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'98 OCT 26 P2:49

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

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF KLAMATH

In the Matter of the Small Estate of: THELMA L. FURCHES-HEIKKILA, Deceased.	Case No. 98012P3CV **AFFIDAVIT OF CLAIMING SUCCESSOR TESTATE ESTATE**

STATE OF CALIFORNIA)
) ss.
County of San Diego)

I, ORTIS C. FURCHES, being first duly sworn, depose and state:

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

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

2. Decedent died on the 28th day of May, 1987 a certified copy of the decedent's death certificate is attached hereto as Exhibit 1;

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

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

Anna E. Carbery Kennedy, Daughter
464 Delaware Street
Imperial Beach, CA 91932

Ortis C. Furches, Son
6689 BelleHaven Drive
San Diego, CA 92120

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

6. The decedent died testate, a copy of the will is attached hereto as exhibit 2;

7. The decedent's property consists of a Tenancy in Common in the following described real property located in Klamath County Oregon valued at $28,000.00:

Lots 1 in Block 2 of Tract No. 1093, PINECREST, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

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

NAME	INTEREST
Anna E. Carbery Kennedy	½
Ortis C. Furches	½

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

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

Ortis C Furches

Claiming Successor

39105

STATE OF CALIFORNIA)
) ss.
County of San Diego)

I, Ortis C. Furches, 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.

Ortis C. Furches

Ortis C. Furches

Subscribed and sworn to before me this 20th day of October, 1998.

MARTHA M. GARNER
COMM. #1070602
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires
AUGUST 27, 1999

(S E A L)

Martha M. Garner
Notary Public for California
My Commission Expires: 8-27-99

County of KLAMATH)
STATE OF OREGON)
I hereby CERTIFY that the within is a true and correct copy and the whole of the original.
Clerk of Court
By Maney
Date Oct.

COUNTY, KLAMATH
STATE OF OREGON

39106

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1 of 2

1A. NAME OF DECEDENT—FIRST: Thelma	1B. MIDDLE: Lucy	1C. LAST: Heikkila	2A. DATE OF DEATH (MONTH, DAY, YEAR): May 28, 1987	2B. HOUR: 0500		
3. SEX: Female	4. RACE/ETHNICITY: Caucasian	5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed	6. DATE OF BIRTH: February 21, 1913	7. AGE: 74 YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): MI	9. NAME AND BIRTHPLACE OF FATHER: Ezra Oatley-Unknown		10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Hester Blossom-Unknown			
11A. CITIZEN OF WHAT COUNTRY: USA	11B. IF DECEASED WAS EVER IN MILITARY (GIVE DATES OF SERVICE): 19 --- TO 19 ---	12. SOCIAL SECURITY NUMBER: 383-10-2793	13. MARITAL STATUS: Married	14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME: Carl Heikkila		
15. USUAL OCCUPATION: Assembler	16. NUMBER OF YEARS THIS OCCUPATION: 15	17. EMPLOYER OF SELF-EMPLOYED, SO STATE: Solar Aircraft	18. KIND OF INDUSTRY OR BUSINESS: Aircraft			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 464 Delaware	19B.	19C. CITY OR TOWN: Imperial Beach				
19D. COUNTY: San Diego	19E. STATE: California	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Ortis Furches-Son 13385 Sparren Avenue San Diego, California 92129				
21A. PLACE OF DEATH: Community Hospital of C.V.	21B. COUNTY: San Diego					
21C. STREET (DOORS) (STREET AND NUMBER OR LOCATION): 751 Medical Center Court	21D. CITY OR TOWN: Chula Vista					

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A): MULTIPLE PULMONARY EMBOLI	◀ DAYS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (B) DUE TO, OR AS A CONSEQUENCE OF: SUBPHRENIC ABSCESS WITH PERITONITIS	◀ DAYS	
(C) DUE TO, OR AS A CONSEQUENCE OF: METASTATIC OVARIAN CARCINOMA	◀ 2 YRS	

24. WAS DEATH REPORTED TO CORONER? NO

25. WAS BIOPSY PERFORMED? NO

26. WAS AUTOPSY PERFORMED? YES

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: ATHEROSCLEROTIC HEART DISEASE

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? LAPAROTOMY 4/24/1987

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Jose Ricardo Leon MD

28C. DATE SIGNED: 5/29/87

28D. PHYSICIAN'S LICENSE NUMBER: G36705

I ATTENDED DECEDENT SINCE (MONTH, DAY, YEAR): 5/4/85

I LAST SAW DECEDENT ALIVE (MONTH, DAY, YEAR): 5/27/87

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Jose R Leon, 450 Fourth Avenue, Chula Vista, CA 92010

29. ACCIDENT, SUICIDE, ETC.

30. PLACE OF INJURY

31. INJURY AT WORK

32A. DATE OF INJURY—MONTH, DAY, YEAR

32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I MAKE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

ONLY

36. DISPOSITION: Cremation

37. DATE—MONTH, DAY, YEAR: 6-2-1987

38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Greenwood Memorial Park
I-805 & Imperial Avenue, San Diego, CA

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 6407 V. Jeanne Morris by Robbie Jackson Atty in Fact

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): GREENWOOD MORTUARY

40B. LICENSE NO.: F-843

41. LOCAL REGISTRAR—SIGNATURE: Randall L. Cornell, M.D.

42. DATE ACCEPTED BY LOCAL REGISTRAR: JUN 02 1987

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

DATE ISSUED: JUN 03, 1987

Randall L. Cornell, M.D.
REGISTRAR OF VITAL STATISTICS

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY. THIS IS TO CERTIFY THAT IF BEARING THE OFFICIAL SEAL OF THE LOCAL REGISTRAR OF VITAL STATISTICS. THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED. REQUIRED FEE PAID.

STATE CERTIFICATE NUMBER

AFFIDAVIT TO AMEND A RECORD

39107

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
Thelma	Lucy	Heikkila

2 of 2

2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE – CITY AND COUNTY
Female	May 28, 1987	Chula Vista San Diego

5. NAME OF FATHER	6. BIRTH NAME OF MOTHER
Ezra Oatley	Hester Blossom

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

7. ITEM NUMBER	8a. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8b. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
1c	Heikkila	Furches-Heikkila

REASON FOR CORRECTION: Family added new information

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1	12. AGE OF PERSON COMPLETING THE AFFIDAVIT
By Robbie Jackson	Office Supervisor	Legal

13. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
6-2-1987	Greenwood Mortuary, I-805 & Imperial Avenue, San Diego, CA

SECOND SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1	17. AGE OF PERSON COMPLETING THE AFFIDAVIT
Kenneth Pickford	Clerk	Legal

18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
6-2-1987	Greenwood Mortuary, I-805 & Imperial Avenue, San Diego

STATE OR LOCAL REGISTRAR USE ONLY

20. DATE ACCEPTED	21. OFFICE OF THE STATE OR LOCAL REGISTRAR
JUN 03 1987	► Donald A. Rouse, MD

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS (REV. 7-85) FORM VS-24

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Scott D. MacArthur the 26th day of October A.D., 19 98 at 2:49 o'clock P. M., and duly recorded in Vol. M98 of Deeds on Page 39103

FEE $50.00

Bernetha G. Letsch, County Clerk

By Kathleen Rose