

1 Scott D. MacArthur, OSB # 89296  
2 SCOTT D. MacARTHUR, P.C.  
3 280 Main Street  
4 Klamath Falls, Oregon 97601  
5 541-851-0571

6  
7  
8  
9 IN THE CIRCUIT COURT OF THE STATE OF OREGON  
10 FOR THE COUNTY OF ~~OREGON~~ <sup>Klamath Sm</sup>

11 In the Matter of the Small Estate )

12 of: )

13 CAROLE VIVIAN ALLEN, )

14 Deceased. )

Case No. 980 2273 CV

AFFIDAVIT OF  
CLAIMING SUCCESSOR  
TESTATE ESTATE

15 STATE OF OREGON )

16 County of Klamath )

ss.

17  
18 I, PAUL HOPE being first duly sworn, depose and state:

19 I am the claiming successors of the above-named decedent. That this Affidavit is  
20 made pursuant to ORS 114.505(1). I am hereinafter referred to as "affiant." This affidavit  
21 is hereinafter referred to as "affidavit." This affidavit is made pursuant to ORS 114.505 to  
22 114.560.

23 NAME: Carole Vivian Allen

24 AGE: 35

25 DOMICILE: Riverside County, California

26 ADDRESS: 68775 D. Street, Cathedral City, CA

15-66

1 SSN: 551-35-9336

2 1. To this affiant's best knowledge, there are no debts of decedent remaining  
3 unpaid;

4 2. Decedent died on the 14th day of November, 1993 in Riverside County,  
5 California; a certified copy of the decedent's death certificate is attached hereto as Exhibit  
6 1;

7 3. An application or petition for the appointment of a personal representative has  
8 not been granted in Oregon;

9 4. Decedent's heirs and relationships to the decedent and the last known  
10 addresses of each as known to this affiant are:

11 Erma G. Allen,

12 Mother

C/O 82-570 Doolittle Drive  
Indio, CA 92201

13 5. A copy of the will and this Affidavit shall be delivered or mailed to each heir at  
14 the last known address stated above;

15 6. The decedent died intestate;

16 7. The decedent's property consists of a tenancy in common in the following  
17 described real property located in Klamath County Oregon valued at \$5,000.00.

18 Lot 1, Block 75, NIMROD PARK, Seventh Addition, Klamath County, Oregon.

19 8. The interest in decedent's property and assets, if any, which each heir is entitled,  
20 is:

21 NAME

INTEREST

22 Erma G. Allen

1/4 as a tenant in common with Patricia Ann  
Guerra, Paul Hope and Patricia Ann Hope.

23 9. A copy hereof has been mailed to the Public Welfare Division, Estate  
24 Administration Section, Salem, Oregon.

25 10. A copy of this Affidavit has been filed with the County Clerk of each county  
26 where the decedent's property is located.

11. Claims against the estate not listed herein may be barred unless a claim is presented within four (4) months of the filing of this affidavit at the address first stated above or a personal representative is appointed within the time allowed in ORS 114.555.

Paul B. Hope  
Claiming Successor

STATE OF OREGON

County of Klamath

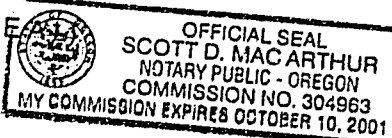
) ss.  
)

I, Paul Hope, being first duly sworn, depose and say that I am the Claiming Successor herein and that the foregoing Affidavit of Claiming Successor Intestate Estate is true as I verily believe.

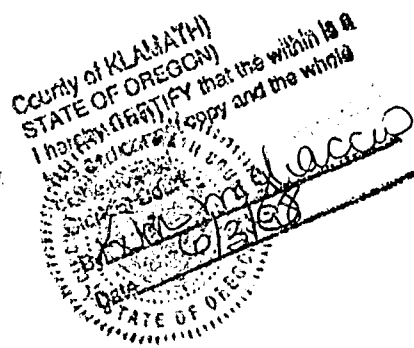
Paul B Hope  
Paul Hope

Subscribed and sworn to before me this 3rd day of June, 1998.

(S E)



Scott D. MacArthur  
Notary Public for Oregon  
My Commission Expires: 10/10/2001



# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

18928

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		CAROLE		VIVIAN		YOUNG		2A. DATE OF DEATH—MO. DAY, YR. 11/14/1993 2B. HOUR 1135 2C. SEX F			
4. RACE White		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. 03/25/1958		7. AGE IN YEARS 35		8. IF UNDER 1 YEAR MONTHS 11 DAYS 24 HOURS			
8. STATE OF BIRTH France		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER James W. Allen		10B. STATE OF BIRTH WA		11A. FULL MAIDEN NAME OF MOTHER Erma Gertrude Sneed		11B. STATE OF BIRTH CA	
12. MILITARY SERVICE 19 TO 19 <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 551-35-9336		14. MARITAL STATUS Divorced		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) None					
18A. USUAL OCCUPATION Homemaker		18B. USUAL KIND OF BUSINESS OR INDUSTRY Own Home		18C. USUAL EMPLOYER Self Employed		18D. YEARS IN OCCUPATION 10		17. EDUCATION—YEARS COMPLETED 12			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 68775 D. Street		18B. CITY Riverside		18C. ZIP CODE 92234							
19A. PLACE OF DEATH Desert Hospital		19B. IN HOSPITAL, SPECIFY ONE: IP, ER/OP, OOA IP		19C. COUNTY Riverside		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Patricia Ann Hope - Sister 4311 Summers Lane Klamath Falls, OR 97603					
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1150 N. Indian Canyon Drive		19E. CITY Palm Springs		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Cardiac Tamponade (B) Ruptured Bacterial Endocarditis (C) Chronic Intravenous Narcotics 25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None		22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input checked="" type="checkbox"/> YES 78658 <input type="checkbox"/> NO		23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
24B. WAS IT USED IN DETERMINING CAUSE OF DEATH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. If YES, LIST TYPE OF OPERATION AND DATE. No		27A. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER [Signature]		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED			
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER [Signature] Dep. Coroner Phillip Sandoval		28B. DATE SIGNED 11/16/1993							
29. MANNER OF DEATH—(Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined) Accident		30A. PLACE OF INJURY Unknown		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY Unknown		30D. HOUR, DAY, YEAR Unknown			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) Unknown		34A. DISPOSITION(S) TR/BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Bedfield Cemetery, Poe Valley, Oregon		34C. DATE MO. DAY, YR. 11/17/1993		35A. SIGNATURE OF ENBALMER David McKnight		35B. LICENSE NO. 7371	
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Palm Springs Mort. at Cathedral City		35B. LICENSE NO. FD 1513		37. SIGNATURE OF LOCAL REGISTRAR Bradley P. Gilbert		38. REGISTRATION DATE NOV 17 1993					
A.		B.		C.		D.		E.		F.	

439384

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

STATE OF CALIFORNIA  
COUNTY OF RIVERSIDE

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED NOV 22 1993

Bradley P. Gilbert, M.D.  
Director, Health Services

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Scott D. MacArthur  
of June A.D., 19 98 at 9:42 o'clock A. M., and duly recorded in Vol. M98  
of Deeds on Page 18925

FEE \$45.00

By Bernetha G. Letsch, County Clerk  
Kathleen Ross