

2017-013324

Klamath County, Oregon



00213557201700133240060060

11/17/2017 02:38:39 PM

Fee: \$67.00

RECORDING REQUESTED BY
JOEL W. LOCKE, ESQ.
ALLISON MacKENZIE, LTD.
For Robert J. Wright, TTE
and the Estate of Lucille D. Wright
P.O. Box 646
Carson City, NV 89702

WHEN RECORDED MAIL TO
JOEL W. LOCKE, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, NV 89702

MAIL TAX STATEMENTS TO:
The Trust of ROBERT J. WRIGHT
Robert J. Wright, TTE
1309 Palo Verde
Carson City, NV 89701

SPACE ABOVE THIS LINE RESERVED FOR
RECORDER'S USE

■ The party executing this document hereby affirms
that this document submitted for recording does
not contain the social security number of any
person or persons.

Signature

DEED OF CLAIMING SUCCESSOR

ROBERT J. WRIGHT, as Claiming Successor to the Estate of LUCILLE D. WRIGHT ("GRANTOR"), as provided in the attached Affidavit of Claiming Successor of Intestate Small Estate, hereby releases, remises, and forever quitclaims to ROBERT J. WRIGHT, individually as his sole and separate property ("GRANTEE"), all right, title and interest in and to the following described real property:

Lot 1 in Block 16 OREGON SHORES SUBDIVISION-Tract #1053, in the County of Klamath, State of Oregon, as shown on the map filed on October 3, 1973, in Volume 20, pages 21 and 22 of MAPS in the office of the County record of said County.

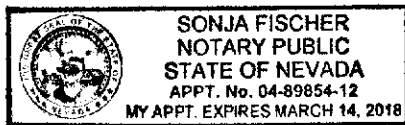
The true consideration for this conveyance is \$10.00.

IN WITNESS WHEREOF, the GRANTOR has executed this conveyance the
day and year first above written.

Robert J. Wright
ROBERT J. WRIGHT, as Claiming
Successor to the Estate of LUCILLE D.
WRIGHT

STATE OF NEVADA)
 : SS.
Carson City)

On October 31, 2017, personally appeared before me, a
notary public, ROBERT J. WRIGHT, personally known (or proved) to me to be the person
whose name is subscribed to the foregoing Deed of Claiming Successor, who acknowledged
to me that she executed the foregoing document.



Sonja Fischer
NOTARY PUBLIC

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County of (KLAMATH)
STATE OF OREGON
I hereby certify that the within is a
true and correct copy and the whole
of the original.
Clerk of Court
By [Signature]
Date 02-06/01/17

FILED
STATE OF OREGON
KLAMATH CIRCUIT COURT
2016 DEC 12 PM 4:24
CLERK OF COURT
BY: [Signature]

IN THE CIRCUIT COURT OF OREGON FOR KLAMATH COUNTY

In re the Estate of:

LUCILLE D. WRIGHT,

Deceased.

Case No.: 16PB08360

AFFDAVIT OF CLAIMING SUCCESSOR OF
INTESTATE SMALL ESTATE

STATE OF NEVADA)
) ss.
County of Carson City)

I, Robert J. Wright, being first duly sworn, do hereby depose and state:

I am a claiming successor, as that term is defined in ORS 114.505(1)(a) of the Estate of
Lucille D. Wright. I make this affidavit pursuant to ORS 114.505 – 114.560.

1.

The decedent is Lucille D. Wright. At the time of her death, she was 72 years of age. She
resided at 1309 Palo Verde Dr., Carson City, Nevada, and was domiciled in the State of Nevada.
Her social security number was 384-36-6452.

2.

The decedent died on May 13, 2012, in Carson City, Nevada.



Verified Correct Copy of Original 12/14/2016

3.

Decedent's sole property in the State of Oregon is an interest in the following described real property located in Klamath County, Oregon:

Lot 1 in Block 16 OREGON SHORES SUBDIVISION-Tract #1053, in the County of Klamath, State of Oregon, as shown on the map filed on October 3, 1973, in Volume 20, pages 21 and 22 of MAPS in the office of the County record of said County.

The fair market value of the property is believed to be \$5,000.00.

4.

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

5.

The decedent died intestate.

6.

I am the sole heir of the decedent per ORS 112.025(1). I am therefore entitled to her interest in the aforementioned real property.

7.

The Decedent had no outstanding obligations at the time of her death that were also not my obligations. All of those have been paid. No claims against the Decedent are known to exist. Attorney's fees of less than \$1,000.00 as and for attorney's fees and related costs will be incurred in connection with preparation of this affidavit and a deed transferring the Decedent's interest in the aforementioned real property to me.

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Verified Correct Copy of Original 12/14/2016

8.

A copy of this affidavit showing the date of filing will be mailed to the Department of Human Services.

9.


Claims against the estate not listed in this affidavit or in amounts larger than those listed in the affidavit may be barred unless a claim is presented to me at my address of 1309 Palo Verde Drive, Carson City, Nevada 89701, or a personal representative of the estate is appointed within the time allowed under ORS 114.555.

10.

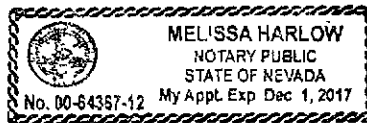
A certified copy of the Decedent's death certificate is attached to this affidavit.


ROBERT J. WRIGHT

Subscribed and sworn to before me this 18 day of November, 2016


NOTARY PUBLIC FOR NEVADA
My commission expires Dec. 1, 2017

BEN SHAFTON, OSB #861130
900 Washington, Suite 1000
Vancouver, WA 98660
Of Attorneys for Affiant



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2012007842

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEASED

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lucille Dianne WRIGHT				2. DATE OF DEATH (Mo/Day/Year) May 13, 2012		3a COUNTY OF DEATH Carson City	
3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Carson Tahoe Regional Medical Center		3a. If Hosp or Inst. indicate DOA, OP/Emer Rm Inpatient (Specify) Inpatient		4 SEX Female	
5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 72		7b UNDER 1 YEAR MOS DAYS HOURS MINS	
7c UNDER 1 DAY		8 DATE OF BIRTH (Mo/Day/Yr) January 10, 1940		9a STATE OF BIRTH (If not U.S.A., name country) Michigan		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16+		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12 SURVIVING SPOUSE (if wife, give maiden name) Robert WRIGHT		13 SOCIAL SECURITY NUMBER 384-36-8452	
14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Registered Nurse		14b KIND OF BUSINESS OR INDUSTRY State Of Nevada		15a RESIDENCE - STATE Nevada		15b COUNTY Carson City	
15c CITY, TOWN OR LOCATION Carson City		15d STREET AND NUMBER 1309 Palo Verde Drive		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Estel GRIEST	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) Emma BUELL		18a INFORMANT- NAME (Type or Print) Robert WRIGHT		18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1309 Palo Verde Drive Carson City, Nevada 89701		19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19b CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c LOCATION City or Town State Sparks Nevada 89431		20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE <i>SIGNATURE AUTHENTICATED</i>		20b FUNERAL DIRECTOR LICENSE 304R	
20c NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompia Ln Carson City NV 89701		21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) TATJANA DELEMUS M.D. <i>SIGNATURE AUTHENTICATED</i>		21b DATE SIGNED (Mo/Day/Yr) May 17, 2012		21c HOUR OF DEATH 07:35	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a 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) stated. (Signature & Title)		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
22d PRONOUNCED DEAD (Mo/Day/Yr)		22e PRONOUNCED DEAD AT (Hour)		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TATJANA DELEMUS M.D. 1600 Medical Parkway Carson City, NV 89703		23b LICENSE NUMBER 13463	
24a REGISTRAR (Signature) MICHELE L YOUNG <i>SIGNATURE AUTHENTICATED</i>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 22, 2012		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Cardiopulmonary Arrest	
25a ACC., SUICIDE, HOMICIDE, OR PENDING INVEST (Specify)		25b DATE OF INJURY (Mo/Day/Yr)		25c HOUR OF INJURY		25d DESCRIBE HOW INJURY OCCURRED	
25e INJURY AT WORK (Specify Yes or No)		25f PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)		25g LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a DATE OF INJURY (Mo/Day/Yr)		28b HOUR OF INJURY		28c DESCRIBE HOW INJURY OCCURRED	
28d PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)		28e LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28f DATE OF INJURY (Mo/Day/Yr)		28g HOUR OF INJURY	

STATE REGISTRAR

VRS-Rev-20110325

436024

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED: 05/22/2012

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

