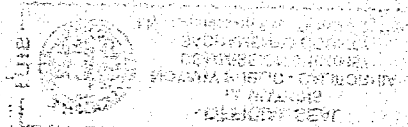
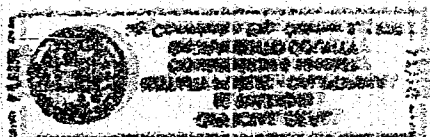


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96 DEC -3 IN 3:15

CLERK OF COURT

In the Probate Court of the County of Klamath Falls, Oregon

Small Estate of: Frederic Ira Ross

Deceased.

Estate No. 96037750 V  
SMALL ESTATE AFFIDAVIT  
INTESTATE ESTATE

STATE OF OREGON, County of Klamath) ss.

I, Kathryn Myrtle Ross, 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 the decedent's estate as set forth below. This affidavit is made pursuant to ORS 114.505 to 114.560.

(1) Name of Decedent Frederic Ira Ross Age 70 Soc. Sec. No. 540-20-9653  
Domicile/Post Office Address 5825 Southgrove Dr, Citrus Heights, California 95610  
(2) Decedent died July 12, 1995, at Mercy San Juan Hospital  
Carmichael, Ca 95608

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
<u>Lot one (1) in block fifty-two(52), Buena Vista Addition to the city of Klamath Falls, Oregon, according to the duly recorded plat of said addition on file in the Office of the Clerk of said County(Klamath).</u>	<u>\$30,340.00</u>
<u>R-3809-030AA-04600</u>	
Personal Property Description	Fair Market Value

- (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
<u>Kathryn Myrtle Ross</u>	<u>5825 Southgrove Drive, Citrus Heights, CA. 95610</u>

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.

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

Interest

Name

Fee Simple

Kathryn Myrtle Ross

(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 (if none, so state):

Name of Creditor

Address

Nature of Expense/Claim

Known or Estimated Amount

NONE

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 such creditor at the creditor's last known address stated above.

(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, are (if none, so state):

Name

Address

Known or Estimated Amount

NONE

A copy of the affidavit showing the date of filing will be delivered or mailed to each such person at each such 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, Salem, Oregon.

(11) Claims against the estate not listed herein or in amounts larger than those listed herein may be barred unless:

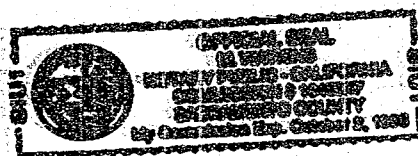
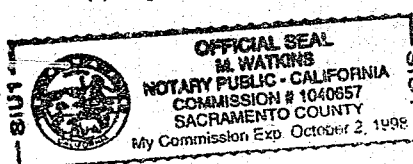
(a) A claim is presented to the affiant within four months of the filing of this affidavit at the following address: \_\_\_\_\_; or

(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.



Signed and sworn to before me on AUGUST 29, 1996

by M. Watkins

M. WATKINS

Notary Public for Oregon. My commission expires 10/2/98

ORS 114.545(3) requires that an affiant's 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.

EXCERPT FROM ORS 114.515: "If the estate consists of personal property having a fair market value of \$50,000 or less, or real property having a fair market value of \$50,000 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 114.526."

# SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4038

## CERTIFICATE OF DEATH

3 1995 34

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST GIVEN <b>FREDERIC</b>		3. LAST (FAMILY) <b>ROSS</b>	
2. MIDDLE <b>IRA</b>		6. SEX <b>M</b>	
4. DATE OF BIRTH MM/DD/CCYY <b>11/27/1924</b>		7. DATE OF DEATH MM/DD/CCYY <b>07/12/1995</b>	
5. AGE YRS. <b>70</b>		8. HOUR <b>1803</b>	
9. STATE OF BIRTH <b>OR</b>		10. SOCIAL SECURITY NO. <b>540-20-9653</b>	
11. MARITAL STATUS <b>MARRIED</b>		12. EDUCATION—YEARS COMPLETED <b>17</b>	
13. RACE <b>CAUCASIAN</b>		14. U.S. AIR FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15. OCCUPATION <b>TRANSPORTATION MANAGER</b>		16. YEARS IN OCCUPATION <b>20</b>	
17. USUAL RESIDENCE <b>5825 SOUTHGROVE DRIVE</b>		18. CITY <b>CITRUS HEIGHTS</b>	
19. COUNTY <b>SACRAMENTO</b>		20. ZIP CODE <b>95610</b>	
21. YES IN COUNTY <b>28</b>		22. STATE OR FOREIGN COUNTRY <b>CALIFORNIA</b>	
23. NAME, RELATIONSHIP <b>KATHRYN ROSS - WIFE</b>		24. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>5825 SOUTHGROVE DR., CITRUS HEIGHTS, CA 95610</b>	
25. NAME OF SURVIVING SPOUSE—FIRST <b>KATHRYN</b>		26. MIDDLE <b>MYRTLE</b>	
27. LAST <b>FOWLER</b>		28. BIRTH STATE <b>CO</b>	
29. NAME OF FATHER—FIRST <b>ROBERT</b>		30. MIDDLE <b>RONALD</b>	
31. LAST <b>ROSS</b>		32. BIRTH STATE <b>MT</b>	
33. NAME OF MOTHER—FIRST <b>FRANCES</b>		34. MIDDLE <b>MAE</b>	
35. LAST <b>SHERMAN</b>		36. BIRTH STATE <b>MT</b>	
37. DATE MM/DD/CCYY <b>07/18/1995</b>		38. PLACE OF FINAL ORIENTATION <b>SAN JOAQUIN NAT. CEM., 32053 WEST MCCABE RD, GUSTINE, CA 95322</b>	
39. TYPE OF DISPOSITION <b>BURIAL</b>		40. SIGNATURE OF EQUALIZER <i>Maic S. Roulet</i>	
41. NAME OF FUNERAL DIRECTOR <b>REICHERT'S FUNERAL SERVICES</b>		42. LICENSE NO. <b>EMB# 7327</b>	
43. DATE MM/DD/CCYY <b>07/17/1995</b>		44. SIGNATURE OF LOCAL REGISTRAR <i>Patricia H. Hinton, M.D.</i>	
45. PLACE OF DEATH <b>MERCY SAN JUAN HOSPITAL</b>		46. COUNTY <b>SACRAMENTO</b>	
47. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>6500 COYLE AVE</b>		48. CITY <b>CARMICHAEL</b>	
49. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE FOR LINE FOR A, B, C, AND D) <b>CARDIAC ARREST</b>		50. TIME INTERVAL BETWEEN ONSET AND DEATH <b>5 WKS.</b>	
51. IMMEDIATE CAUSE <b>ACUTE MYOCARDIAL INFARCTION</b>		52. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
53. DUE TO <b>ACUTE MYOCARDIAL INFARCTION</b>		54. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
55. DUE TO <b>ACUTE MYOCARDIAL INFARCTION</b>		56. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
57. DUE TO <b>ACUTE MYOCARDIAL INFARCTION</b>		58. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>HYPERTROPHIC CARDIOMYOPATHY; SICK SINUS SYNDROME</b>		60. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>CARDIAC CATHETERIZATION 05/30/1995</b>		62. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
63. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. <b>01/19/1994 06/25/1995</b>		64. SIGNATURE AND TITLE OF CERTIFIER <i>Patricia H. Hinton, M.D.</i>	
65. TYPE OF CERTIFICATE <b>01/19/1994 06/25/1995</b>		66. LICENSE NO. <b>G 52964</b>	
67. DATE MM/DD/CCYY <b>07/17/1995</b>		68. DATE MM/DD/CCYY <b>07/17/1995</b>	
69. I CERTIFY THAT IN MY OWN DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. <b>01/19/1994 06/25/1995</b>		70. TYPE OF CERTIFICATE <b>01/19/1994 06/25/1995</b>	
71. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		72. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Patricia H. Hinton, M.D.</i>	
73. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) <b>6500 COYLE AVE</b>		74. DATE MM/DD/CCYY <b>07/17/1995</b>	
75. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER <b>PATRICIA H. HINTON, M.D.</b>		76. FAX AUTH. # <b>5902</b>	

00245

STATE OF CALIFORNIA  
COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED:

July 19, 1995

LOCAL REGISTRAR

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



40361

40361

# SACRAMENTO COUNTY

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

AS ORDERED BY THE COURT

IN RE: ESTATE OF [Name]

FILED FOR RECORD AT REQUEST OF [Name]

DATE: [Date]

FILED IN [Volume]

AT [Location]

CLERK OF COURT

STATE OF OREGON

County of KLAMATH)  
STATE OF OREGON)

I hereby CERTIFY that the within is  
true and correct copy and the [Name]  
of the original.  
Clerk of Court

By: [Signature]  
Date: Dec 9, 1996



STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Mrs. Kathryn Ross the 31st day  
of December A.D. 19 96 at 9:44 o'clock A. M., and duly recorded in Vol. M96  
of Deeds on Page 40358

FEE \$45.00

by Bernetha G. Letsch, County Clerk  
[Signature]