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'97 JUL 15 P1:53

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

Small Estate of: ISAAC ALFRED WRIGHT, Deceased.	Case No. 88-87 SE AFFIDAVIT OF CLAIMING SUCCESSOR (TESTATE ESTATE)

STATE OF OREGON)
) ss.
County of Klamath)

I, Betty E. Mozingo, being first duly sworn, depose and say that:

I am an heir and "claiming successor" of the above named decedent. This affidavit is made pursuant to ORS 114.515.

1) A description of all of decedent's property in Oregon, including its location, the assessed value of the real property and the fair market value of the personal property is:

REAL PROPERTY:

Lot 4 in Block 15 of FAIRVIEW ADDITION TO THE CITY OF KLAMATH FALLS, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Assessed value: $ 22,940.00

PERSONAL PROPERTY: NONE

2) To affiant's best knowledge, there are no debts of decedent remaining unpaid;

3) Decedent died: July 30,1988

A certified copy of decedent's death certificate is attached hereto;

4) An application or petition for the appointment of a personal representative has not been granted in Oregon;

CERTIFIED TRUE COPY
BY

GARY L. HEDLUND
ATTORNEY AT LAW
303 PINE STREET, KFO
KLAMATH FALLS, OREGON
97601
883-9456

5) Decedent's heirs and relationships to the decedent and the last address of each as known to affiant are:

NAME	RELATIONSHIP	LAST KNOWN ADDRESS
PHRONCIE GENIVA DODSON	Daughter	2247 Greensprings Dr. Space 12 Klamath Falls, Or 97601
BETTY ETHELYN MOZINGO	Daughter	Rt 5, Box 1140 B K. Falls, Or 97601
RACHEL ANITA MANN	Daughter	HC 30,P.O. Box 134 A Chiloquin, Or 97624
LAVADA PEARL MATNEY	Daughter	822 O Street Fortuna, CA 95540
CHARLES ALFRED WRIGHT	Son	Box 181 Beaver Dam, Kentucky 42320
JOHN TRAVIS WRIGHT	Son	P.O. Box 107 Keyport, WA 98345

A copy of this affidavit has been delivered to each heir or mailed to the heir at the last known address stated above;

6) The decedent died intestate;

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

NAME	INTEREST
PHRONCIE GENIVA DODSON	One-sixth interest
BETTY ETHELYN MOZINGO	One-sixth interest
RACHEL ANITA MANN	One-sixth interest
LAVADA PEARL MATNEY	One-sixth interest
CHARLES ALFRED WRIGHT	One-sixth interest
JOHN TRAVIS WRIGHT	One-sixth interest

ARY L. HEDLUND
ATTORNEY AT LAW
3 PINE STREET, KFC
MATH FALLS, OREGON
97601
883-3456

8) A copy hereof has been mailed to the Public Welfare Division, Estate Administration Section, and to the Department of Revenue, State of Oregon.

9) A copy of this affidavit has been filed with the county clerk of each county where the decedent's property is located.

Betty E. Mozingo

Betty E. Mozingo
Claiming Successor

SUBSCRIBED AND SWORN to before me this 27th day of October, 1988.

Delores Dunn

NOTARY PUBLIC FOR OREGON
My Commission Expires: 5-23-90

ARY L. HEDLUND
ATTORNEY AT LAW
3 PINE STREET: KFO
AMATH FALLS, OREGON
97601
883-3456

22125

37636
I.D. TAG NO.

Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Issac; Middle: Alfred; Last: WRIGHT
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): July 30, 1988
4. SOCIAL SECURITY NUMBER: 518-07-7724
5a. AGE - Last Birthday (Years): 87
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Berryville, Arkansas
7. DATE OF BIRTH (Month, Day, Year): August 26, 1901
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 Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1420 Lakeview Ave.
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath

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10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Lumber Handler
10b. KIND OF BUSINESS/INDUSTRY: Lumber Mill

2
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Beatrice

3
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1420 Lakeview Ave.

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13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
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): 6; College (1-4 or 5+):

5
PARENTS
17. FATHER - NAME first middle last: Jasper - Wright
18. MOTHER - NAME first middle maiden: Nancy - Marriot
19. INFORMANT - NAME and relationship to deceased: Anita Mann - Daughter

6
DISPOSITION
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

7
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main St., Klamath Falls, Oregon 97601

8

9
CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 9:30 P.M
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)
26. DATE SIGNED (Month, Day, Year): 8/1/88

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29. DATE SIGNED (Month, Day, Year) COUNTY

10
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon G. McKellar, MD - 2300 Clairmont - Klamath Falls, Ore. 97601

11
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

12
CAUSE OF DEATH

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

32. 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.

PART I
(a) Arteriosclerotic Cardiovascular Disease — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)
33. AUTOPSY? ☐ Yes ☒ No
34. IF YES were findings considered in determining cause of death?

13
35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year):
36b. TIME OF INJURY: M
36c. INJURY AT WORK? ☐ Yes ☐ No
36d. DESCRIBE HOW INJURY OCCURRED:

14
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

15
REGISTRAR
37. REGISTRAR'S SIGNATURE:
38. DATE FILED (Month, Day, Year):

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

RESERVED FOR REGISTRAR'S USE:

Last Will and Testament of

ISAAC ALFRED WRIGHT

KNOW ALL MEN BY THESE PRESENTS, that I, ISAAC ALFRED WRIGHT, being of legal age, sound mind, and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomsoever, do make, publish and declare this, my Last Will and Testament, in the manner and form following, to-wit:

FIRST: I hereby expressly revoke all wills, codicils, or testamentary dispositions heretofore at any time by me made.

SECOND: It is my will and I do order, that all my just debts, including the expenses of my last illness, funeral expenses, taxes, and expenses of administration be fully paid and satisfied as soon as conveniently can be done after my death.

THIRD: I direct that all estate, inheritance and other succession taxes, and all duties and transfer charges and expenses which may be levied upon or incurred in connection with any bequests, legacies, or devises contained in this will shall be paid out of the corpus of my estate by my personal representative.

FOURTH: I wish to state that I am a married man, and that my wife's name is BEATRICE L. WRIGHT, who resides with me in Klamath Falls, Oregon, and that I have six (6)

I.A.W.

children who are the issue of my body, namely, PHRONCIE GENIVA DODSON, BETTY ETHELYN MOZINGO, RACHEL ANITA MANN, LAVADA PEARL MATNEY, CHARLES ALFRED WRIGHT and JOHN TRAVIS WRIGHT. I have one deceased child, who was stillborn.

FIFTH: I give, bequeath and devise unto my beloved wife all of the remainder of my estate, whether real, personal or mixed, of which I may die seized.

SIXTH: In the event my said wife shall have died prior to my death, or in the event we shall die simultaneously in the same accident or catastrophe, or within sixty days of each other, then and in that event, I give, bequeath and devise unto my said children, PHRONCIE GENIVA DODSON, BETTY ETHELYN MOZINGO, RACHEL ANITA MANN, LAVADA PEARL MATNEY, CHARLES ALFRED WRIGHT and JOHN TRAVIS WRIGHT, all the rest, residue and remainder of my estate of which I may die seized, whether real, personal or mixed, in equal shares as they shall agree, or as my personal representative shall determine if my children do not agree.

SEVENTH: It is my will and I do direct that my personal representative or alternate personal representative hereinafter named and appointed, shall have the power to sell and dispose of all property of which I may die seized, either real or personal, without petition, citation, hearing, order of notice, and without reference to order of disposition of real and personal property, and without the giving of any bond as undertaking therefor, and with or without notice of

I.A.W.

sale as said personal representative, or alternate personal representative, shall see fit. Said personal representative or alternate personal representative shall have the further power to mortgage, lease, or exchange said real property or personal property as provided for herein.

LASTLY, I nominate, constitute and appoint my beloved wife, BEATRICE L. WRIGHT, to be the personal representative of this, my Last Will and Testament and order and direct that she serve in said trust without the giving of any bond or undertaking thereof, and in the event she shall die prior to my death, or she shall be unwilling or unable to undertake or complete the administration of my estate, then I hereby nominate, constitute and appoint BETTY ETHELYN MOZINGO to be the personal representative of this, my Last Will and Testament.

IN WITNESS WHEREOF, I have hereunto set my hand this 17 day of May, 1983.

Isaac Alfred Wright
ISAAC ALFRED WRIGHT

The foregoing instrument was, at the date thereof, signed, sealed, published and declared by the said ISAAC ALFRED WRIGHT, as and for his Last Will and Testament, in the presence of us, who at his request and in his presence,

and in the presence of each other, have subscribed our names as witnesses thereto.

Earl S. Kerr
1941 [illegible] St
Klamath Falls, Or 97601

Gaylen L. Kinnan
1659 [illegible]
Klamath Falls, OR 97601

22130

AFFIDAVIT OF WITNESSES TO WILL

EXECUTED CONTEMPORANEOUSLY THEREWITH

STATE OF OREGON)
) ss.
COUNTY OF KLAMATH)

I, Earl B. Kent, and I, Gaylen L. Kinyon, being first duly sworn, each for himself and not one for the other, depose and say that:

I reside in Klamath Falls, Klamath County, State of Oregon; I know ISAAC ALFRED WRIGHT (hereinafter called the testator).

The instrument attached to this affidavit is the Last Will and Testament of the said testator; the said Will was signed by said testator on the day it bears date immediately prior to the execution of this affidavit in the presence of the undersigned affiants at which time the said testator published and declared said instrument to be his Last Will and Testament and requested affiants to act as witnesses thereto, whereupon the other witness and I, each having seen said testator sign said will, signed our names to said Will as such witnesses at testator's direction. I hereby identify the signatures on the attached Will as those of the said testator, the other attesting witness and myself.

At the time of executing his said will, the said testator was over the age of eighteen years and was of sound and disposing mind and was not acting under any restraint, undue influence of fraudulent representation, to the best of my knowledge and belief.

In construing this affidavit and where the context and the circumstances so require, the masculine includes the feminine, the singular includes the plural, the word "testator" means "testatrix" and the terms "Will" and "Last Will" include a codicil.

Earl B. Kent

Gaylen L. Kinyon

SUBSCRIBED AND SWORN to before me this 17TH day of MAY, 1983.

Notary Public for Oregon
My Commission Expires: 9-27-85

(S E A L)

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Betty Mozingo the 15th day of July A.D., 19 97 at 1:53 o'clock P. M., and duly recorded in Vol. M97, of Deeds on Page 22122.

Return: Betty Mozingo
P.O. Box 2024 OIT
KFO 97601

FEE $70.00

Bernetha G. Letsch, County Clerk
By Kathleen Knox