

2013-009699

Klamath County, Oregon



00141330201300096990070079

08/23/2013 02:49:34 PM

Fee: \$67.00

## AFTER RECORDING RETURN TO:

Deborah L. Sorenson  
Sorenson, Ransom, Ferguson & Kirchoff, LLP  
133 NW D Street  
Grants Pass, OR 97527

Until a change is requested, all  
tax statements shall be sent to:  
3547 Crest Street  
Klamath Falls, OR 97603

CLAIMING SUCCESSOR'S DEED

ANGELA D. COULTER, as claiming successor of the Small Estate of THOR RAYMOND COULTER, Deceased, conveys to RAYMOND COULTER, JR., Grantee, all that real property situated in Klamath County, Oregon, described as follows:

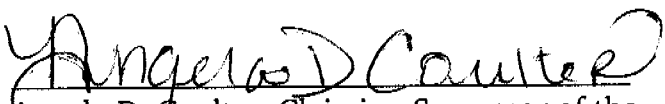
Beginning at a point 530 feet South of the Southwest corner of the NE 1/4 NE 1/4 of Section 10, Township 39 South, Range 9 East Willamette Meridian; thence South 325 feet; thence East 500 feet, more or less, to the center line of U.S.R.S. Drainage Canal; thence Northwesterly along said center line of said Drainage Canal to the point of beginning, being a triangular parcel of land situate in the SE 1/4 of NE 1/4 of Section 10, Township 39 South, Range 9 East Willamette Meridian. EXCEPTING THEREFROM the portion of said premises lying within the U.S.R.S Drainage Canal right of way.


BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

The true and actual consideration for this conveyance is NONE. The true consideration consists of other value, promised or given.

A certified copy of the Small Estate Affidavit filed as Case Number 13-P-0289, in the Circuit Court of the State of Oregon for Josephine County, is presented for recording simultaneously herewith. This conveyance is made by the claiming successor and the sole heir of the decedent to relinquish any interest in the property in favor of one of the co-owners thereof.

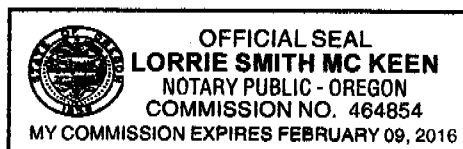
DATED: August 19, 2013.

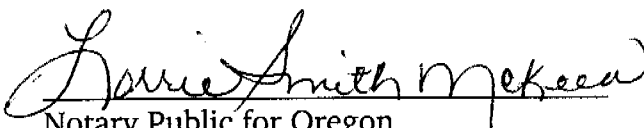
  
Angela D. Coulter, Claiming Successor of the  
Small Estate of Thor Raymond Coulter, Deceased

  
Angela D. Coulter, Individually

STATE OF OREGON, County of Josephine )ss.

The foregoing instrument was acknowledged before me this 19<sup>th</sup> day of August, by Angela D. Coulter, in her capacity as the Claiming Successor of the Small Estate of Thor Raymond Coulter, deceased, and her individual capacity as the sole heir of Thor Raymond Coulter.



  
Notary Public for Oregon  
My Commission expires: 2/9/2016

SORENSEN, RANSOM, FERGUSON & KIRCHOFF, LLP  
ATTORNEYS AT LAW  
133 NW "D" STREET  
GRANTS PASS, OREGON 97526  
PHONE: (541) 476-3883  
FAX: (541) 474-4495

RECEIVED AND FILED

2013 AUG - 2 AM 11:01

STATE COURTS-JOSEPHINE

BY

*[Signature]*

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

In the Matter of the Estate of  
THOR RAYMOND COULTER,  
Deceased.

} No. 13P0289  
}  
} AFFIDAVIT OF CLAIMING SUCCESSOR  
} OF SMALL ESTATE OF TESTATE ESTATE

*Intestate*

STATE OF OREGON )  
County of Josephine ) ss.

I, Angela D. Coulter, being first duly sworn, say I am a devisee and a "claiming successor" of the above-named decedent and that I make this affidavit pursuant to ORS 114.515.

1.

The following information is given with respect to the decedent:

- a. Name: Thor Raymond Coulter
- b. Age: 38 Birthdate: May 21, 1974
- c. Domicile: Josephine County, Oregon
- d. Post office address: 1300 SE Joel Drive, Grants Pass, Oregon
- e. Social Security Number: XXX-XX-8481

2.

Decedent died on June 7, 2012, at Josephine County, Grants Pass, Oregon. A certified copy of the death certificate is attached as Exhibit 1.

/ / /  
/ / /  
/ / /



Subscribed True and Correctly Attested  
2 Aug 2013  
Angela Coulter  
*[Signature]*

3.

The property in the estate and its fair market value are as follows:

DESCRIPTION

VALUE

1/4 interest in real property in Klamath Falls, Klamath County,  
Oregon, more particularly described as:

Beginning at a point 530 feet South of the Southwest corner of the NE 1/4  
NE 1/4 of Section 10, Township 39 South, Range 9 East Willamette  
Meridian; thence South 325 feet; thence East 500 feet, more or less, to the  
center line of U.S.R.S. Drainage Canal; thence Northwesterly along said  
center line of said Drainage Canal to the point of beginning, being a  
triangular parcel of land situate in the SE 1/4 of NE 1/4 of Section 10,  
Township 39 South, Range 9 East Willamette Meridian. EXCEPTING  
THEREFROM the portion of said premises lying within the U.S.R.S  
Drainage Canal right of way.

Map and Tax Lot: R 3909-010AD-00600-000

Health Equity, Inc. - HSA account funds \$1,516.60

4.

No application or petition for the appointment of a personal representative has  
been granted in Oregon.

5.

The decedent died intestate.

6.

Reasonable efforts have been made to identify and locate all heirs of the  
decedent. Affiant is the sole heir of the decedent. Her name and last address are as  
follows:

NAME

ADDRESS

RELATION

Angela D. Coulter

1300 SE Joel Drive  
Grants Pass, OR 97527

Surviving Spouse

8.

The interest in the property described in this affidavit to which each heir is  
entitled is as follows:

| 1 | <u>NAME</u>       | <u>INTEREST</u> |
|---|-------------------|-----------------|
| 2 | Angela D. Coulter | 100%            |
| 3 |                   | 9.              |

4 Reasonable efforts have been made to ascertain creditors of the estate. Expenses  
 5 of and claims against the estate remaining unpaid or on account of which the affiant or  
 6 any other person is entitled to reimbursement from the estate, as known to the affiant,  
 7 are as follows:

| 8  | <u>NAME AND ADDRESS OF CREDITOR</u>  | <u>AMOUNT</u> |
|----|--|---------------|
| 9  | Administration expenses:   |               |
| 10 | Sorenson, Ransom, Ferguson & Kirchoff, LLP,  | unknown       |
| 11 | (legal fees at the attorney rate of \$225 per hour and<br>Experienced legal assistant rate of \$100.00 per hour) |               |
| 12 | Court filing fee   | \$ 105.00     |

13 A copy of this affidavit showing the date of filing will be delivered to each creditor  
 14 who has not been paid in full or mailed to the creditor at the last-known address.  
 15 10.

16 Persons asserting claims against the estate which the affiant disputes, as known to  
 17 the affiant, are as follows: NONE.  
 18 11.

19 A copy of this affidavit showing the date of filing will be mailed to:

20 Oregon Department of Human Services  
 21 Administrative Services  
 22 Estate Administration  
 P.O. Box 14021  
 Salem, OR 97309-5024

23 Oregon Health Authority  
 24 500 Summer Street NE  
 25 Mail Stop E-20  
 Salem, OR 97301

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

12.

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:

Small Estate of Thor R. Coulter,  
Angela D. Coulter, Claiming Successor  
Sorenson, Ransom, Ferguson & Kirchoff, LLP  
133 NW D Street  
Grants Pass, OR 97526

or

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

13.

Claims listed in this affidavit as disputed may be barred unless:

a. A petition for summary determination is filed with the above-entitled court within four months of the filing of this affidavit; or

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

14.

Exhibit 1 attached hereto is hereby made a part hereof as though fully set forth at the place where referenced to the exhibit is made.

I HEREBY DECLARE THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I UNDERSTAND IT IS MADE FOR USE AS EVIDENCE IN COURT AND IS SUBJECT TO PENALTY FOR PERJURY.

Dated: August 2, 2013.

  
Angela D. Coulter, Claiming Successor

1  
2  
3 IN THE CIRCUIT COURT OF THE STATE OF OREGON  
4 FOR THE COUNTY OF JOSEPHINE

5 In the Matter of the Estate of )

6 THOR RAYMOND COULTER, )

7 \_\_\_\_\_ Deceased )

) No.

) EXHIBIT 1 - CERTIFIED COPY OF  
DEATH CERTIFICATE

*Intestate*

# CERTIFICATION OF VITAL RECORD

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

629345

I.D. TAG NO.

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

136-

STATE FILE NUMBER

|   |                                      |   |   |  |  |
|---|--------------------------------------|---|---|--|--|
| 1. Legal Name (Include AKA, if any)<br><b>Thor Raymond Coulter</b>  |                                      |   |   | 2. Death Date (MON DO YYYY)<br><b>June 7 2012</b>  |  |
| 3. Sex (M/F)<br><b>Male</b>   | 4a. Age - Last Birthday<br><b>38</b> | 4b. Under 1 Year<br>Months: <b>0</b> Days: <b>0</b>   | 4c. Under 1 Day<br>Hours: <b>0</b> Minutes: <b>0</b>  | 5. Social Security Number<br><b>544-90-8481</b>  | 6. County of Death<br><b>Josephine</b> |
| 7. Birthdate (MON DO YYYY)<br><b>May 21 1974</b>  |                                      | 8a. Birthplace (City/Town, or County)<br><b>Klamath Falls</b>   |   | 8b. (State or Foreign Country)<br><b>Oregon</b>  |  |
| 10. Was Decedent of Hispanic Origin? (Yes or No, if yes, specify)<br><b>No</b>  |                                      | 11. Decedent's Race(s)<br><b>White</b>  |   | 9. Decedent's Education<br><b>Some college</b>   |  |
| 13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8)<br><b>1300 SE Joel Drive</b>   |                                      |   |   | 14. City/Town<br><b>Grants Pass</b>  |  |
| 15. Residence County<br><b>Josephine</b>  |                                      | 16. State or Foreign Country<br><b>Oregon</b>   |   | 17. Zip Code + 4<br><b>97527</b>   |  |
| 19. Marital Status at Time of Death<br><b>Married</b>   |                                      | 20. Spouse's Name (If married or widowed, give name prior to first marriage.)<br><b>Angela Dawn Anderson</b>  |   |  |  |
| 21. Usual Occupation (Indicate type of work, none during most of working life. DO NOT USE "RETIRED.")<br><b>Sales and Service Employee</b>  |                                      |   |   | 22. Kind of Business/Industry (DO NOT USE COMPANY NAME.)<br><b>Tire Center</b>   |  |
| 23. Father's Name (First, Middle, Last, Suffix)<br><b>Raymond Alfred Coulter</b>  |                                      |   | 24. Mother's Name Prior to First Marriage (First, Middle, Last)<br><b>Jacqueline M Alston</b> |  |  |
| 25. Informant's Name<br><b>Angela D Coulter</b>   |                                      | 26. Telephone Number<br><b>n/a</b>  | 27. Relation to Decedent<br><b>Wife</b>   | 28. Mailing Address (Number & Street, City/Town, State, Zip + 4)<br><b>1300 SE Joel Dr, Grants Pass OR 97527</b>   |  |
| 29. Place of Death<br><b>Hospital - Emergency</b>   |                                      | 30. Facility Name<br><b>Three Rivers Community Hospital</b>   |   |  |  |
| 31. Location of Death (Give address)<br><b>500 SW Ramsey Avenue</b>   |                                      | 32. City/Town or Location of Death<br><b>Grants Pass</b>  |   | 33. State<br><b>OR</b>   | 34. Zip Code + 4<br><b>97527</b>       |
| 35. Method of Disposition<br><b>Cremation</b>   |                                      | 36. Place of Disposition (Name of cemetery, crematory, or other place)<br><b>Hull &amp; Hull Crematory</b>  |   | 37. Location<br><b>Grants Pass, Oregon</b>   |  |
| 38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4)<br><b>Hull &amp; Hull Funeral Directors, 612 NW A Street, Grants Pass, Oregon 97526</b>  |                                      |   |   |  |  |
| 39. Date of Disposition (MON DO YYYY)   |                                      | 40. Funeral Director's Signature<br><i>[Signature]</i>  |   | 41. OR License Number<br><b>FS0331</b>   |  |
| 42. Registrar's Signature<br><i>[Signature]</i>   |                                      | 43. Date Received (MON DO YYYY)<br><b>June 13, 2012</b>   |   | 44. Local File Number<br><b>445-12</b>   |  |
| 45. Record Amendment  |                                      |   |   |  |  |
| 46. Was case referred to Medical Examiner?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                                      | 47. Autopsy?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   | 48. Were autopsy findings available to complete the cause of death?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 49. Time of Death<br><b>11:27 hr</b>  |                                      |   |   |  |  |
| CAUSE OF DEATH (See instructions and examples.)   |                                      |   |   |  |  |
| 50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. |                                      |   |   |  |  |
| Final disease or condition resulting in death →   |                                      | IMMEDIATE CAUSE ↓   |   | Approximate Interval: Onset to Death   |  |
| Sequentially list conditions; if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).  |                                      | a. <b>Massive Pulmonary Thromboembolism</b>   |   | <b>&lt; 1 hr</b>   |  |
|   |                                      | b. <b>Deep leg Vein Thrombosis, Right leg</b>   |   | <b>Days</b>  |  |
|   |                                      | c. <b>Right knee injury</b>   |   | <b>19 Days</b>   |  |
|   |                                      | d.  |   |  |  |
| 51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:<br><b>Atherosclerotic Coronary Artery Disease</b>  |                                      |   |   |  |  |
| 52. Manner of Death<br><input type="checkbox"/> Natural <input type="checkbox"/> Homicide<br><input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined<br><input type="checkbox"/> Suicide <input type="checkbox"/> Pending        |                                      | 53. If Female<br><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year<br><input type="checkbox"/> Not pregnant, but pregnant within 42 days before death |   | 54. Did tobacco use contribute to death?<br><input type="checkbox"/> Yes <input type="checkbox"/> Probably<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                  |  |
| 55. Date of Injury (MON DO YYYY)<br><b>5-19-2012</b>  | 56. Time of Injury<br><b>Unknown</b> | 57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)<br><b>Workplace - Tire Company</b>  |   | 58. Injury at Work?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |  |
| 59. Location of Injury (Number & Street, City/Town, State, Zip + 4)<br><b>Les Schwab Tire Center, 320 Union Avenue, Grants Pass, Oregon 97527</b>   |                                      |   |   |  |  |
| 60. Describe how injury occurred.<br><b>Right knee injury, mechanism unknown</b>  |                                      |   |   | 61. If transportation injury, specify.<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Other (Specify)  |  |
| 62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4)<br><b>James M. Olsen MD, CSP, Central Point, OR</b>  |                                      |   |   |  |  |
| 63. Name and Title of Attending Physician if Other than Certifier   |                                      |   |   |  |  |
| 64. Title of Certifier<br><b>Deputy State M.E.</b>  |                                      | 65. License Number<br><b>MO 10050</b>   |   | 66. Date Signed (MON DO YYYY)<br><b>6-8-2012</b>   |  |
| 67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  |                                      |   |   | 68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.<br><i>[Signature]</i> |  |
| 69. Record Amendment  |                                      |   |   |  |  |

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

ORIGINAL - VITAL RECORDS COPY

45-2 (06/06)

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

DATE ISSUED:

*June 14, 2012*

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JOANNE M. JETT  
COUNTY REGISTRAR  
JOSEPHINE COUNTY, OREGON

