## K54655 AFFIDAVIT OF HEIRSHIP AND INDEMNITY

Vol\_M99 Page 47253

Aur. RosenTology 9167834025 Rosentio Co.9507

I/We, Michnel Norris Anderson, being first duly aworn, depose and say that:

1. Decedent; died in Klanati County, State of Oregov. on Wov 12. 1999 and at time of death was the owner of (rent property; leasehold; mortgage or trust deed on real property) leasehold; mortgage or trust deed on real property)

The Southerly 80 feet of Lot 395, Block 113, MILLS 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.

- 2. Decedent left (no will; a will a copy of which is attached) and the estate is not being probated.
- 31 The next of kin and heirs at law of decedent (including any party who may have lived with decedent for a period of 10 years; these parties need not be living with decedent at the time of his/her death) along with their relationship to decedent, approximate age and current address.

| 999 NOV 30 PH  | Michael Norne Miderson Vyhew Seric Anderson  Katie Ann Anderson   | <u>54 710 0</u>  | farciò                           |
|--|---|--|----------------------------------|
| [999   | 4: Other than those listed above, there are no other parties with whom<br>time of the decedent's death, or sometime in the past, in a situation<br>(although not legally married) over a 10 year period.  | the deceased lived<br>similar to Thusba                    | either at the                    |
|  | <ol> <li>There is no debt of decedent or claim against decedent which is or<br/>estate of decedent.</li> </ol>  | will become a ciai   | m against the                    |
|  | 6. There are no children of deceased children.  |  |                                  |
|  | <ol> <li>Decedent did not live or reside in a long term care facility, as define<br/>(e.g. a licensed nursing home, a licensed residential care facility, a licensed the time of his/her death or at some time after September 9, 1995.</li> </ol>                      | d by Chapter 749,<br>used adult foster be                  | Oregon Law<br>me) either a       |
|  | <ol> <li>This affidavit is for the purpose of inducing First American Title in<br/>allow next of kin, heir(s) or devisee(s) of decedent to clear the aforce<br/>interest of decedent without the accessity of probate of decedent's estate.</li> </ol>                  | surance Company oncontioned real pro                       | of Oregon to                     |
|  | the accessity of probate of decedent's estate.  |  |                                  |
|  | 9. I/We hereby agree to indemnify and hold harmless First American Orogoni from any and all liability, obligation, expenses, legal fees or litig as a result of the falsity or inaccuracy of any statement compained in this  | Title Insurance (<br>galion casts which                    |                                  |
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|  | 9. I'We hereby agree to indemnify and hold harndess First American Oregon from any and all liability, obligation, expenses, legal fees or litig as a result of the folsity or inacturacy of any statement contained in this Manual Norris Anderson  STATE OF Galificant | Title Insurance (<br>galion casts which                    | Company of<br>It may incur       |
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## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

| County of   | Placer  | Ss. \$   |                                     |
|---|---|--|-------------------------------------|
| On <u>26 No</u>   | u 99 , before n   | THE, RICLARD ROUSE BASSET, Notary, Publ.  Name and Title of Officer (e.g., Varie Doe, Notary Public)  Novris Anderson  Name(s) of Signer(s)  | <u>~</u>                            |
|   |   | Name(s) of Signer(s)   |                                     |
|   |   | □ personally known to me  Description proved to me on the basis of satisfice evidence  | actory                              |
| - Land  | RICHARD RONALD BASSETT  Comm. # 1141498  ROTARY PERIC - CALFORNIA  Placer County  My Comm. Expires Jun. 8, 2001 | to be the person(s) whose name(s) subscribed to the within instrument acknowledged to me that he/she/they exe the same in his/her/their author capacity(ies), and that by his/ber signature(s) on the instrument the person the entity upon behalf of which the person acted, executed the instrument. | and<br>ecuted<br>orized<br>or/their |
|   |   | WITNESS my hand and official seal.   | $\geq$                              |
| PI  | ace Notary Seal Above   | ( Janha) rabal tan   | )                                   |
|   |   | Signature of Notary Public   |                                     |
|   | oulo prevent traudulent fem   | OPTIONAL     d by law, it may prove valuable to persons relying on the docun     noval and reattachment of this form to another document.  | nent                                |
| Title or Type of D  | Attached Document   | idant of Heirship and Indemnit   | <b>_</b>                            |
| Sale at the sales of the sales of the   |   |  |                                     |
| Document Date:  | Corton Laboratoria  | Number of Pages: /   | 7 J.C. W.                           |
| Document Date:  | //-23 -99<br>han Named Above:   | Number of Pages: /   |                                     |
| Document Date: Signer(s) Other 7 Capacity(les) C Signer's Name:   | Corton Laboratoria  | Number of Pages: /   | PRY                                 |
| Document Date: Signer(s) Other 7 Capacity(les) C Signer's Name: _ ☑ Individual  | han Named Above:  | Number of Pages: /   | D here                              |
| Document Date: Signer(s) Other T Capacity(ies) C Signer's Name:  □ Individual □ Corporate Offi □ Partner □ □ I □ Attorney in Fa | han Named Above:  | RIGHT HUV<br>OF SCI.   | SPRINT<br>SR<br>D here              |
| Document Date: Signer(s) Other 7 Capacity(tes) C Signer's Name: _ B Individual □ Corporate Offi                                 | han Named Above:  | RIGHT HUV<br>OF SCI.   | SPRINT<br>ER<br>D here              |

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State of Oregon, County of Klamath Recorded 11/30/99, at 3:03 p.m. In Vol. M99 Page 472.53 Linda Smith, County Clerk Fee\$ 35°