

1 J. SPENCER TAYLOR, OSB #96440
 2 CHURCHILL, LEONARD, BROWN,
 3 LODINE & HENDRIE, LLP
 4 PO Box 804, Salem, OR 97308
 Telephone No.: (503)585-2255
 Attorney for Claiming Successor

I hereby certify this copy to be a
 true, full, and exact copy of the
 original now on file in my office.
 Trial Court Admin.

FILED
 STATE OF OREGON
 LINN COUNTY COURTS

98 JUN 16 AM 11:14

TRIAL COURT CLERK

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

9 In the Matter of the
 Estate of

No.

19682

10 CHARLES E. BROWN,

AFFIDAVIT OF CLAIMING
 SUCCESSOR OF SMALL ESTATE
 OF INTESTATE ESTATE

11 Deceased.

12 STATE OF OREGON

13 County of Marion

) ss:

15 Riane D. Brown, being first duly sworn, say:

16 I am a claiming successor, as defined in ORS 114.505(1), to a portion of decedent's
 17 estate. I am hereinafter referred to as "affiant." This affidavit is hereinafter referred to as
 18 "affidavit." This affidavit is made pursuant to ORS 114.505*114.560.

19 1. The following information is given with regard to the decedent:

- 20 (a) Name: Charles Eugene Brown
 21 (b) Age: 52; DOB: 11-11-44
 22 (c) Domicile: Linn County, Oregon
 23 (d) Post Office Address: 497 W. Mary Street
 (e) Social Security No.: 542-50-7424

98 JUN 20 AM 12:12

50-

2. The decedent died on June 29, 1997, at 497 W. Mary Street, Lebanon, Oregon ; a certified copy of the decedent's death certificate is attached as Exhibit 1 and thereby made a party here as though it were fully set forth herein.

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

12.5% interest in contract receivable between
Buyer, Rodgers and Seller James Gordon
Brown Estate and others through
Amerititle Collection Acct. #3166

\$10,936.20

Interest in property located in the
Southwest ¼, Northwest ¼, Section 2, Township 41 South,
Range 6, East of the Willamette Meridian,
Klamath County, Oregon

Unknown value

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 heir and the heir's last address known to the affiant are:

Name & Address

Relationship

Riane Dawn Brown
520 E. Virginia
Stayton, OR 97383

Daughter

Jason-Michael Brown
185 West Ash
Lebanon, OR 97355

Son

A copy of this affidavit showing the date of filing will be delivered or mailed to the heir at the last-known address.

//

//

//

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

Name	<u>Interest</u>
Riane D. Brown	50%
Jason-Michael Brown	50%

8. Reasonable efforts have been made to ascertain each creditor of the estate. The expense of and claim 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:

NONE.

A copy of the affidavit showing the date of filing will be delivered to each creditor who has not been paid in full or mailed to the creditor at the last-known address.

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 last-known or estimated amount thereof:

NONE.

A copy of the affidavit showing the date of filing will be delivered to each of the above or mailed to each person at his or her last-known address.

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

State of Oregon
Adult and Family Services Division
Estate Administration Section
Salem, Oregon 97310

Oregon Department of Revenue
Salem, Oregon 97310

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

11. 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 this paragraph or (b) a personal representative of
2 the estate is appointed within the time allowed under ORS 114.555.

3 12. If there is listed one or more claims that the affiant disputes, any such claim may
4 be barred unless (a) a petition for summary determination is filed within four months of the filing
5 of this affidavit; or (b) a personal representative of the estate is appointed within the time allowed
6 under ORS 114.555.

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

10 14. The address for the purposes of presenting a claim to the affiant is:

Churchill, Leonard, Brown, Lodine & Hendrie, LLP
605 Center St NE, PO Box 804
Salem, Oregon 97308

11 15. Any noun or verb used in this affidavit shall be construed as either singular or
12 plural as the context requires.

13 DATED this 3 day of ^{June}~~May~~, 1998.

14
15 Riane D Brown
16 Riane D. Brown, Claiming Successor

17 Subscribed and sworn to before me 3 day of ^{June}~~May~~, 1998.



Helen Ireland
Notary Public for Oregon
My commission expires: 6-8-01

10-11-7

19682

235998 I.D. TAG NO. 469 Local File Number

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

STATE OF OREGON COUNTY OF LINN

DATE OF DEATH (Month, Day, Year) **July 29, 1997**

DATE OF BIRTH (Month, Day, Year) **October 11, 1944**

1. DECEDENT'S NAME: **Charles Eugene BROWN**

2. SOCIAL SECURITY NUMBER: **542-50-7424**

3. AGE (Last Birthday) **52**

4. SEX: **M**

5. PLACE OF BIRTH: **Senatoga, NY**

6. DECEASED EVER IN U.S. ARMED FORCES? **No**

7. PLACE OF DEATH: **Hospital**

8. FACILITY NAME: **497 W. Mary Street**

9. CITY, TOWN, OR LOCATION OF DEATH: **Lebanon**

10. COUNTY OF DEATH: **Linn**

11. DECEASED'S USUAL OCCUPATION: **Salesman**

12. KIND OF BUSINESS/INDUSTRY: **Distributor Sporting Goods**

13. MARITAL STATUS: **Married**

14. SPOUSE (If Married, Widowed, Divorced) (Specify): **Divorced**

15. RESIDENCE - STATE: **Oregon**

16. COUNTY: **Linn**

17. CITY, TOWN OR LOCATION: **Lebanon**

18. STREET AND NUMBER: **497 W. Mary Street**

19. INSIDE CITY LIMITS? **No**

20. ZIP CODE: **97355**

21. WAS DECEASED OF HISPANIC ORIGIN? **No**

22. RACE: **White**

23. DECEASED'S EDUCATION: **4**

24. FATHER - NAME first middle last: **James Gordon Brown**

25. MOTHER - NAME first middle last: **Jean Evangeline Holloway**

26. INFORMANT - NAME and relationship to decedent: **Jason-Michael Brown - Son**

27. METHOD OF DISPOSITION: **Central Linn Crematory**

28. PLACE OF DISPOSITION: **Lebanon, Oregon**

29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: **Jeanine L. Shankel**

30. LICENSE NUMBER: **0198**

31. NAME, ADDRESS AND ZIP OF FACILITY: **Huston-Jost Funeral Home 86 W. Grant St., Lebanon, OR 97355**

32. REGISTRAR'S SIGNATURE: **Rita L. Crawford**

33. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? **No**

34. WAS GIFT MADE? **No**

35. TO BE COMPLETED BY CERTIFYING PHYSICIAN

36. TIME OF DEATH: **6:20 AM**

37. DATE OF DEATH: **7/29/97**

38. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED

39. DATE SIGNED: **7/16/97**

40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): **Dr. Rick Salishinsky 425 N. Canton Hwy Lebanon, OR 97355**

41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): **same Address**

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

43. PART I (a) **Auto Opiste syndrome (Heroin Overdose)**

44. DUE TO, OR AS A CONSEQUENCE OF:

45. PART II (b) **same**

46. DUE TO, OR AS A CONSEQUENCE OF:

47. WHICH SIGNIFICANT CONDITIONS Contributing to death but not resulting in the underlying cause given in PART I:

48. MANNER OF DEATH: **Accident**

49. DATE OF INJURY: **6/24/97**

50. TIME OF INJURY: **11:12 AM**

51. INJURY AT WORK? **No**

52. DESCRIBE HOW INJURY OCCURRED: **Self injection of heroin**

53. PLACE OF INJURY: **At home**

54. LOCATION (Street and Number or Rural Route Number, City or Town, State): **Address Above**

ORIGINAL-VITAL STATISTICS COPY

45-21 Nov 2/94

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

DATE ISSUED **July 18, 1997**

Benjamin Bonlander, M.D.
COUNTY REGISTRAR
LINN COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Churchill et al** the **20th** day of **July** A.D. 19 **98** at **11:12** o'clock **A. M.**, and duly recorded in Vol. **M98** of **Deeds** on Page **26251**.

FEE \$50.00

By **Bernetha G. Letsch**, County Clerk