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FILED
STATE OF OREGON
KLAMATH COUNTY COURT
97 APR -7 PM 1:37
CLERK OF COURT
BY_______________

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

IN THE MATTER OF THE ESTATE OF	)	
	)	Case No. 9701493CV
LORELEI MAY GREENWOOD,	)	
	)	AFFIDAVIT OF SMALL ESTATE
deceased.	)	

STATE OF OREGON)
)ss.
County of Jefferson)

I, GAYLE DePUE, being first duly sworn, depose and say on my own knowledge:

1. *Information about decedent:*

Name:	LORELEI MAY GREENWOOD
Age:	67
Domicile:	Mile Post 186, Highway 97 Crescent, Oregon 97733
Social Security No:	543-30-9093

2. Date and place of decedent's death: August 19, 1996; Mile Post 186, Highway 97 Crescent, Oregon 97733

Attached hereto is a certified copy of the Death Certificate of the decedent.

3. Description and fair market value of all property in the estate including a legal

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description of any real property:

a. Real property:

PARCEL 1: A parcel of land in the Northwest one-quarter of the Northwest one-quarter of Section 31, Township 24 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon, and more particularly described as follows:

Beginning at a point along the West line of Section 31 from which the North one-sixteenth corner common to Sections 31 and 36 bears South 00° 05' 43" West 416.67 feet; thence along the West line of Section 31, North 00° 05' 43" East 331.51 feet to a point; thence along a line at right angle to U.S. Highway 97, South 64° 43' 17" East 327.45 feet to a point; thence along a line parallel with U.S. Highway 97 and 250 feet from the centerline thereof, South 25° 16' 43" West 120.00 feet to a #5 steel rod; thence along a line at right angle to U.S. Highway 97, South 64° 43' 17" East 200.00 feet to a #5 steel rod along the Northwest line of U.S. Highway 97 and 50 feet from the centerline thereof; thence along the Northwest line of U.S. Highway 97, South 25° 16' 42" West, 60.00 feet to a #5 steel rod; thence along a line at right angle to U.S. Highway 97, North 64° 43' 17" West 200.00 feet to a #5 steel rod; thence along a line parallel with U.S. Highway 97, South 25° 16' 43" West 120.00 feet to a #5 steel rod; thence along a line at right angle to U.S. Highway 97, North 64° 43' 17" West 186.39 feet to the point of beginning.

PARCEL 2: The North 120 feet of a parcel of land described as follows: Running East from the Northwest corner of Section 31, Township 24 South, Range 9 East of the Willamette Meridian 857.6 feet; thence running Southerly along the West line of the new survey of U.S. Highway 97, 1085 feet to a point of description of tract herein conveyed; thence running Westerly at right angles to said U.S. Highway 97, 100 feet; thence Southerly parallel to U.S. Highway 97, 300 feet; thence Easterly, at right angles to said U.S. Highway 97, 100 feet; thence Northerly along West line of said U.S. Highway 97, 300 feet to a point of beginning.

The North 120 feet of a parcel of land described as follows: Beginning at a point 857.6 feet East of the Northwest corner of

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Section 31, Township 24 South, Range 9 East of the Willamette Meridian; thence running Southerly along the West line of U.S. Highway 97, 1085 feet; thence Westerly at right angles to said U.S. Highway 97, 100 feet to the point of description for this conveyance; thence running Southerly parallel to said U.S. Highway 97, 300 feet; thence Westerly at right angles to said U.S. Highway 97, 100 feet; thence Northerly parallel to said U.S. Highway 97, 300 feet; thence Easterly at right angles to said U.S. Highway 97, 100 feet to place of beginning.

(Combined real property value) $47,225.00

b. Personal property: Capital Credits - Midstate Electric Cooperative, Inc., member #19284 . . . . 300.00

4. No application or petition for appointment of a Personal Representative has been granted in Oregon.

5. The decedent died intestate.

6. The heirs are the four daughters of the decedent. The decedent was divorced at the date of death and no person qualifies under ORS 112.017(2). The decedent's parents are deceased and no child of the decedent died leaving issue. The heirs of the decedent and the last address of each heir as known to the affiant are set forth below:

DIANA VAN CURLER
P.O. Box 1434
Redmond, OR 97756

GAYLE DePUE
P.O. Box 1434
Redmond, OR 97756

KAREN JORDAN
P.O. Box 91
Crescent, OR 97733

LAURA BERTINE
380 Canyon
Helper, UT 84526

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

7. The interest in the property described in the Affidavit to which each heir is

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entitled is as follows:

a) To DIANA VAN CURLER, an undivided one-quarter interest;

b) To GAYLE DePUE, an undivided one-quarter interest;

c) To KAREN JORDAN, an undivided one-quarter interest;

d) To LAURA BERTINE, an undivided one-quarter interest.

8. 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 creditor as known to the affiant are set forth below: None

Reasonable efforts have been made to ascertain creditors of the estate.

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 known or estimated amount thereof is as follows: No claims against the estate.

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 and to the Department of Revenue, Salem, Oregon.

11. The claims against the estate not listed in the Affidavit or in amounts larger than those listed in the Affidavit may be barred unless: (a) a claim is presented to the affiant within four months of the filing of the Affidavit at the address stated in the Affidavit for presentment of claims; or (b) a Personal Representative of the estate is appointed within the time allowed under ORS 114.555.

12. If the Affidavit lists one or more claims which the affiant disputes, any such claim

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may be barred unless: (a) a Petition for Summary Determination is filed within four months of the filing of the Affidavit; or (b) a Personal Representative of the estate is appointed within the time period allowed under ORS 114.555.

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

14. I make this Affidavit in accordance with ORS 114.505 through 114.555.

DATED this 31st day of April, 1997.

Gayle M. DePue
GAYLE DePUE

Subscribed and sworn to before me this 2nd day of April, 1997.

OFFICIAL SEAL
JANET V. MOREY
NOTARY PUBLIC-OREGON
COMMISSION NO. 057758
MY COMMISSION EXPIRES NOV 15, 2000

Janet V. Morey
Notary Public for Oregon
My commission expires: Nov. 15, 2000

For Circuit Court Clerk:

I hereby certify that the Affidavit of Small Estate has been filed in the Circuit Court for the State of Oregon, Klamath County, County, on the 07 day of April, 1997.

DATED this 07 day of April, 1997.

CIRCUIT COURT CLERK
Klamath County

GLENN, SITES & REEDER
ATTORNEYS AT LAW
205 S.E. Fifth Street • Madras, OR 97741 • Ph. (503) 475-2272

CERTIFICATION OF VITAL RECORD

13142

TYPE OR PRINT IN PERMANENT BLACK INK

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

I-02388 I.D. TAG NO.
399 Local File Number
136- State File Number

1. DECEDENT'S NAME: First: Lorelei	Middle: May	Last: GREENWOOD	2. SEX: F	3. DATE OF DEATH (Month, Day, Year): August 19, 1996	
4. SOCIAL SECURITY NUMBER: 543 30 9093	5a. AGE-Last Birthday (Years): 67	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. DEATHPLACE (City and State or Foreign Country): Culver, Oregon	7. DATE OF BIRTH (Month, Day, Year): September 24,1928

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one): ☐ HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): Mile Post 186 Highway 97	9c. CITY, TOWN, OR LOCATION OF DEATH: Crescent	9d. COUNTY OF DEATH: Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Postmaster	10b. KIND OF BUSINESS/INDUSTRY: Postal	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): divorced	12. SPOUSE (If Married, Widowed, Divorced): - -
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Crescent	13d. STREET AND NUMBER: Mile Post 186 Hwy 97
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97733	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:	15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12	College (1-4 or 5+):		

17. FATHER - NAME First Middle Last: Carl Richard Hagman	18. MOTHER - NAME First Middle Maiden: Ruby May Keeney	19. INFORMANT - NAME and relationship to decedent: Gayle DePue - daughter
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Central Oregon Cremation Assoc.	20c. LOCATION - City or Town, State: Bend, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ann Reynolds	21b. LICENSE NUMBER (Of Licensee): 0087	22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds, Inc. 105 NW Irving Bend, OR 97701
23. DATE FILED (Month, Day, Year): AUG 22 1996		24. REGISTRAR'S SIGNATURE: Evelyn Henderson

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 9:40 P M

28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Matt Reynolds

30. DATE SIGNED (Month, Day, Year): 8/20/96

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M

32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)

33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Matthew Reynolds M.D. 1501 NE Medical Center Dr. Bend, Oregon 97701

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I 36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

(a) Congestive heart failure — Interval between onset and death: 4 years

DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death

(b) — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II 37. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown

38. AUTOPSY? ☐ Yes ☒ No

39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined ☐ Medical Examiner ☐ Legal Intervention

41a. DATE OF INJURY (Month, Day, Year)

41b. TIME OF INJURY: M

41c. INJURY AT WORK? ☐ Yes ☒ No

41d. DESCRIBE HOW INJURY OCCURRED

41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

42. RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: AUG 22 1996

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY OF KLAMATH OREGON

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Glenn, Sikes et al the 30th day of April A.D., 19 97 at 1:26 o'clock P. M., and duly recorded in Vol. M97 of Deeds on Page 13137

Bernetha G. Letsch, County Clerk

FEE $55.00 by Kathleen Kerr