

Return to:  
Law office of Peter A. Shelton  
827 Broadway, Suite 200  
Oakland, California 94607

2016-000357  
Klamath County, Oregon



01/14/2016 08:53:23 AM

Fee: \$77.00

IN THE CIRCUIT COURT OF STATE OF OREGON  
FOR THE COUNTY OF KLAMATH  
Probate Department

In the Matter of the Small Estate of:

ERNEST PATTERSON,

Deceased.

Case No.: 15PB03074

AFFIDAVIT OF CLAIMING SUCCESSOR  
(SMALL ESTATE AFFIDAVIT)

[Chapter 595, Sections 13 and 22, Oregon  
Laws 2011; ORS 114.515]

STATE OF OREGON )  
County of Klamath ) ss.

County of KLAMATH)  
STATE OF OREGON)

I hereby certify that the within is a  
true and correct copy of the original.  
Clerk of Court

By: [Signature]

Date: 7-7-16

I swear that the following statements are true:

1. **The affiant.** My name and address are:

BRENDAN ERNEST PATTERSON, 20356 Schoenborn St., Winnetka, CA 91906

I have authority to file this affidavit because: *[check at least one that applies]*

☒ I am an heir of the decedent, and the decedent left no will.

☐ I am a devisee of the decedent under the decedent's will.

☐ I am named the personal representative under the decedent's will.

☐ I am a creditor and have not been paid the full amount owed to me within 60 days of the decedent's death. **Creditors must check the box that applies:**

☐ The decedent died intestate and without heirs. I have attached written authorization from the Division of State Lands allowing me to file this small estate proceeding; or

☐ Authorization from the Division of State Lands is not required because the decedent dies testate or left heirs.

2. **The decedent.**

Name: ERNEST PATTERSON Age: 67 Soc. Sec. No. 264-88-9974

Home or mailing address: 946 Wawona Ave., Oakland, CA 94610

Date of death: October 16, 2014

Place of death: Oakland, CA

A **certified copy** of the confidential death record is concurrently filed herewith and is sealed in the court's record.

3. **The decedent's estate.** The following property is in the decedent's estate:

<u>Real Property</u>	<u>Fair Market Value</u>
<i>[attach a legal description]</i>	<i>[maximum total value \$200,00]</i>
See attached.	\$90,000.00

<u>Personal Property</u>	<u>Fair Markey Value</u>
<i>[PERs accounts, bank accounts, jewelry, etc.]</i>	<i>[maximum total value \$75,000]</i>
Furnishings	\$1,000.00

*["Fair market value" means the value of the property on the open market (between unrelated parties), not reduced to reflect debts owed against the property. Do not include property that transfers automatically to others following death (such as joint bank accounts).]*

4. **Affidavit should be filed in Marion County.** This small estate affidavit should be filed in Klamath County because *[check at least one that applies]:*

- ☐ The decedent died in Klamath County.
- ☐ At death, the decedent lived in or had a home in Klamath County.
- ☒ The decedent had property located in Klamath County at death or when this affidavit is filed.

Thirty or more days have passed since the decedent died.

5. **No probate estate exists.** No application or petition for the appointment of a personal representative has been granted in Oregon. *[This means that no Oregon court has opened a probate estate for the decedent.]*

6. **Is there a will?** *[Check the one that applies]*

- ☐ The decedent died testate (did leave a will). **The original will (not a copy) is attached.**
- ☒ The decedent died intestate (did **not** leave a will).

7. **The heirs.** The heirs of the decedent, and their addresses are:

<u>Name of each heir</u>	<u>Relationship to decedent</u>	<u>Last-known address</u>
Brendan Patterson	Son	20356 Schoenborn St., Winnetka, CA 91306

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8. **The devisees.** *[This part only applies if the decedent left a will. If the decedent did not leave a will write in "none".]*

The devisees named in the decedent's will, and their last-known addresses, are:

Name of each devisee

Last-known address

NONE

9. **Notice to heirs and devisees.** I promise to give to each heir and each devisee, if any, (1) a copy of this affidavit showing the date of filing and (2) a copy of the will, if the decedent died testate. I will do this by delivering or mailing the papers to the heirs and devisees at the last-known addresses. I will do this within 30 days after this affidavit is filed with the court.

10. **Who gets what?** The following people are entitled to the following property:

Name of heir or devisee

Property to be received

Brendan Patterson

entire estate

*[If a will exists, the will governs who gets what. If no will exists, the laws of intestacy apply (see the instructions). If one person is to receive the entire estate, state "entire estate" or "100% of residue" under "Property to be received". If, for example, three people share the estate equally, state "one-third of residue" under "Property to be received".]*

11. **Creditors.** Reasonable efforts have been made to ascertain the creditors of the estate. The following expenses of or claims against the estate remain unpaid (including reimbursement owed to someone who paid claims or expenses):

Creditor's name

Last-known address

Type of claim & estimate or amount

none

*[If the estate has no creditors, write in "none"]*

12. **Disputed Creditors.** I, as affiant, dispute the following claims against the estate:

Creditor's name

Last-known address

Type of claim & estimate or amount

none

*[If the estate has no creditors making claims the affiant disputes, write in "none"]*

13. **Notice to creditors.** I promise to give each creditor listed in parts 11 and 12 above a copy of this affidavit showing the date of filing. I will do this by delivering or mailing the papers to the creditor at the last-known address. I will do this within 30 days after this affidavit is filed with the court.

14. **Notice to Estate Administration.** Within 30 days after this affidavit is filed with the court, I promise to mail a copy of the affidavit showing the date of filing to each of the following:

Department of Human Services & Oregon Health Authority  
Estate Administration Unit  
PO Box 14021  
Salem, Oregon 97309-5024

15. **Claims may be barred.** Some claims against the estate may be barred unless specific things happen.

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

1) A claim is presented to the affiant within four months of the filing of the affidavit at the address stated in part 1 of this affidavit; or

2) A personal representative of the estate is appointed within the time allowed under ORS 114.555.

b. If this affidavit lists one or more claims which the affiant disputes, any such claim may be barred unless:

1) A petition for summary determination is filed within four months of the filing of this affidavit; or

2) A personal representative of the estate is appointed within the time allowed under ORS 114.555.

I have read this affidavit. The statements it contains are true and correct to the best of my knowledge.



Affiant

Telephone Number: (402) 960-2867

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC FOR OREGON

My Commission expires: \_\_\_\_\_

See attached California Jurat

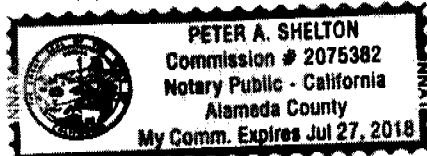
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Alameda

Subscribed and sworn to (or affirmed) before me on this 2nd  
day of 2nd June, 2015, by Peter A. Shelton,  
Notary Public

proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.



(Seal)

Signature

A handwritten signature in cursive script, appearing to read 'Peter A. Shelton', written over a horizontal line.

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

#### CERTIFICATE OF DEATH

3201401006917

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
ERNEST		PATTERSON	
2. MIDDLE		4. DATE OF BIRTH (month/day/year)	
-		09/21/1948	
5. AGE (Years)		6. SEX	
66		M	
7. BIRTH STATE/FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER	
FL		264-88-9974	
9. EVER IN U.S. ARMED FORCES?		10. MARITAL STATUS (Date of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
11. DATE OF DEATH (month/day/year)		12. HOUR (24 Hours)	
10/16/2014		1030	
13. EDUCATION - Highest Level (Degree)		14. WAS DECEDENT HISpanic/LATINO/ASIAN? (If yes, list ethnicity on back)	
SOME COLLEGE <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - List to 3 races (may be listed race marked on back)		16. DECEDENT'S RACE - List to 3 races (may be listed race marked on back)	
AFRICAN AMERICAN		AFRICAN AMERICAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
BAKER		KELLOGGS	
19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number, or location)	
31		946 WAWONA AVENUE	
21. CITY		22. COUNTY/PROVINCE	
OAKLAND		ALAMEDA	
23. ZIP CODE		24. YEARS IN COUNTY	
94610		40	
25. STATE/FOREIGN COUNTRY		26. INFORMATION'S NAME, RELATIONSHIP	
CA		BRENDAN PATTERSON, SON	
27. INFORMATION'S MAILING ADDRESS (Street and number, or P.O. box number, city or town, state and zip)		28. NAME OF SURVIVING SPOUSE/STEP- (First)	
20356 SCHOENBORN STREET, WINNETKA, CA 91306		ERNEST	
29. NAME OF FATHER/PARENT - FIRST		30. LAST (BIRTH NAME)	
LILLIAN		THOMPSON	
31. NAME OF MOTHER/PARENT - FIRST		32. LAST (BIRTH NAME)	
LUCINDA		PATTERSON	
33. DATE OF DEATH (month/day/year)		34. PLACE OF FINAL DISPOSITION	
10/25/2014		CHAPEL OF THE CHIMES	
35. TYPE OF DISPOSITION		36. SIGNATURE OF EMBALMER	
CR/BU		NOT EMBALMED	
37. NAME OF FUNERAL ESTABLISHMENT		38. SIGNATURE OF LOCAL REGISTRAR	
CHAPEL OF THE CHIMES		MUNTU DAVIS, M.D.	
39. LICENSE NUMBER		40. DATE (month/day/year)	
FD1254		10/24/2014	
41. PLACE OF DEATH		42. IF HOSPITAL, SPECIFY ONE	
OAKLAND HEALTHCARE & WELLNESS		<input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> SC <input type="checkbox"/> H-HOME <input checked="" type="checkbox"/> N-NATURAL	
43. COUNTY		44. CITY	
ALAMEDA		OAKLAND	
45. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		46. CITY	
3030 WEBSTER STREET		OAKLAND	
47. CAUSE OF DEATH		48. IF OTHER THAN HOSPITAL, SPECIFY ONE	
IMMEDIATE CAUSE: Cerebrovascular Accident		<input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> SC <input type="checkbox"/> H-HOME <input checked="" type="checkbox"/> N-NATURAL	
Underlying Cause: COAGULOPATHY		49. SIGNATURE OF CORONER	
Underlying Cause: PANCREATIC CANCER, METASTATIC		ROLLINGTON FERGUSON M.D.	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, OR CARE	
DEEP VEIN THROMBOSIS, PULMONARY EMBOLISM		ROLLINGTON FERGUSON M.D.	
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		115. LICENSE NUMBER	
BIOPSY 10/02/2014		G72372	
116. SIGNATURE AND TITLE OF CERTIFIER		117. DATE (month/day/year)	
ROLLINGTON FERGUSON M.D.		10/23/2014	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, OR CARE		119. DATE (month/day/year)	
ROLLINGTON FERGUSON M.D.		10/23/2014	
120. PLACE OF BIRTH (e.g., home, construction site, workplace, etc.)		121. HOURS (24 Hours)	
368 28TH STREET, OAKLAND, CA 94609		122. HOUR (24 Hours)	
123. PLACE OF BIRTH (e.g., home, construction site, workplace, etc.)		124. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
368 28TH STREET, OAKLAND, CA 94609		125. DATE (month/day/year)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE (month/day/year)	
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21254

**Aspen**  
TITLE & ESCROW, INC.

05033571

WARRANTY DEED

Vol. 040 Page 20433AFTER RECORDING RETURN TO:  
ERNEST PATTERSON2135 Humboldt Ave.  
Oakland, CA 94602UNTIL A CHANGE IS REQUESTED ALL TAX  
STATEMENTS TO THE FOLLOWING ADDRESS:  
SAME AS ABOVEDAVID GILLASPIE hereinafter called GRANTOR(S), convey(s) to  
ERNEST PATTERSON hereinafter called GRANTEE(S), all that real  
property situated in the County of Klamath, State of Oregon,  
described as:Lot 50 of the RESUBDIVISION OF TRACTS B & C, FRONTIER TRACTS, in  
the County of Klamath, State of Oregon.

CODE 7B MAP 3606-90A TL 2800 KEY NO. 312405

"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 covenant(s) that grantor is the owner of the above described  
property free of all encumbrances except 1) 1990-91 taxes, a  
lien not yet payable. 2) Subject to rules and regulations of  
Fire Patrol District. 3) Conditions, Restrictions as shown on  
the recorded plat of Resubdivision of Tracts B & C, Frontier  
Tracts. 4) Right, title or interest of the public, including  
governmental bodies in and to that portion of said premises  
lying below the ordinary high water line of Pitt Creek and  
public rights of fishing and recreation in and to the shoreline  
of said river. 5) All matters arising from any shifting in the  
course of Pitt Creek, including but not limited to accretion,  
reliction and avulsion. 6) Declaration of Conditions and  
Restrictions, but omitting any restrictions based on race,  
color, religion or national origin appearing of record;  
Recorded on July 13, 1959 in Book 314 at page 111. (No  
commercial enterprise or enterprises shall be operated on above  
described property).and will warrant and defend the same against all persons who may  
lawfully claim the same, except as shown above.The true and actual consideration for this transfer is  
\$15,000.00.In construing this deed and where the context so requires, the  
singular includes the plural.IN WITNESS WHEREOF, the grantor has executed this instrument  
this 21st day of September, 1990.

X

DAVID GILLASPIE

STATE OF Washington, County of Clark ss.September 28, 1990Personally appeared the above named DAVID GILLASPIE and  
acknowledged the foregoing instrument to be his voluntary act  
and deed.Before me: David W. Christel  
Notary Public for WASHINGTON  
My Commission Expires: 12/28/93DAVID W. CHRISTEL  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
DECEMBER 28, 1993

44 3 113 6 120 86.

881-08

18.18

20434

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 9th day  
of Oct. A.D., 19 90 at 3:44 o'clock P.M., and duly recorded in Vol. 490  
of \_\_\_\_\_ Needs \_\_\_\_\_ on Page 20433

Evelyn Biehn - County Clerk

By Randall M. Murrain

FEE \$33.00

