29133 AFFIDAVIT OF HEIRSHIP AND INDEMNITY Vol m96 Page 37902

I (we), Paul w. Ruggiero, being first duly sworn, depose and say that:

1. Decedent, Alice margaret Ruggiero died in Josephine County, State of Oregon, on Sept 29 1995 19 95 and at time of death was the owner of (real property; leasehold; mortgage or Trust Deed on real property) located in Klamath County, Oregon as follows:

2. Decedent left (no will, a will, a copy of which is attached) and the estate is not being probated.

3. The next of kin and heirs at law of decedent (including any party who may have lived with decedent for a period of 10 years; these parties need not be living with decedent at the time of his/her death) along with their relationship to decedent, approximate age and current address:

NAME	RELATION/AGE	ADDRESS/PHONE NO.
Paul w. Ruggiero	Husband	P.O. Box 1955 Cave Junction OR 97523 541-592-6036

4. Other than those listed above, there are no other parties with whom the deceased lived, either at the time of the decedent's death, or sometime in the past, in a situation similar to "husband and wife" (although not legally married) over a 10 year period.

5. There is no debt of decedent or claim against decedent which is or will become a claim against the estate of decedent.

6. There are no children of deceased children.

7. Decedent did not live or reside in a long term care facility, as defined by Chapter 749, Oregon Laws (e.g. a licensed nursing home, a licensed residential care facility, a licensed adult foster home) either at the time of his/her death or at some time after September 9, 1995.

8. This affidavit is for the purpose of inducing Josephine - Crater Title Companies, Inc., and/or First American Title Insurance Company of Oregon to allow next of kin, heir(s) or devisee(s) of decedent to clear the aforementioned real property of the interest of decedent without the necessity of probate of decedent's estate.

9. I (we) hereby agree to indemnify and hold harmless, Josephine - Crater Title Companies, Inc., and/or First American Title Insurance Company of Oregon from any and all liability, obligation, expenses, legal fees or litigation costs which it may incur as a result of the falsity or inaccuracy of any statement contained in this affidavit.

Paul Ruggiero

This instrument was acknowledged before me on August 5, 1996.
by Paul Ruggiero
as
of Cave Junction, Josephine County, Oregon.

OFFICIAL SEAL
LEE ESCHEN
NOTARY PUBLIC-OREGON
COMMISSION NO. 037221
MY COMMISSION EXPIRES AUG. 21, 1998

Lee Eschen
Notary Public for Oregon
My commission expires: Aug 21, 1998

m/heir.frm

96 DEC -4 P1:40

15-

B 9118
ID TAG NO.
494-87
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

CERTIFICATE OF DEATH

State File Number

Field	Entry
1. DECEASED — NAME (First, Middle, Last)	Alice Margaret RUGGIERO
2. DATE OF DEATH (month, day, year)	September 29, 1987
3. RACE	White
4. SEX	Female
5a. AGE — Last birthday (years)	62
6. DATE OF BIRTH (month, day, year)	June 30, 1925
7a. CITY, TOWN OR LOCATION OF DEATH	Grants Pass
7b. HOSPITAL OR OTHER INSTITUTION — NAME	Southern Oregon Medical Center
7c. IF HOSP OR INST Indicate DOA, OP/Emer. Rm., Inpatient (specify)	Inpatient
7d. COUNTY OF DEATH	Josephine
8. STATE OF BIRTH (If not in U.S.A. name country)	Connecticut
9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11. SPOUSE (If married, widowed)	Paul W. Ruggiero
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	No
13. SOCIAL SECURITY NUMBER	049-12-6174
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Waitress
14b. KIND OF BUSINESS OR INDUSTRY	Restaurant
15a. RESIDENCE — STATE	Oregon
15b. COUNTY	Josephine
15c. CITY, TOWN OR LOCATION	Cave Junction
15d. STREET AND NUMBER OR R.F.D.	2912 Caves Highway
ZIP	97523
15e. Inside City Limits (specify yes or no)	No
16. FATHER — NAME (first, middle, last)	James Reilly
17. MOTHER — NAME (first, middle, last) (Maiden Name)	—
18. INFORMANT — NAME and relationship to deceased	Paul Ruggiero - Husband
19a. BURIAL, CREMATION, REMOVAL, OTHER (specify)	Cremation
19b. CEMETERY OR CREMATORY — NAME	Lundberg Crematory
19c. LOCATION (city or town, state)	Grants Pass, Oregon
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature)	C.M. Lundberg
20b. NAME AND ADDRESS OF FACILITY	Lundberg's L. B. Hall Funeral Home, 141 NW "C" ST., Grants Pass, Ore. 97526

To be Completed by Certifying Physician Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

Field	Entry
21a. (Signature)	[signature]
21b. DATE SIGNED (Mo., Day, Year)	10-1-87
21c. HOUR OF DEATH	7:10 A.M.
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)	David Frank, D.O. 509 E. Main Rogue River, Oregon
ZIP	97537
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)	October 5, 1987
22b. REGISTRAR (Signature)	Paula Suttora, Deputy

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))

PART I
(a) Cardio respiratory Arrest — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(b) Chronic Obstructive Pulmonary Disease — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(c) Chronic tobacco usage — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Pneumonia & Sepsis

Field	Entry
24. AUTOPSY (Specify Yes or No)	No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	No
26a. ACCIDENT (Specify Yes or No)	
26b. DATE OF INJURY (Mo., Day, Year)	
26c. HOUR OF INJURY	M
26d. DESCRIBE HOW INJURY OCCURRED	
26e. INJURY AT WORK (Specify Yes or No)	
26f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	
26g. LOCATION (Street or R F D No, City or Town, State)	

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES☐ NO☐ N/A☐
WAS GIFT MADE? YES☐ NO☐ N/A☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL -VITAL STATISTICS COPY

STATE OF OREGON — CERTIFIED COPY OF DEATH RECORD — COUNTY OF JOSEPHINE

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Josephine County Health Department.

La Verla J. Young
Registrar of Vital Statistics

(SEAL)

VOID IF ALTERED

Date October 5, 19 87 By [signature] Deputy
Paula Suttora, Deputy

NOT VALID WITHOUT RAISED SEAL OF JOSEPHINE COUNTY HEALTH DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mark Dangerfield the 4th day of December A.D., 19 96 at 1:40 o'clock P.M., and duly recorded in Vol. M96 of Deeds on Page 37902

FEE $15.00

Bernetha G. Letsch, County Clerk
By Kathleen Ross