

FILED

97 APR 30 PM 1:26

STATE OF OREGON

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)
LORELEI MAY GREENWOOD,) Case No. 9701493 CL
) deceased.) AFFIDAVIT OF SMALL ESTATE

STATE OF OREGON)
)
County of Jefferson >)
)

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

1. Information about decedent:

16 Name: LORELEI MAY GREENWOOD

17 Age: 67

18 Domicile: Mile Post 186, Highway 97
19 Crescent, Oregon 97733

20 Social Security No: [REDACTED]

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

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

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

Page -1- AFFIDAVIT OF SMALL ESTATE

Signature

GLENN, SITHS & REEDER
ATTORNEYS AT LAW
205 S.E. 11TH Street • Madras, OR 97741 • PH. (503) 475-2272

1 description of any real property:

2 a. Real property:

3
4 PARCEL 1: A parcel of land in the Northwest one-quarter of the
5 Northwest one-quarter of Section 31, Township 24 South, Range
6 9 East of the Willamette Meridian, Klamath County, Oregon, and
more particularly described as follows:

7 Beginning at a point along the West line of Section 31 from which
8 the North one-sixteenth corner common to Sections 31 and 36
9 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°
10 43' 17" East 327.45 feet to a point; thence along a line parallel
11 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
12 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.
13 Highway 97 and 50 feet from the centerline thereof; thence along
the Northwest line of U.S. Highway 97, South 25° 16' 42" West,
14 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
15 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
16 a line at right angle to U.S. Highway 97, North 64° 43' 17" West
17 186.39 feet to the point of beginning.

18 PARCEL 2: The North 120 feet of a parcel of land described as
19 follows: Running East from the Northwest corner of Section 31,
20 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
21 description of tract herein conveyed; thence running Westerly at
right angles to said U.S. Highway 97, 100 feet; thence Southerly
22 parallel to U.S. Highway 97, 300 feet; thence Easterly, at right
angles to said U.S. Highway 97, 100 feet; thence Northerly along
23 West line of said U.S. Highway 97, 300 feet to a point of
beginning.

24
25 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

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

13 6. The heirs are the four daughters of the decedent. The decedent was divorced at
14 the date of death and no person qualifies under ORS 112.017(2). The decedent's parents are
15 deceased and no child of the decedent died leaving issue. The heirs of the decedent and the last
16 address of each heir as known to the affiant are set forth below:
17

18	DIANA VAN CURLER	GAYLE DePUE
19	P.O. Box 1434	P.O. Box 1434
	Redmond, OR 97756	Redmond, OR 97756
20	KAREN JORDAN	LAURA BERTINE
21	P.O. Box 91	380 Canyon
	Crescent, OR 97733	Helper, UT 84526

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

7. The interest in the property described in the Affidavit to which case No. 1

1 entitled is as follows:

- 2 a) To DIANA VAN CURLER, an undivided one-quarter interest;
3 b) To GAYLE DePUE, an undivided one-quarter interest;
4 c) To KAREN JORDAN, an undivided one-quarter interest;
5 d) To LAURA BERTINE, an undivided one-quarter interest.

6 8. The expenses of and claims against the estate remaining unpaid or on account of
7 which the affiant or any other person is entitled to reimbursement from the estate, including the
8 known or estimated amounts thereof and the names and addresses of the creditor as known to
9 the affiant are set forth below: None

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

11 9. The name and address of each person known to the affiant to assert a claim
12 against the estate which the affiant disputes and the known or estimated amount thereof is as
13 follows: No claims against the estate.

14 10. A copy of the Affidavit showing the date of filing will be mailed or delivered to
15 the Adult and Family Services Division, Estate Administration Section, Salem, Oregon and to
16 the Department of Revenue, Salem, Oregon.

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

22 12. If the Affidavit lists one or more claims which the affiant disputes, any such claim
23

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

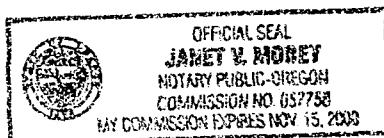
4
5 13. A copy of this Affidavit showing the date of filing or an Abstract meeting the
6 requirements of ORS 113.165(2) will be mailed or delivered with the required recording fee to
7 the County Clerk in each county where the decedent's real property, if any, is located.

8
9 14. I make this Affidavit in accordance with ORS 114.505 through 114.555.

10 DATED this 3rd day of April, 1997.

11
12 Jacqueline M. DePue
13 GAYDE DEPUÉ

14 Subscribed and sworn to before me this 2nd day of April,
15 1997.

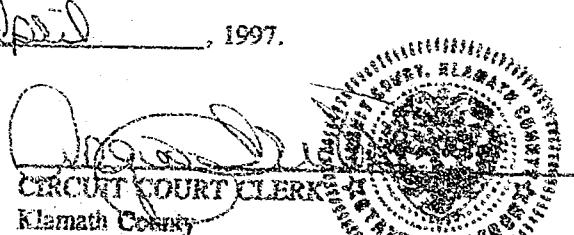


20 Janet J. Morney
Notary Public for Oregon
21 My commission expires: Nov. 15, 2003

22 For Circuit Court Clerk:

23 I hereby certify that the Affidavit of Small Estate has been filed in the Circuit Court for
24 the State of Oregon, Klamath County, County, on the 07 day of April,
25 1997.

26 DATED this 07 day of April, 1997.



Page -5- AFFIDAVIT OF SMALL ESTATE
Klamath County

GLENN, SITES & REEDER
ATTORNEYS AT LAW
208 S.E. Fifth Street • Madras, OR 97741 • Ph. (503) 475-2372

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PRINT IN
PERMANENT
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EL-02388
ID. TAG NO.
399
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

136

State File Number

1. DECEDENT'S FIRST NAME	Middle Name	Last Name	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Lorraine		GREENWOOD	F	AUGUST 15, 1996
4. SOCIAL SECURITY NUMBER	5a. AGE AT DEATH (Years)	5b. UNDER 1 YEAR Mo. Days	5c. UNDER 1 DAY Hours Minutes	6. DEATH PLACE (City and State or Foreign Country)
[REDACTED]	67	62 yrs	0 hrs 0 mins	Culver, Oregon
7. DATE OF BIRTH (Month, Day, Year)	8. PLACE OF DEATH (Check only one)			
September 24, 1928	9a. PLACE OF DEATH (Check only one)			
9b. FACILITY NAME (# and location, city street and number)		9c. CITY, TOWN, OR LOCATION OF DEATH		9d. COUNTY OF DEATH
Mile Post 186 Highway 97		Crescent		Klamath
10. DECEASED'S OCCUPATION (Kind of work done during most of working life)		11. KIND OF BUSINESS/INDUSTRY		12. MARITAL STATUS: <input checked="" type="checkbox"/> Married, <input type="checkbox"/> Widowed, <input type="checkbox"/> Divorced, <input type="checkbox"/> Separated
Postmaster		Postal		divorced
13. RESIDENCE - STATE	15. COUNTY	16. CITY, TOWN OR LOCATION	17. STREET AND NUMBER	
Oregon	Klamath	Crescent	Mile Post 186 Hwy 97	
18. WHERE CITY	19. ZIP CODE	20. WAS DECEDENT OF MEXICAN ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	21. RACE American Indian, Black, White, etc. (Specify)	22. EDUCATION (Specify only highest grade completed) Elementary/Ged/Grade 8-12 College 11-4 or 5+1
Elmwood	97733	Specify	White	12
23. FATHER - NAME, MRS. MRS. MRS.	24. MOTHER - NAME, MRS. MRS.	25. INFORMANT - NAME AND RELATIONSHIP TO DECEDENT		
Carl Richard Haigman	Ruby May Keeney	Gayle DePue - daughter		
26. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation Other (Specify)	27. PLACE OF DISPOSITION (Name of cemetery, cemetery, or other place)	28. LOCATION City or Town, State		
Central Oregon Cremation Assoc.		Bend, Oregon		
29. DATE FILED (Month, Day, Year)	30. LICENSE NUMBER (Or License)	31. NAME, ADDRESS AND ZIP OF FACILITY		
AUG 22 1996	0087	Niswonger-Reynolds, Inc. 105 NW Irving Bend, OR 97701		
32. REGISTRAR'S SIGNATURE	<i>Lucy L. Simonson</i>			
33. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT LIVES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	34. HAS GIFT ALREADY LIVES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
10. TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?	TO BE COMPLETED ONLY BY MEDICAL EXAMINER		
9:40 P.M.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35. DATE OF DEATH	36. DATE PROFESSIONAL USED (Month, Day, Year)	
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED <i>Marlene L. Greenway</i>				
38. DATE SIGNED (Month, Day, Year) <i>8/20/96</i>				
39. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Marlene L. Greenway, M.D., 1501 NE Medical Center Dr., Bend, Oregon 97701				
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING MEDICAL EXAMINER <i>None</i>				
41. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR LINES 41 AND 42) Do Not Enter Mode of Dying, e.g. Cardiac or Respiratory Arrest PART I (A) <i>Congestive heart failure</i> Interval between onset and death Due to, or as a consequence of: (B) <i>None</i> Interval between onset and death Due to, or as a consequence of: (C) <i>None</i> Interval between onset and death Due to, or as a consequence of:				
42. DATE PERSON USE CONTRIBUTE TO DEATH <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unlikely <input type="checkbox"/> Not Sure <input type="checkbox"/> No <input type="checkbox"/> N/A 43. AUTOPSY? <input type="checkbox"/> A Yes was taken compared to the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
16. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Disease <input type="checkbox"/> Long Intervention <input type="checkbox"/> Other	17. DATE OF INJURY (Month, Day, Year)	18. TIME OF INJURY M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. DESCRIBE HOW INJURY OCCURRED
21. PLACE OF INJURY - At home, farm, office, factory, office building etc. (Specify)		22. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

RESERVED FOR REGISTRAR'S USE
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAZATH COUNTY REGISTRAR.

AUG 22 1996

DATE ISSUED

Marlene L. Greenway
MARLENE L. GREENWAY
COUNTY REGISTRAR
KLAZATH COUNTY, OREGON

STATE OF OREGON : COUNTY OF KLAZATH: SS.

Filed for record at request of Glenn, Sites et al the 30th day
of April, A.D. 1997 at 1:26 o'clock P.M. and duly recorded in Vol. M07
of Dueda on Page 13137.

By Sophia G. Letsch, County Clerk

FEE \$55.00

by Kettlin Ross