



THIS SPACE RESERVED FOR

2017-011935  
Klamath County, Oregon  
10/18/2017 03:10:00 PM  
Fee: \$117.00

After recording return to:

Alan Wakefield and Anna Wakefield

147334 Gracies Rd

Gilchrist, OR 97737

Until a change is requested all tax statements shall be sent to the following address:

Alan Wakefield and Anna Wakefield

147334 Gracies Rd

Gilchrist, OR 97737

File No. 198384AM

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### STATUTORY WARRANTY DEED

**Joy O. Senger formerly Joy O. Bejarano, as affiant or claiming successor of the Estate of Pestorah E. Copley and Joy O. Senger,**

Grantor(s), hereby convey and warrant to

**Alan Wakefield and Anna Wakefield, as tenants by the entirety**

Grantee(s), the following described real property in the County of Klamath and State of Oregon free of encumbrances except as specifically set forth herein:

**Lot 6 in Block 9, Jack Pine Village, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.**

The true and actual consideration for this conveyance is **\$50,000.00**.

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

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.

Dated this 17<sup>th</sup> day of October, 2017

The Estate of Pectorah E. Copley

By: Joy O. Senger, Affiant  
Joy O. Senger, affiant

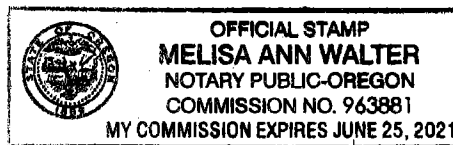
Joy O. Senger  
Joy O. Senger, individually and heir

State of Oregon } ss  
County of Wasco }

On this 17<sup>th</sup> day of October, 2017, before me, Melisa Walter a Notary Public in and for said state, personally appeared Joy O. Senger formerly Joy O. Bejarano individually and heir and as claiming successor for the estate of Pectorah E. Copley, known or identified to me to be the person(s) whose name(s) is subscribed to the within Instrument and acknowledged to me that he she they executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Melisa Walter  
Notary Public for the State of Oregon  
Residing at: The Dalles  
Commission Expires: June 23, 2021



CERTIFIED TO BE A TRUE AND CORRECT  
COPY OF THE ORIGINAL DOCUMENT  
TRIAL COURT ADMINISTRATOR  
WASCO COUNTY, OREGON  
BY [Signature]  
DATED Oct 10 2017

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF WASCO  
PROBATE DEPARTMENT

In the Matter of the Estate of:

Case No.:

PESTORAH E. COPLEY,

**AFFIDAVIT OF CLAIMING SUCCESSOR  
OF SMALL ESTATE OF TESTATE  
ESTATE**

**Approximate Value of Estate \$62,000.00**

Deceased.

**ORS 21.145(4), ORS 114.515**

STATE OF OREGON     )  
                                  ) ss.  
County of Wasco     )

I, JOY O. SENGGER, formerly Joy O. Bejarano, being first duly sworn, say:

I am the person named as Personal Representative in the decedent's Will. I am  
hereinafter referred to as "affiant." This affidavit is hereinafter referred to as "affidavit." This  
affidavit is made pursuant to ORS 114.505-114.560.

1.

The following information is given with regard to the decedent:

(a) Name:     Pestorah E. Copley

(b) Age:       94

(c) Domicile: Wasco County, Oregon

(d) Post Office Address: 54893 Smock Rd  
Wamic, OR 97063

(e) Social Security No.: 294-14-9464

2.

The decedent died on April 11, 2017, at The Dalles, Wasco County, Oregon; a certified copy of the decedent's death certificate is attached as Exhibit 1.

3.

The decedent's property subject to administration in Oregon consists of the following:

(a) Real property and value thereof:

1. Lot 6 in Block 9, Jack Pine Village, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon	\$45,300.00
--	-------------

(b) Personal property and fair market value thereof:

1. Prudential Life Insurance Company Whole Life Policy Number M95491058, Face Amount \$500, Claim Value	3,432.65
2. Prudential Life Insurance Company Whole Life Policy Number M96129696, Face Amount \$500, Claim Value	2,197.00
3. 33 shares of common stock of Prudential	3,498.00
4. Midstate Electric Capital Credits	130.00
5. US Bank account	18.05
6. The Dalles Health and Rehabilitation Center refund of overpayment	5,600.00
7. 1987 Silvercrest Mobile Home, Plate No. X202209	21,400.00

4.

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

/ / /

1 5.

2 The decedent died testate and the decedent's will is attached as Exhibit 2.

3 6.

4 The decedent's heirs and the heirs' last address known to the affiant are:

<u>Name</u>	<u>Address</u>
Joy O. Senger	54893 Smock Road Wamic, OR 97063

7 A copy of the will, and this affidavit showing the date of filing, will be delivered or  
8 mailed to the heirs at their last known address.

9 7.

10 The decedent's devisees and the devisees' last address known to the affiant are:

<u>Name</u>	<u>Address</u>
Joy O. Senger	54893 Smock Road Wamic, OR 97063

13 A copy of the will, and a copy of this affidavit showing the date of filing, will be  
14 delivered or mailed to the devisees at their last known address.

15 8.

16 The interest in the decedent's property described in this affidavit to which each devisee is  
17 entitled is:

<u>Name</u>	<u>Interest</u>
Joy O. Senger	100%

20 9.

21 Reasonable efforts have been made to ascertain each creditor of the estate. The expenses  
22 of and claims against the estate remaining unpaid or on account of which the affiant or any  
23 other person is entitled to reimbursement from the estate, including any known or estimated  
24 amount thereof, and the name and address of each creditor, as known to the affiant are:

1 Estimated attorney fees for Timmons Law PC, PO Box 2350, The Dalles, OR \$2,500.00

2 A copy of the affidavit showing the date of filing will be delivered to each creditor who  
3 has not been paid in full or mailed to the creditor at the last known address.

4 10.

5 The name and address of each person known to the affiant to assert a claim against the  
6 estate which the affiant disputes and the last known or estimated amount thereof: NONE

7 A copy of the affidavit showing the date of filing will be delivered to each of the above or  
8 mailed to each person at his or her last-known address.

9 11.

10 A copy of this affidavit showing the date of filing will be mailed or delivered to:

11 Estate Administration Unit  
12 Office of Payment Accuracy & Recovery  
13 Department of Human Services  
14 PO Box 14021  
15 Salem, OR 97309-5024

16 Oregon Health Authority  
17 Attn: Small Estate Administration  
18 500 Summer Street NE E-20  
19 Salem, OR 97301-1097

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

22 12.

23 Claims against the estate not listed herein, or in amounts larger than those listed herein,  
24 may be barred unless (a) a claim is presented to the affiant within four months of the filing of  
this affidavit at the address set forth in in this affidavit, or (b) a personal representative of the  
estate is appointed within the time allowed under ORS 114.555.

/ / /

13.

If there is listed one or more claims that the affiant disputes, any such claim may be barred unless (a) a petition for summary determination is filed within four months of the filing of this affidavit; or (b) a personal representative of the estate is appointed within the time allowed under ORS 114.555.

14.

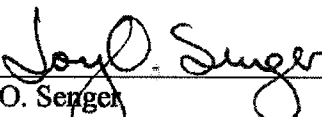
The address for the purposes of presenting a claim to the affiant is: c/o Timmons Law PC, PO Box 2350, The Dalles, OR 97058.

15.

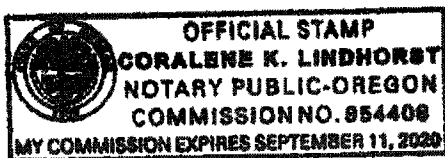
Any noun or verb used in this affidavit shall be construed as either singular or plural as the context requires.

16.

Exhibit 1 and Exhibit 2 are attached hereto and are each hereby made a part hereof as though fully set forth at the place where reference to the exhibit is made.

  
Joy O. Senger  
54893 Smock Road  
Wamic, OR 97063  
Ph: 541-544-2023

SUBSCRIBED AND SWORN TO before me on May 22, 2017.



  
Coraleene K. Lindhorst  
Notary Public for Oregon

Attorney for Claiming Successor:  
Kiffanie A. Phillips, OSB No. 084432  
E-mail: [kphillips@timmonslaw.com](mailto:kphillips@timmonslaw.com)

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

756699

I.D. TALESNO

136-2017-009825

STATE FILE NUMBER

Legal Name		First	Middle	Last	Suffix	Death Date	
Pestorah		E		Copley		April 11, 2017	
Sex	Age	Social Security Number			County of Death		
Female	94 years	294-14-9464			Wasco		
Birth Date		Birthplace		Was Decedent Ever in U.S. Armed Forces?			
November 23, 1922		Scott County, Kentucky				No	
Residence				City/Town			
54893 Smock Road				Wamie			
Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?	
Wasco		Oregon		97063		Unknown	
Marital Status at Time of Death		Spouse's Name Prior to First Marriage					
Widowed							
Father's Name				Mother's Name Prior to First Marriage			
James Ellis Sharp				Lillie May Humphrey			
Informant's Name		Telephone Number		Relationship to Decedent		Mailing Address	
Joy Senger		Not Available		Daughter		54893 Smock Road, Wamie, OR 97063	
Place of Death		Facility Name					
Nursing Facility		The Dalles Health and Rehabilitation Center					
Location of Death		City/Town or Location of Death		State		Zip Code + 4	
1023 W 25th		The Dalles		Oregon		97058	
Method of Disposition		Place of Disposition		Location (City/Town and State)			
Burial		IOOF		The Dalles, Oregon			
Name and Complete Address of Funeral Facility							
Spencer, Libby & Powell Funeral Home 1100 Kelly Ave, The Dalles, Oregon 97058							
Date of Disposition		Funeral Director's Signature			OR License Number		
April 20, 2017		Mark E Powell			CO-3621		
Registrar's Signature		Date Received		Local File Number			
Jennifer A. Woodward		April 14, 2017					
Amendment							

TO BE COMPLETED BY FUNERAL FACILITY

45-2CCS (01/06)



I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: May 10, 2017

JENNIFER A. WOODWARD  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.

EXHIBIT

BOOK

1



LAST WILL AND TESTAMENT

OF

PESTORAH E. COPLEY

I, PESTORAH E. COPLEY, of Clackamas County, Oregon, do hereby make and declare this to be my Last Will and Testament and do hereby revoke all wills and codicils heretofore made by me.

I

I direct that my just debts and funeral expenses be paid promptly.

II

I direct my personal representative to pay from my estate all inheritance, estate, transfer and succession taxes which become payable by reason of my death and authorize her or him to contest or compromise any claims for such taxes. I further direct that all such taxes shall be paid without apportionment thereof and without withholding or collecting any part thereof from any beneficiary under my will or under any life insurance of mine which may be subject to such tax or from the surviving owner of any property owned jointly with me, it being my intention that all such taxes shall be paid from my estate as an expense of administration.

Exhibit 2 - Page 1 of 8

III

I declare that I have one living child, namely: JOY O. BEJRANO, who is 25 years of age, and she shall take nothing by the terms of this will except as hereinafter set forth.

IV

The rest, residue and remainder of my estate, be it real, personal or mixed and wherever situated, I give, devise and bequeath unto my husband, WAYNE R. COPLEY, to have and to hold the same forever as his property absolutely.

V

In the event that my husband, WAYNE R. COPLEY, shall have predeceased me or pass within 30 days of my demise, then, but in that event only, I give, devise and bequeath my entire estate set forth in Paragraph IV above to my daughter, JOY O. BEJRANO, to have and to hold the same forever as her property absolutely.

VI

I hereby nominate and appoint my husband, WAYNE R. COPLEY as personal representative to this my last will and testament to serve without bond. In the event he is unable or unwilling to so act, then I nominate and appoint my daughter, JOY O. BEJRANO, as personal representative of this my last will and testament to serve without bond.

I hereby empower my personal representative to lease, encumber, sell, exchange or otherwise deal with or dispose of all my property, real or personal, or any part thereof, in such manner, at such times and upon such terms as he or she may deem to be to the interest 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 reference to the order of disposition of real and personal property and without any petition, citation, hearing, notice or any other action. I further authorize my personal representative to hold, manage and operate any business or property belonging to my estate, not at the risk of my personal representative, but at the risk of my estate, the profits and losses therefrom to inure or be chargeable to my estate as a whole.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 26-day of September, 1978.

Pestorah E. Copley

The foregoing instrument was at the date thereof, by the said PESTORAH COPLEY signed, sealed, published and declared to be her last will and testament in the presence of us, who at her request and in her presence, and in the presence of each other have subscribed our names as witnesses hereto.

Lawell D. Hunt  
Sirius Hunt

ADDRESS: Star Pt. Day 171  
Urumie Oregon.

ADDRESS: Star Pt. Day 171  
Urumie Oregon.

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF WASCO  
PROBATE DEPARTMENT

In the Matter of the Estate of:

Case No.:

PESTORAH COPLEY,

**AFFIDAVIT OF ATTESTING WITNESS  
TO WILL**

Deceased.

STATE OF OREGON )  
County of CLACKAMAS ) ss.

I, SHARRON P. NJUST, make the following statements:

On the date of the will of Pestorah Copley, a photocopy of which is attached hereto,  
Pestorah Copley signed the will in my presence and declared it to be her will, whereupon, at  
her request and in her presence I attested the will by signing my name thereto.

To the best of my knowledge and belief, the other attesting witness, Lowell Njust, is  
deceased.

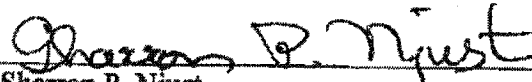
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/ / /

1 To the best of my knowledge and belief, the testator was at that time over the age of 18  
2 years and of sound mind.

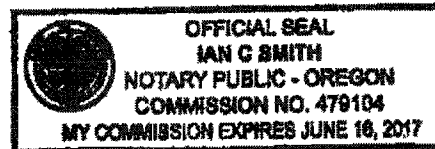
3   
4 Sharron P. Njust

5 Subscribed and sworn to before me on June 15, 2017.

6   
7 Notary Public for Oregon

8 Petitioner:

9 Joy O. Senger  
54893 Smock Road  
10 Wamic, OR 97063  
Ph: 541-544-2023



11 Attorney for Petitioner:

12 Kiffanie A. Phillips, OSB #084432  
13 [kiffanie@timmonsllaw.com](mailto:kiffanie@timmonsllaw.com)

LAST WILL AND TESTAMENT

OF

PESTORAH E. COPLEY

I, PESTORAH E. COPLEY, of Clackamas County, Oregon, do hereby make and declare this to be my Last Will and Testament and do hereby revoke all wills and codicils heretofore made by me.

I

I direct that my just debts and funeral expenses be paid promptly.

II

I direct my personal representative to pay from my estate all inheritance, estate, transfer and succession taxes which become payable by reason of my death and authorize her or him to contest or compromise any claims for such taxes. I further direct that all such taxes shall be paid without apportionment thereof and without withholding or collecting any part thereof from any beneficiary under my will or under any life insurance of mine which may be subject to such tax or from the surviving owner of any property owned jointly with me, it being my intention that all such taxes shall be paid from my estate as an expense of administration.

Exhibit 2 - Page 6 of 8

Pestorah E. Copley

III

I declare that I have one living child, namely: JOY O. BEJRANO, who is 25 years of age, and she shall take nothing by the terms of this will except as hereinafter set forth.

IV

The rest, residue and remainder of my estate, be it real, personal or mixed and wherever situated, I give, devise and bequeath unto my husband, WAYNE R. COPLEY, to have and to hold the same forever as his property absolutely.

V

In the event that my husband, WAYNE R. COPLEY, shall have predeceased me or pass within 30 days of my demise, then, but in that event only, I give, devise and bequeath my entire estate set forth in Paragraph IV above to my daughter, JOY O. BEJRANO, to have and to hold the same forever as her property absolutely.

VI

I hereby nominate and appoint my husband, WAYNE R. COPLEY as personal representative to this my last will and testament to serve without bond. In the event he is unable or unwilling to so act, then I nominate and appoint my daughter, JOY O. BEJRANO, as personal representative of this my last will and testament to serve without bond.

I hereby empower my personal representative to lease, encumber, sell, exchange or otherwise deal with or dispose of all my property, real or personal, or any part thereof, in such manner, at such times and upon such terms as he or she may deem to be to the interest 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 reference to the order of disposition of real and personal property and without any petition, citation, hearing, notice or any other action. I further authorize my personal representative to hold, manage and operate any business or property belonging to my estate, not at the risk of my personal representative, but at the risk of my estate, the profits and losses therefrom to inure or be chargeable to my estate as a whole.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 24-day of September, 1978.

Pestorah E. Copley

The foregoing instrument was at the date thereof, by the said PESTORAH COPLEY signed, sealed, published and declared to be her last will and testament in the presence of us, who at her request and in her presence, and in the presence of each other have subscribed our names as witnesses hereto.

Lawrence D. Hunt

ADDRESS: Star Pt. Dr. 171  
W. K. Hunt Oregon.

Sharon Hunt

ADDRESS: P.O. Box 280  
W. K. Hunt Oregon.