_\_\_\_

August E. Soderholm } Deceased.  
 CALIFORNIA  
 STATE OF ~~OREGON~~ County of Placer ) ss.

I, Shirley M. Patocka, being first duly sworn, depose and say that: I am an heir of the above named decedent and a "claiming successor" to a portion of said decedent's estate as set forth below. This affidavit is made pursuant to Oregon Revised Statutes, Sections 114.505 to 114.560.

(1) Name of Decedent August E. Soderholm Age 95 Soc. Sec. No. 541-09-8140  
 Domicile/Post Office Address Klamath Reg. Rehab Center, Klamath Falls, Or

(2) Decedent died May 12, 1996, at Klamath Reg. Rehab. Center  
 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:

Real Property Legal Description (Including County)	Fair Market Value
Conservatorship Cash Account	\$36,853.15
United Heritage Insurance	1,500.00

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

(5) The decedent died intestate.

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

Name	Last Known Address
Shirley M. Patocka	P. O. Box 326 Penryn, CA 95663

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

(7) The interest in decedent's said property to which each heir is entitled is:

Name	Interest
Shirley M. Patocka	\$38,353.15

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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:

Name of Creditor	Address	Nature of Expense/Claim	Known or Estimated Amount
Davenport's Chapel of the Good Shepherd	6420 S. 6th St. Klamath Falls. OR 97603	Funeral	\$2,841.
Klamath Regional Rehabilitation Center		Expense	1,816.36

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.

(9) 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:

Name	Address	Known or Estimated Amount

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.

(10) 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 and to the Department of Revenue, Salem, Oregon.

(11) 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: \_\_\_\_\_; or
- (b) A personal representative of the estate is appointed within the time allowed under ORS 114.555.

(12) The claim(s), if any, listed in Section (9) 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.

A certified copy of this affidavit and a copy of the petition for summary determination is attached hereto.

Notary Public Office Address

(1) Address of Notary Public

THE SIGNATURE OF THE AFFIANT MUST BE SUBSCRIBED TO THE AFFIDAVIT

Part of the signed affidavit is required and it must be filed with the court.

FILED IN PROBATE COURT IN COUNTY OF \_\_\_\_\_

DATE OF FILING \_\_\_\_\_

FILED BY \_\_\_\_\_

CLERK OF PROBATE COURT

NOTARY PUBLIC

My commission expires \_\_\_\_\_

My commission expires \_\_\_\_\_

Signed and sworn to before me on \_\_\_\_\_, 19\_\_\_\_,

by \_\_\_\_\_

Notary Public for \_\_\_\_\_, My commission expires \_\_\_\_\_

CALIFORNIA

ORS 114.545(3) requires that an affiant or claiming successor's deed executed in the manner required by ORS Chapter 93 be recorded in the deed records of any county in which real property belonging to the decedent is situated.

EXCEPT FROM ORS 114.515: "If the estate consists of personal property having a fair market value of \$25,000 or less, or real property having a fair market value of \$60,000 or less, or a combination of personal property having a fair market value of \$25,000 or less, and real property having a fair market value of \$60,000 or less, not less than 30 days after the death of the decedent, one or more of the claiming successors may file an affidavit with the clerk of the probate court in any county where there is venue for a proceeding seeking the appointment of a personal representative for the estate. The affidavit shall contain the information required by ORS 114.525."

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**CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT**

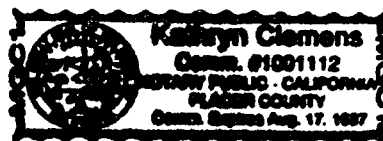
STATE OF CALIFORNIA )

COUNTY OF PLACER )On 8-1-96 before me, Kathryn Clemens  
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared, Shirley M. Patocka  
 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(ies), 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.

Kathryn Clemens (SEAL)  
 NOTARY PUBLIC SIGNATURE

**OPTIONAL INFORMATION**

TITLE OR TYPE OF DOCUMENT Affidavit of Claiming Successor Int. Estate  
 DATE OF DOCUMENT \_\_\_\_\_ NUMBER OF PAGES for August E. Soderholm  
 SIGNER(S) OTHER THAN NAMED ABOVE \_\_\_\_\_

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Shirley Patocka the 5th day  
 of Sept A.D., 19 96 at 1:13 o'clock P. M., and duly recorded in Vol. M96  
 of Deeds on Page 27787

FEE \$40.00

Bernetha G. Letsch County Clerk

By [Signature]