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IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR KLAMATH COUNTY

In the Matter of the Estate of: } Case No. 9801506 CV  
MARILYN SUE BANKHEAD, } AFFIDAVIT UNDER ORS 114.505-114.560  
Deceased. }

STATE OF OREGON }  
County of Klamath } ss.

I, Dean M. Martin, being first duly sworn, depose and say:

I am the brother of the decedent and I am an "affiant" as defined in ORS 114.505(1)..

This affidavit is hereinafter referred to as "affidavit". This affidavit is made pursuant to  
ORS 114.505-114.560.

1.

The following information is given with regard to the decedent:

(a) Name: Marilyn Sue Bankhead

(b) Date of Birth: December 29, 1937

(c) Domicile: 1200 Monclaire, Klamath Falls, OR 97601

(d) Post Office Address: 1015 Center Street, Lakeview, OR 97630

(e) Social Security No.: 541-46-7451

2.

The decedent died on January 8, 1998 in Lake County, Oregon. A certified true copy  
of the decedent's death certificate is attached hereto as Exhibit "1" and by this reference  
incorporated herein.

3.

The decedent's property subject to administration in Oregon consists of the following:

Real property located at 1200 Monclaire, Klamath Falls, Oregon 97601, more particularly described as Hotsprings Block 13, Lots 8 and 9 and a more particular description of which is attached hereto marked Exhibit "2" and by this reference incorporated herein.

That Virginia Lichtenstern holds a note and trust deed encumbering the property described on Exhibit "2". The balance due under the terms of that obligation as of March 12, 1998 is \$18,224.69. The trust deed recorded on March 4, 1992 as Instrument No. M92-4509, Official Records of Klamath County, Oregon.

4.

No application or petition for the appointment of a personal representative has been granted in Oregon.

5.

The decedent died intestate.

6.

The decedent's heirs and their last known addresses known to the affiant are as follows:

| <u>Name</u>           | <u>Relationship</u>         | <u>Address</u>        |
|-----------------------|-----------------------------|-----------------------|
| W.L. Hank Martin      | Parents, Claiming           | 1015 Center Street    |
| Jessie Mendell-Martin | Successors (ORS 114.505(1)) | Lakeview, OR<br>97630 |

A copy of the will and this affidavit, showing the date of filing, will be delivered or mailed to the heirs at their last known address.

7.

The interest in the decedent's property described in this affidavit to which each heir is entitled is:

| <u>Name</u>           | <u>Relationship</u>         | <u>Interest</u> |
|-----------------------|-----------------------------|-----------------|
| W.L. Hank Martin      | Parents, Claiming           | 100%            |
| Jessie Mendell-Martin | Successors (ORS 114.505(1)) |                 |

8.

Reasonable efforts have been made to ascertain each creditor 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 any known or estimated amount thereof, and the name and address of each creditor, as known to the affiant are:

Klamath Heart Clinic  
2600 Campus Drive  
Klamath Falls, OR 97601  
Account # 00002336-000  
Balance: \$63.10

The Golden 1 Credit Union  
P O Box 15966  
Sacramento, CA 95852-1966  
Account #54145674510-95  
Balance: \$4,454.29

Central Oregon Pathology Consultants, P.C.  
1302 NE Third Street, Suite 2  
Bend, OR 97701  
Account #117643  
Balance: \$115.00

Attn: Rick Klotz  
Nationscredit  
405 West Loop 820 S. Suite 110  
Ft. Worth, TX 76107-7141  
Account #C80291528  
Balance: \$3,528

Linkville Medical Labs  
4509 South Sixth Street, #311  
Klamath Falls, OR 97603  
Balance: \$17.00

Luke D. Klaja, PT, PC  
204 North 10<sup>th</sup> Street  
Klamath Falls, OR 97601  
Account #13415  
Balance: \$44.93

Lake District Hospital  
700 South J Street  
Lakeview, OR 97630  
Account #13354A-1  
Balance: \$1,030.00

David Panossioan, MD  
P O Box 1059  
Klamath Falls, OR 97601  
Account #PDQ50647  
Balance: \$71.90

Payco-General American Credits, Inc.  
P O Box 804  
Beaverton, OR 97075  
Account #41360 12434 40099  
Balance: \$185.00

1 Benjamin F. Balme, MD, PC  
 2 2580 Campus Drive  
 3 Account #91 01 0031815 CPT 4  
 4 Balance: \$162.75

5 Bend Orthopedic & Fracture Clinic  
 6 2600 NE Neff Road  
 7 Bend, OR 97701  
 8 Account #84004  
 9 Balance: \$114.15

10 Oregon Department of Revenue  
 11 P O Box 14725  
 12 Salem, OR 97309  
 13 541-46-7451 100 93 12 1  
 14 Balance: \$26.98

15 Shasta Cascade Laboratory Services  
 16 Joseph Benson, MD  
 17 P O Box 5132  
 18 Klamath Falls, OR 97601  
 19 Account # 28164  
 20 Balance: \$79.90

21 Klamath Family Practice  
 22 2300 Clairmont Drive  
 23 Klamath Falls, OR 97603  
 24 Account #001948  
 25 Balance: \$127.65

G. Craig Merhoff, MD  
 2850 Daggett Street  
 Klamath Falls, OR 97603  
 Account #OH-BANKHEAD  
 Balance: \$661.30 (-Ins)

Klamath Radiology Assoc. PC  
 2485 Daggett Street  
 Klamath Falls, OR 97601  
 Account #02016835  
 Balance: \$177.95

Allergy, Asthma Associates  
 2446 NE Doctors Drive  
 Bend, OR 97701  
 Account #981202-3  
 Balance: \$32.27 (Ins?)

Carter-Jones Collections, LLC  
 P O Box 145  
 Klamath Falls, OR 97601  
 Account #89906  
 Balance: \$108.35

26 A copy of this Affidavit has been mailed to each of creditors as set forth above and  
 they will be paid when the assets of the decedent are sold, as listed in Paragraph 3 above.

9.

A copy of this affidavit showing the date of filing has been mailed or delivered to:

State of Oregon  
 Adult and Family Services

Oregon Department of Revenue  
 Salem, OR 97310

by depositing the copy of the affidavit in the United States Postal Service in a sealed  
 envelope, with postage prepaid.

10.

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

1 filing of this affidavit at the address set forth in Paragraph 12 below, or (b) a personal  
 2 representative of the estate is appointed within the time allowed under ORS 114.555.  
 3

11.

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

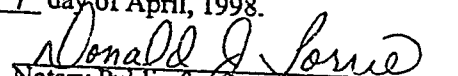
12.

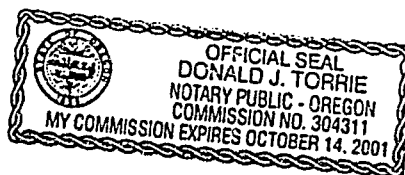
8 The address for the purposes of presenting a claim to the affiant is:

9 Richard A. Stark, OSB #69164  
 10 c/o Stark and Hammack, P.C.  
 11 201 W Main, Suite 1B  
 12 Medford, OR 97501

  
 Dean M. Martin, Affiant

13 Subscribed and sworn to before me this 9 day of April, 1998.

  
 Notary Public for Oregon  
 My Commission Expires 10-14-2001



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

18821

1975  
LD TAG  
98-04  
Local File Number

State File Number

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 1. DECEASED'S NAME<br><b>Marilyn Sue BANKHEAD</b>  |  | 2. SEX<br><b>Female</b>   |  | 3. DATE OF BIRTH (Month, Day, Year)<br><b>January 8, 1908</b>   |  |
| 4. SOCIAL SECURITY NUMBER<br><b>541-46-7451</b>  |  | 5. AGE at Death (Month, Day, Year)<br><b>60</b>   |  | 6. PLACE OF BIRTH (City and State or Foreign Country)<br><b>Lakeview, OR</b>  |  |
| 7. WAS DECEASED EVER IN U.S. ARMY OR NAVY?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 8. PLACE OF DEATH (Check only one)<br><input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify) |  | 9. DATE OF DEATH (Month, Day, Year)<br><b>December 29, 1967</b>   |  |
| 10. FACILITY NAME (If not available, give street and number)<br><b>Lake District Hospital</b>  |  | 11. CITY, TOWN, OR LOCATION OF DEATH<br><b>Lakeview</b>   |  | 12. ZIP CODE<br><b>Lake</b>   |  |
| 13. DECEASED'S USUAL OCCUPATION (State kind of work done during most of working life. Do not use retired)<br><b>Clerk</b>  |  | 14. KIND OF BUSINESS/INDUSTRY<br><b>State of California Franchise Tax Board</b>   |  | 15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)<br><b>Widowed</b>  |  |
| 16. RESIDENCE - STATE<br><b>OR</b>   |  | 17. RESIDENCE - COUNTY<br><b>Lake</b>   |  | 18. RESIDENCE - CITY, TOWN OR LOCATION<br><b>Lakeview</b>   |  |
| 19. RESIDENCE - STREET<br><b>1015 Center Street</b>  |  | 20. RACE American Indian, Black, White, etc. (Specify)<br><b>White</b>  |  | 21. DATE OF BIRTH (Month, Day, Year)<br><b>12</b>   |  |
| 22. FATHER'S NAME<br><b>W.L. Hank Martin</b>   |  | 23. MOTHER'S NAME<br><b>Jessie Mendell</b>  |  | 24. INFORMATION (Name and relationship to the decedent)<br><b>Jessie Mendell Martin-Mother</b>                                      |  |
| 25. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State   |  | 26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>Eternal Hills Memorial Gardens</b>   |  | 27. LOCATION - City or Town, State<br><b>Klamath Falls, OR</b>  |  |
| 28. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><i>[Signature]</i>  |  | 29. OREGON LICENSE NO. (If Licensed)<br><b>3192</b>   |  | 30. NAME, ADDRESS AND ZIP OF FACILITY<br><b>Eternal Hills Memorial Garden Funeral Chpl. 4711 Highway 39 Klamath Falls, OR 97603</b> |  |
| 31. DATE FILED (Month, Day, Year)<br><b>January 9, 1968</b>  |  | 32. SIGNATURE OF REGISTRAR<br><i>[Signature]</i>  |  | 33. REGISTRAR'S TITLE<br><b>Deputy</b>  |  |
| RESERVED FOR REGISTRAR'S USE   |  |   |  |   |  |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN  |  |   |  |   |  |
| 34. TIME OF DEATH<br><b>2024</b>   |  | 35. WAS MEDICAL EXAMINER NOTIFIED?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   |  |
| 36. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.<br>(Signature)<br><i>[Signature]</i>   |  |   |  |   |  |
| 37. DATE SIGNED (Month, Day, Year)<br><b>1/9/68</b>  |  |   |  |   |  |
| 38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)<br><b>Kim Broomfield M.D. 620 S. J St. Lakeview, OR 97630</b>  |  |   |  |   |  |
| 39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  |   |  |   |  |
| 40. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), AND (3). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.  |  |   |  |   |  |
| PART 1 (a) <b>Ruptured aortic aneurysm</b>   |  |   |  |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |   |  |   |  |
| (b) DUE TO, OR AS A CONSEQUENCE OF:  |  |   |  |   |  |
| (c) DUE TO, OR AS A CONSEQUENCE OF:  |  |   |  |   |  |
| PART 2 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART 1   |  |   |  |   |  |
| <b>Turner's Syndrome</b>   |  |   |  |   |  |
| 41. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other |  | 42. DATE OF INJURY (Month, Day, Year)   |  | 43. TIME OF INJURY  |  |
| 44. PLACE OF INJURY - At home, hotel, street, factory, office, building, etc. (Specify)  |  | 45. LOCATION (Street and Number or Rural Route Number, City or Town, State)   |  |   |  |
| RESERVED FOR REGISTRAR'S USE   |  |   |  |   |  |

ORIGINAL-VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OF THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED **Jan. 21, 1968**

*[Signature]*  
EDWARD J. JOHNSON II  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

The Southeasterly half of Lots 8 and 9, Block 13, HOT SPRINGS ADDITION TO THE CITY OF KLAMATH FALLS, OREGON, in the County of Klamath, State of Oregon, more particularly described as follows:

Beginning at the most Easterly corner of Lot 9, Block 13, HOT SPRINGS ADDITION TO THE CITY OF KLAMATH FALLS, OREGON; thence Northwesterly along the Northeasterly line of said Lot 9, 50 feet; thence Southwesterly parallel with Monclaire Street to the Northeasterly line of Cross Street; thence Southeasterly along the Northeasterly line of Cross to the most Southerly corner of Lot 8 in said block and addition; thence Northeasterly along the Northwesterly line of Monclaire Street to the place of beginning.

More commonly referred to as 1200 Monclaire Street, Klamath Falls, Oregon 97601.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Stark and Hammack  
of June A.D., 19 98 at 1:37 o'clock P. M., and duly recorded in Vol. M98  
of Deeds on Page 18816  
FEE \$60.00 Return: Stark and Hammack  
201 W. Main St. Ste 1B By Bernetha G. Letsch, County Clerk  
Medford, Or. 97501 Kathleen Rose

Exhibit "2"