

After Recording Return To:
Lara Ja'Net Bahlman
3508 SW 35th Place
Redmond, OR 97756

2018-004461
Klamath County, Oregon
04/12/2018 02:28:01 PM
Fee: \$82.00

FILED
COURT

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

DESCHUTES COUNTY
OREGON

In the Matter of the Small Estate of
Rose Mae Hatch
Deceased.

Case No. 17PB07642

AFFIDAVIT OF CLAIMING SUCCESSOR
(SMALL ESTATE AFFIDAVIT)

STATE OF OREGON)
County of Deschutes) ss.



CERTIFIED TRUE COPY OF THE ORIGINAL
Dated this 4 day of OCT 20 17
CIRCUIT COURT OF THE STATE OF OREGON
FOR DESCHUTES COUNTY

I swear that the following statements are true:

BY: [Signature]
COURT CLERK

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

Lara Ja'net Bahlman
3508 SW 35th Place
Redmond, OR 97756

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 died testate or left heirs.

2. **The decedent.**

Name: Rose Mae Hatch Age: 70 Soc. Sec. No. 574-16-9970
Home or mailing address: 1233 Front St. Klamath Falls, OR 97601
Date of death: August 13, 2007 Place of death: Redmond, OR

A certified copy of the death certificate is attached.

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

<u>Real Property</u> [attach a legal description]	Fair Market Value [maximum total value \$200,000]
1233 Front St. Klamath Falls, OR 97601	120,000
1329 Wilford Ave, Klamath Falls OR 97601	60,000

<u>Personal Property</u> [PERS accounts, bank accounts, jewelry, etc.]	Fair Market Value [maximum total value \$75,000]
Savings account	\$25,000
Park Model	\$25,000.00

["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 Deschutes County. This small estate affidavit should be filed in Deschutes County because [check at least one that applies]:

- ☒ The decedent died in Deschutes County.
- ☐ At death, the decedent lived in or had a home in Deschutes County.
- ☐ The decedent had property located in Deschutes 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:

Name of each heir	Relationship to decedent	Last-known address
Lara J. Bahlman	Daughter	3508 SW 35 th Place Redmond, OR 97756

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
Lara J. Bahlman	1233 Front St. Klamath Falls, OR 97601
	1329 Wilford Ave Klamath Falls, OR

[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
Home Depot		\$ 4196.13
B of A credit card		\$ 12787.94
B of A line of credit		\$ 9179.74
Spray & Cerow	PO Box 7388 Klamath Falls 97602	\$ 78.00
Bell		\$ 200.00

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

additional on attached page

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

Creditor's name	Last-known address	Type of claim & estimate or amount

[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:

Department of Human Services		Oregon Health Authority
Estate Administration Unit	and	500 Summer Street NE
PO Box 14021		Salem, Oregon 97301-1097
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: 503-779-6564

Signed and sworn to before me on 10-4, 2017.


Notary Public/Court Clerk

Real Property

1. 1233 Front St. Klamath Falls, 97601 \$120,000
R-3809-030BB-00900-000
2. 1329 Wulford Ave, Klamath Falls, 97601 \$60,000
R-3809-029DB-02300-000

Personal Property

1. Oak Park 11 ft x 35 ft \$25,000
SER# IEH4B3520R0802041
Year 1994
2. Savings Account
\$25.00
~~Bank~~ US Bank

✓ Citibank, N.A. - Home Depot
Ref# 22042356 Balance \$4196.13

1800 306
8613

Phillips & Cohen Associates, Ltd.
Mail Stop: 830
1004 Justison Street
Wilmington, DE 19801-5148

✓ US Bank
Platinum Visa Card Balance \$12,787.94
Acct# [REDACTED]

PO Box 790408
St. Louis, MO 63179-0408

✓ US Bank Line of Credit
Acct # [REDACTED]

✓ Spray and Grow Services, Inc.
PO Box 7388
Klamath Falls, OR 97602
Cust # 1441
\$178.00

Nikki Casey Carlson

Personal Loan

estimate \$15,000

13505 Virginia Street

Shohomish, WA 98090

John Hegenwald

Personal Loan

estimate \$3100⁰⁰

61532 West Ridge Ave

Benel OR 97702

541-419-6085

Bill Woodward

Arizona home upkeep

\$200⁰⁰

480-374-4232

480-266-4105

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

2017 OCT -4 AM 9:53

DESCHUTES COUNTY
OREGON

799772

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. Legal Name First: Rose Middle: Mae Last: Hatch Suffix:		2. Death Date August 13, 2017	
3. Sex Female	4. Age 70 years	5. Social Security Number 574-16-9970	
6. County of Death Deschutes		7. Decedent's Education High school grad. or GED	
8. Birthdate August 29, 1946		9. Birthplace San Diego, California	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	
12. Was Decedent Ever in U.S. Armed Forces? No		13. Residence: Number and Street 1233 Front Street	
14. City/Town Klamath Falls		15. State or Foreign Country Oregon	
16. Zip Code + 4 97601		17. Inside City Limits? Yes	
18. Marital Status at Time of Death Divorced		19. Spouse's Name Prior to First Marriage	
20. Usual Occupation Administrative/ Government Worker		21. Kind of Business/Industry State of Oregon Senior/ Disability Services	
22. Father's Name Myles Lester White		23. Mother's Name Prior to First Marriage Jacqueline Rita Snyder	
24. Informant's Name Lara Ja'net Bahlman		25. Telephone Number Not Available	
26. Relationship to Decedent Daughter		27. Mailing Address 3508 SW 35th Place, Redmond, OR 97756	
28. Place of Death Other: Daughter's Residence/ Hospice		29. Facility Name	
30. Location of Death 3508 SW 35th Place		31. City/Town or Location of Death Redmond	
32. State Oregon		33. Zip Code + 4 97756	
34. Method of Disposition Cremation		35. Place of Disposition Central Oregon Cremation Center	
36. Location La Pine, Oregon		37. Name and Complete Address of Funeral Facility Baird Funeral Home 2425 NE Tweet Place, Bend, Oregon 97701	
38. Date of Disposition August 16, 2017		39. Funeral Director's Signature Bradley Bolt Baird	
40. Date Received August 17, 2017		41. OR License Number CO-3811	
42. Registrar's Signature Kellie A. Eckerman, Dep. Reg.		43. Local File Number 1123	
44. Amendment			

6916115

TO BE COMPLETED BY FUNERAL FACILITY

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

AUG 17 2017

DATE ISSUED:

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

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE