

04 OCT 27 PM 3:36

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mtc - 67181 MS



Estate of Richard B. Porterfield

Vol M04 Page 73628

First Party's Name and Address  
Gloria Love

Second Party's Name and Address

After recording, return to (Name, Address, Zip):

Gloria Love  
89248 Demming road  
Elmira, CA 97437

Until requested otherwise, send all tax statements to (Name, Address, Zip):

Gloria Love  
same as above

SPACE RESERVED  
FOR  
RECORDER'S USE

State of Oregon, County of Klamath  
Recorded 10/27/04 3:36 p m  
Vol M04 Pg 73628-37  
Linda Smith, County Clerk  
Fee \$ 66.00 # of Pgs 10

AFFIANT'S DEED

THIS INDENTURE dated October 11, 2004, by and between  
Gloria Love  
the affiant named in the duly filed affidavit concerning the small estate of Richard B. Porterfield,  
deceased, hereinafter called the first party,  
and Gloria Love  
hereinafter called the second party; WITNESSETH:

For value received and the consideration hereinafter stated, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the second party and second party's heirs, successors and assigns all the estate, right and interest of the estate of the deceased, whether acquired by operation of the law or otherwise, in that certain real property situated in the County of Klamath, State of Oregon, described as follows, to-wit:

FOREST  
Lot 2 in Block 16 of KLAMATH FALLS/ESTATES HIGHWAY 66, UNIT NO. 1, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

TO HAVE AND TO HOLD the same unto the second party, and second party's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ per terms of small estate. However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (indicate which) consideration. (The sentence between the symbols <sup>®</sup>, if not applicable, should be deleted. See ORS 93.030.)

IN WITNESS WHEREOF, the first party has executed this instrument; if first party is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Gloria Love  
Gloria Love

Affiant

STATE OF OREGON, County of Klamath ss.

This instrument was acknowledged before me on Oct 25, 2004  
by Gloria Love

This instrument was acknowledged before me on \_\_\_\_\_  
by \_\_\_\_\_



Stacy M. Howard  
Notary Public for Oregon  
My commission expires 11/18/2007

660. am

15-  
73629 FILED

2004 FEB 12 PM 3:50

CLERK OF DISTRICT COURT  
FOR LANE COUNTY

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

Small Estate of

RICHARD B. PORTERFIELD,

Deceased.

Small Estate No. 53-04-03032

AFFIDAVIT OF CLAIMING  
SUCCESSOR TESTATE ESTATE

STATE OF OREGON )  
County of Lane ) ss.

I, Gloria (Tiearney) Love, 89248 Demming Road, Elmira, Oregon 97437, telephone no. (541) 935-2354, being first duly sworn, depose and say:

1. I am the claiming successor of the above named decedent. This affidavit is made pursuant to ORS 114.515.

2. The following information is given with respect to the decedent:

- a. Name : Richard Brewster Porterfield.
- b. Age: 57 years. Date of birth: March 27, 1946.
- c. Domicile: Klamath County, Oregon.
- d. Post office address: 31276 Seal Lane, Bonanza, Oregon.
- e. Social Security Number: 542-54-6410.

3. The decedent died on January 7, 2004, in Klamath Falls, Oregon. A certified copy of the Certificate of Death is attached hereto.

4. The decedent died testate. The original Last Will of Richard B. Porterfield is attached hereto.

5. Pursuant to ORS 113.015(1)(b), venue for this proceeding is Lane County, Oregon, by reason of the facts that at the time of death the decedent had a bank account at the Eugene, Oregon, branch of Oregon Community Credit Union and at the time of filing this Affidavit the decedent's Jeep and trailer and a substantial

AFFIDAVIT OF CLAIMING SUCCESSOR - 1

portion of the tangible personal property of the decedent are located in Lane County, Oregon.

6. So far as known to the affiant, the property of Richard B. Porterfield subject to the jurisdiction of the court consists entirely of the following assets:

<u>Description</u>	<u>Value</u>
Real property and the improvements thereon located at 31276 Seal Lane, Bonanza, Oregon, more particularly described as Klamath County Tax Assessor's Map No. R-3711-021D0-00200-000	\$54,150.00
Oregon Community Credit Union checking account	643.00
1997 Jeep and trailer	3,700.00
1967 Dodge pickup	200.00
Limited partnership interest in Gurnee Properties, the value of which is estimated to be \$1,000 to \$2,000	2,000.00
Household goods and furnishings and tools and equipment	<u>2,500.00</u>
Total	\$63,193.00

7. No other court in the State of Oregon has acquired jurisdiction in this matter, and no application or petition for the appointment of a personal representative has been filed in Oregon.

8. The devisee of Richard B. Porterfield and her address is: Gloria (Tiearney) Love, 89248 Demming Road, Elmira, Oregon 97437.

9. The heir at law of Richard B. Porterfield is: Brian Wayne Porterfield, son. Brian Wayne Porterfield's address is unknown at this time.

10. A stamped filed copy of this Affidavit will be mailed to the Oregon Department of Human Services, Estate Administration Unit, P. O. Box 14021, Salem, Oregon 97309.

11. A stamped filed copy of this Affidavit will be mailed to each of the devisees and heirs at law of Richard B. Porterfield whose address can be determined, together with a copy of the Last Will.

12. The properties of the estate set forth in paragraph 5 above are devised and bequeathed pursuant to the decedent's Last Will to Gloria (Tiearney) Love.

13. Reasonable efforts have been made to ascertain creditors 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 know to the affiant are:

73631

Name and Address

Amount

Klamath County Tax Assessor  
P. O. Box 340  
Klamath Falls, Oregon 97601  
Unpaid real property taxes

\$675.99

Davenport's Chapel of the Good Shepherd  
6420 S. 6th Street  
Klamath Falls, Oregon 97603  
Funeral expenses

\$1,282.00

Gleaves Swearingen Potter & Scott  
975 Oak Street, Suite 800  
Eugene, Oregon 97401  
Legal fees and costs, the amount of which is  
not yet determined

Not determined

A stamped filed copy of this Affidavit will be mailed to each creditor who has not been paid in full.

14. Claims against the estate not listed in this affidavit or in amounts larger than those listed in this affidavit may be barred unless:

a. A claim is presented to the affiant within four months of the filing of the affidavit at the following address: Gleaves Swearingen Potter & Scott LLP, 975 Oak Street, Suite 800, Eugene, Oregon 97401.

b. A personal representative of the estate is appointed within four months after the filing of this affidavit.

Dated this 12<sup>th</sup> day of February, 2004.

Gloria (Tearney) Love  
Gloria (Tearney) Love

Subscribed and sworn to before me this 12<sup>th</sup> day of February, 2004.



Merrily A. Coldren  
Notary Public for Oregon  
My commission expires: 11/1/05

Malcolm H. Scott  
Attorney for the Claiming Successor  
975 Oak Street, Suite 800  
Eugene, Oregon 97401  
Phone No. (541) 686-8833  
OSB No.: 64098

AFFIDAVIT OF CLAIMING SUCCESSOR - 3

# CERTIFICATION OF VITAL RECORD

## OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

389403  
I.D. TAG NO

Local File Number

73632

136-

State File Number

<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p>	<p><b>DECEDENT</b></p> <p><b>PARENTS</b></p> <p><b>DISPOSITION</b></p> <p><b>REGISTRAR</b></p> <p><b>CERTIFIER</b></p> <p><b>CAUSE OF DEATH</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">1. DECEDENT'S NAME First: <b>Richard</b> Middle: <b>Brewster</b> Last: <b>PORTERFIELD</b></td> <td>2. SEX <b>M</b></td> <td>3. DATE OF DEATH (Month, Day, Year) <b>January 7, 2004</b></td> </tr> <tr> <td>4. SOCIAL SECURITY NUMBER <b>542-54-6410</b></td> <td>5a. AGE-Last Birthday (Years) <b>57</b></td> <td>5b. Under 1 Year Mos. Days</td> <td>5c. Under 1 Day Hours Mins.</td> <td>6. BIRTHPLACE (City and State or Foreign Country) <b>Eugene, OR</b></td> </tr> <tr> <td colspan="2">8. 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16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>2</b> College (1-4 or 5+) <b>2</b>																																																																																																	
17. FATHER - NAME first middle last <b>Edwin - Porterfield</b>		18. MOTHER - NAME first middle maiden <b>Matilda Beth Schimmel</b>		19. INFORMANT - NAME and relationship to deceased <b>Gloria N. Love, friend/POA</b>																																																																																													
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Pyramid Cremations</b>		20c. LOCATION - City or Town, State <b>Klamath Falls, OR 97603</b>																																																																																													
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Davenport</i>		21b. OREGON LICENSE NO. (Of Licensee) <b>CO-3104</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</b>																																																																																													
23. DATE FILED (Month, Day, Year) <b>JAN 09 2004</b>		24. REGISTRAR'S SIGNATURE <i>Michelle Perry</i>																																																																																															
RESERVED FOR REGISTRAR'S USE																																																																																																	
<p><b>TO BE COMPLETED BY CERTIFYING PHYSICIAN</b></p> <p>27. TIME OF DEATH <b>1329 P M</b></p> <p>28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Mark F. Bradbury</i></p> <p>30. DATE SIGNED (Month, Day, Year) <b>January 9, 2004</b></p> <p>34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Mark F. Bradbury, MD, 2200 Bryant Williams Drive, Klamath Falls, OR 97601</b></p> <p>35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p>																																																																																																	
<p><b>TO BE COMPLETED ONLY BY MEDICAL EXAMINER</b></p> <p>31a. TIME OF DEATH <b>M</b></p> <p>31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b></p> <p>32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)</p> <p>33. DATE SIGNED (Month, Day, Year) COUNTY</p>																																																																																																	
<p>36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)</p> <p>PART I (a) <b>Mesenteric Artery Thrombosis with Gangrene</b> Interval between onset and death <b>2 days</b></p> <p>DUE TO, OR AS A CONSEQUENCE OF:</p> <p>(b) Interval between onset and death</p> <p>DUE TO, OR AS A CONSEQUENCE OF:</p> <p>(c) Interval between onset and death</p> <p>PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.</p> <p>37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>																																																																																																	
<p>40. MANNER OF DEATH <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</p> <p>41a. DATE OF INJURY (Month, Day, Year)</p> <p>41b. TIME OF INJURY <b>M</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41d. DESCRIBE HOW INJURY OCCURRED</p> <p>41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)</p> <p>41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)</p>																																																																																																	
RESERVED FOR REGISTRAR'S USE																																																																																																	

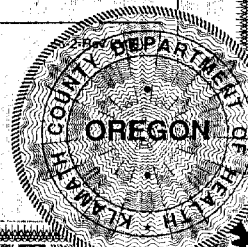
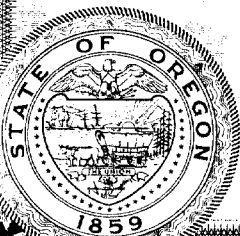
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED:

**JAN 09 2004**

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

*Michelle Perry*  
MICHELLE PERRY  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**LAST WILL  
OF  
RICHARD B. PORTERFIELD**

I, RICHARD B. PORTERFIELD, a resident of Lane County, Oregon, declare this instrument to be my Last Will, and I revoke all Wills and Codicils that I have previously made.

**SECTION 1 - FAMILY**

- 1.1. Unmarried. I am not married.
- 1.2. Children. My presently living child is BRIAN WAYNE PORTERFIELD. It is my intent that neither my child, nor his issue, receive any benefit from my estate.
- 1.3. Other Family. I have one brother, ROBERT M. PORTERFIELD.

**SECTION 2 - GIFTS OF ESTATE**

If GLORIA TIEARNEY survives me, I give to her all my estate. If GLORIA TIEARNEY does not survive me, I give all of my estate to my brother, ROBERT M. PORTERFIELD.

**SECTION 3 - PERSONAL REPRESENTATIVE**

I nominate GLORIA TIEARNEY executrix of this my Last Will, and personal representative of my estate (herein referred to as "my personal representative"). If GLORIA TIEARNEY for any reason fails to serve as my personal representative, then I nominate my brother, ROBERT M. PORTERFIELD. I direct that no bond or other undertaking be required of any personal representative herein named.

**SECTION 4 - TAXES AND EXPENSES**

- 4.1. DEBTS, EXPENSES AND TAXES. I direct my personal representative to pay all my debts which are or become payable during the administration of my estate, expenses of last illness,



and funeral expenses, as soon as convenient after each obligation becomes payable. I direct my personal representative to treat as an obligation of my estate and to pay without apportionment thereof except as provided herein, all estate, inheritance and other death taxes or duties, including interest and penalties, imposed or made payable by reason of my death by the laws of the United States, or of any state, territory or country. If any other person shall pay any such tax, my personal representative shall reimburse such person. All such debts, expenses of last illness, funeral expenses, estate, inheritance and death taxes, together with the compensation of my personal representative, attorney fees, and other expenses of administering my estate, shall be charged to and paid from my estate.

4.2. TAX ADJUSTMENTS. My personal representative shall not make any adjustment among the values or interests passing under this Will which otherwise would be increased or reduced by reason of any tax election made by my personal representative that may result in alternative income and estate tax deductions or exclusions.

## SECTION 5- ESTATE ADMINISTRATION

5.1. DISCRETION OF PERSONAL REPRESENTATIVE. I authorize my personal representative to lease, sell, exchange or otherwise deal with or dispose of all my property, real or personal, not specifically devised or any part thereof in such manner, at such times and on such terms as my personal representative shall deem to be in the best interests of my estate, such sale or other disposition to be made at public or private sale in the discretion of my personal representative without any petition, notice, citation, hearing, order or any other action. I authorize my personal representative to hold, manage and operate any property and any business belonging to my estate at the risk of my estate and not at the risk of my personal representative, the profits and losses therefrom to accrue or be chargeable to my estate as a whole.

5.2. AGREEMENTS. I direct my personal representative in all respects to carry out and perform all terms, covenants and conditions on my part to be kept and performed which may be contained in any agreement in force and effect at the time of my death and particularly any

R.P.

agreement or agreements with respect to the disposition of shares of stock or other ownership interest in any business.

5.3. DISCLAIMER. I authorize my personal representative wholly or partially to disclaim, in the manner provided by Oregon law, and in my personal representative's absolute discretion, any property or interest passing under this Will that I may otherwise acquire or hold by devise or succession.

5.4. BUSINESS AUTHORITY. I authorize my personal representative to: continue, discontinue or wind up any partnership business, contract or transaction pending at the time of my death; at any time my personal representative shall deem it advisable, to form a corporation, limited partnership or other entity for the purpose of carrying on my business interests or any of them; to transfer, assign and convey to such corporation, limited partnership or other entity such part or parts of my estate as my personal representative shall deem appropriate in exchange for the shares, securities and obligations of any such corporation, limited partnership or other entity; and to continue to hold the same for such periods as my personal representative considers to be in the best interests of my estate.

5.5. INCOME OF ESTATE. I authorize my personal representative in my personal representative's absolute discretion to accumulate and retain, or to use in the payment of debts, expenses of administration and other charges against my estate, or to distribute to beneficiaries, all income of the estate including current income and gains from the sale or exchange of property constituting a part of the corpus or principal of my estate.

5.6. DIVISION OF ESTATE. Upon any division or distribution of my residuary estate, I authorize my personal representative to partition, allot and distribute my residuary estate in undivided interests or in kind at valuations determined by my personal representative, or partly in kind and partly in cash, as my personal representative may deem appropriate.

5.7. BUSINESS INTERESTS. My personal representative may continue to hold any interest I own at the time of my death in any closely held business, if otherwise permitted by

B.R.



agreements among myself and other owners of the business, without regard to the prudence of that investment and without regard to any requirement of law to diversify the investment of my estate.

## SECTION 6 - MISCELLANEOUS PROVISIONS

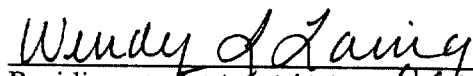
6.1. TITLES AND CAPTIONS. The titles and captions appearing in this document are for the convenience of the reader only and shall not be used in any manner to construe or interpret this Will.

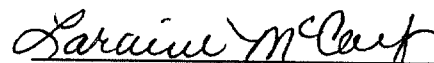
6.2. STATUTORY REFERENCES. All statutory references in this document shall be construed to refer to the statutory section designated, any regulations thereunder, related successor sections and corresponding provisions of any subsequent law, including all amendments.


IN WITNESS WHEREOF, I have executed this Will at Eugene, Oregon, this 11 day of September, 1996.

  
RICHARD B. PORTERFIELD

The foregoing instrument consisting of four (4) pages, including this page, each page being initialed in the lower left-hand corner thereof by RICHARD B. PORTERFIELD, was, signed by RICHARD B. PORTERFIELD, who declared this to be his Will on this 11 day of September, 1996, in our presence. At his request, in his presence and in the presence of each other, we have signed our names as attesting witnesses to this Will this 11 day of September, 1996.

  
Residing at Eugene, Oregon

  
Residing at Eugene, OR



**AFFIDAVIT**  
**OF ATTESTING WITNESSES TO**  
**LAST WILL OF**  
**RICHARD B. PORTERFIELD**

73637

STATE OF OREGON                    }  
County of Lane                    } ss.

I, WENDY L. LAING and I, LARAIN McCOY, each being  
duly sworn, depose and say:

I am one of the attesting witnesses to the Last Will of RICHARD B. PORTERFIELD  
dated September 11, 1996, this Affidavit being attached to the original thereof.

Said Last Will of RICHARD B. PORTERFIELD was signed by RICHARD B.  
PORTERFIELD on said date in the presence of each of us and, at the request of RICHARD B.  
PORTERFIELD, in his presence and in the presence of the other of the undersigned witnesses, I  
subscribed my name to the Last Will of RICHARD B. PORTERFIELD as an attesting witness.

To the best of my knowledge and belief, RICHARD B. PORTERFIELD was then over the  
age of 18 years, of sound and disposing mind and memory, not acting under duress or undue  
influence and was not induced by misrepresentation or fraud to execute said Will.

Wendy Laing  
Laraine McCoy

Subscribed and sworn to by each of the affiants above named this 11th day of  
September, 1996.

Merrily A. Coldren  
Notary Public for Oregon  
My Commission Expires:

