

		2018-005696 Klamath County, Oregon 05/08/2018 11:45:01 AM	
Sean Schrock	· 0000000	05/08/2018 11:45:01 AM Fee: \$77.00	
3400 Columbia Pike, Apt. 510		1001 411100	
Arlington, VA 22204 Grantor's Name and Address ean Dean Schrock, Zolie Santa, Brent			
Ashley Schrock			
400 Columbia Pike, Apt 510 Arlington, Grantee's Name and Address	7 <u>A</u>	SPACE RESERVED FOR	
Grantee's Name and Address 22204 After recording, return to (Name and Address):	4_	RECORDER'S USE	
Sean Dean Schrock, Zolie Santa, Brent			
shley Schrock			
400 Columbia Pike Apt 510, Arlington, V/ Until requested otherwise, send all tax statements to (Name and Address):		·	
an Schrock, Zolie Santa, Brent Ashley		•	
3400 Columbia Pike Apt 510			
Arlington, VA-22204			
	AFFIANT'S DEED		
THIS INDENTURE dated May 3, 2018. Sean Schrock		arigan ayan ayan ah an	, by and betw
the affiant named in the duly filed affidavit concerning	the small estate of Aln	na Maria Schrock aka A.M	arie Schr
78. NO NOVEMBER 1990 -	0 00 00 00 00 00 00 00 00 00 00 00 00 0	, deceased, hereinafi	ter called gran
and Sean Dean Schrock, Zolie Santa,	and Brent Ashley	Schrock	
hereinafter called grantee; WITNESSETH:			
For value received and the consideration here			
presents does grant, bargain, sell and convey unto gra			
est of the estate of the deceased, whether acquired l			operty situate
Klamath County, State of C	Dregon, described as follo	ws (legal description of property):	
Lot 5 in Block 5 of FIRST ADDITIO	N TO KEI ENE G	ADDENIS cocondina to ti	l
official plat thereof on file in the or	on to receive G	ARDENS, according to the	ne
official plat thereof on file in the of	nice of the County	Clerk of Klamath Coun	ty,
Oregon.			
(IF SPACE INSU	FFICIENT, CONTINUE DESCRIPTION	ON REVERSE)	
		•	
To Have and to Hold the same unto grantee, a	and grantee's heirs, succes	sors-in-interest and assigns forever.	
	and grantee's heirs, success transfer, stated in terms	sors-in-interest and assigns forever. of dollars, is \$Case_#17PB02851	8. However,
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RECORDING COVER SHEET ORS 205.234

This cover sheet has been prepared by:



•	ror in this cove ned in the instr		Taffect the transaction(s)		
Refere	ence: 2296	76AM			
Pleas	AFTER RERECTION REPORTS AND APPEAR REPORT APPEAR REPORT AND APPEAR REPORT APPEAR REPORT APPEAR REPORT AND APPEAR REPORT A	pe information. CORDING RE DRS 205.180(4) & Sean Schroc 3400 Columb	205.238: <u>k</u> pia Pike, Apt. 510		
2.	Note: "Transa	action" means any or release affection		law to perty. E	be recorded, including, but not limited to, any transfer, Enter descriptive title for the instrument:
					-,
3		ces list Seller; for l	FOR Names and Addresse Mortgages/Liens list Borrower/De Sean Schrock, Claiming	btor	
4.			NTEE Names and Addres Mortgages/Liens list Beneficiary/L		
	Grantee Nam	ne:	N/A		
	Grantee Nam	ne:			
5.	the information UNTIL A C	n required by ORS HANGE IS RE	QUESTED, ALL LL BE SENT TO	6.	TRUE AND ACTUAL CONSIDERATION — Required by ORS 93.030 for an instrument conveying or contracting to convey fee title or any memorandum of such instrument: \$ 0
	Name:	NO CHANGE		-	
	Address:			-	
	City, ST Zip:			-	
7.			R OF THE PROPERTY if the oreclosure. — Required by OF		trument creates a lien or other interest that 125(4)(b)(B)
	Tax Acct. No.	: <u>N/A</u>			

1					
2		A.			
- 3					
4	. Π	N THE CIRCUIT COURT	OF THE STATE OF OREGON		
- 5		FOR THE COU	JNTY OF MARION		
6		Probate	Department		
7	In the Matter of the	Estate of	No. 17PB02858		
8 9	ALMA MARIA SO A. MARIE [sic]SC	CHROCK SANTA, aka	AFFIDAVIT OF CLAIMING SUCCESSOR INTESTATE ESTATE		
10		Decedent.	(Fee Determined By ORS 21.145(4), ORS 114.515(6); Estate Value ≤ \$95,000)		
11					
12	STATE OF OREGO	ON)			
13) ss. County of Marion				
14					
15	Decedent. I hereby	submit this Affidavit of Cla	aiming Successor Intestate Estate pursuant to ORS		
16	114.515.		;		
17	1. The	following information is g	iven with regard to the Decedent:		
18					
19	(a)	Name:	Alma Maria Schrock Santa, aka A. Marie		
20	45	D 4 CD: 4	[sic]Schrock		
21	(b)	Date of Birth:	September 26, 1941		
22	(c)	Domicile:	Marion County, Oregon		
23	(d)	Post Office Address:	5574 Sugar Plum Street SE Salem, OR 97306		
24	(e)	Date and place of	January 6, 2017, Marion County, Oregon		
25	(f)	death: Social Security No.:	XXX-XX-5071		

Page 1 - AFFIDAVIT OF CLAIMING SUCCESSOR INTESTATE ESTATE

SCHWABE, WILLIAMSON & WYATT, P.C. Altorneys at Law Equitable Center 530 Center St., NE, Suite 400 Salem, OR 97301 Telephone: 503,540,4262

			• •		· · ·	
2	3. A description of the Decedent's property subject to the				to this affidavit, and the fair	
3	market value of the property on the date of death is:					
4	PROPER	<u>ΓΥ</u>			<u>VALUE</u>	
5		interest in real projece, Klamath Falls,	perty commonly know OR 97603	n as: 4839	\$53,990 (value per tax assessment year 2016)	
6 7	Legally described as: LOT: 5 BLK: 5 SEC/TWN/RNG/MER:					
8 9		ngton Federal – Ce No.: 664067097	ertificate of Deposit			
		ın Stanley – Broke	rage Account		\$12,034.90	
10		No.: 574-706293-4			\$14,462.10	
11			discovered at US Ban	k belongii	ng ≤\$10,000	
12	to the abo	ve-captioned dece	dent			
13		le – 1998 Cadillac 6DW51Y9JR7610	\$2,625 (average retail)			
14	Total Assets (Approx.):			≤\$93,112.00		
15						
16	4.	An application for	or petition for the appo	intment of	f a personal representative has	
17	7 not been granted in Oregon.					
18	5.	The Decedent die	ed intestate.			
19	6. The names, relationships, and post office addre			ce address	ses of the heirs of the Decedent	
20 are as follows:						
21	NAME		RELATIONSHIP	<u>AGE</u>	POST OFFICE ADDRESS	
22	Zolie Santa		Spouse	Adult	5574 Sugar Plum Street SE	
23	(Salem, OR 97306	
24	Sean Dean Schrock		Son	Adult	6369 Lakeview Drive Falls Church, VA 22041	
25						
26						

The Decedent died on January 6, 2017, in Marion County, Oregon.

ESTATE

AFFIDAVIT OF CLAIMING SUCCESSOR INTESTATE

Page 2 -

1

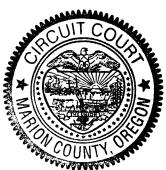
2.

. 1	Brent	Ashley Schrock	Son	Adult	
2					Portland, OR 97223
3	7.	The interest in de	ecedent's pro	perty described in	this Affidavit to which each is
4	entitled is as f		D.	EVISE	
5		Santa)% interest in the	entire estate
6	Sean	Dean Schrock	25	5% interest in the	entire estate
7	Brent	Ashley Schrock	25	5% interest in the	entire estate
8					
9	A copy	y of this Affidavit	will be deliv	ered to each heir	or mailed to the heirs at their last
10	known address	ses stated above.			
11	8.	No interest in this	s estate shall	escheat.	
12	9.	Reasonable effor	ts have been	made to ascertain	creditors of the estate. The
13	expenses of the estate and claims against the estate remaining unpaid or on account of which the				
14	Affiant or any	other person is en	ititled to rein	nbursement from	the estate, including the known or
15	estimated amo	ounts and the name	s and addre	sses of the creditor	rs known to the Affiant, are:
16	Cred	itor Name and A	ddress	Description of I	Debt Amount
17		abe, Williamson &		Attorney fees	
18				•	
19	10.	A copy of the Af	fidavit show	ing the date of fili	ng will be mailed to each creditor
20	who has not b	een paid in full.			
21	11.	No person is kno	wn to Affiar	nt to have asserted	a claim against the estate, which
22	the Affiant dis	sputes.			
23	12.	A copy of this At	ffidavit shov	ving the date of fil	ing will be mailed to the
24	Department of	f Human Services	and Oregon	Health Authority.	Pursuant to OAR 461-135-0834,
25	this notice wil	l be mailed to the	Estate Admi	inistration Unit, O	ffice of Payment Accuracy and
26	Recovery, De	partment of Huma	n Services a	t PO Box 14021, S	Salem, Oregon 97309-5024.

1	13.	13. Claims against the estate not listed in this Affidavit or in amounts greater than			
2	listed herein, may be barred unless:				
3		a.	A claim is presented to the claiming successor at the following address		
4	within four	months	s of the filing of the Affidavit:		
5		. ,	SEAN SCHROCK		
6			6369 Lakeview Drive		
7	OR		Falls Church, VA 22041		
8		b .	A personal representative is appointed within the time allowed by ORS		
9	114	.555.			
10					
11			MRK		
12			Sean Schrock, Affiant/Claiming Successor		
13	Sub	coribad (and sworn to before me this 6th day of April, 2017.		
14	5.00	scribed a	and sworn to before the this day of, 2017.		
15	i Western and week				
16		KAT NO	OFFICIAL STAMP TRINA MARIE BOAM ITARY PUBLIC-OREGON UTOLIA MOSIL FORM OFFICIAL STAMP OFFICIAL STAMP OFFICIAL STAMP		
17		COM	MMISSION NO. 957125A NOTARY PUBLIC FOR OREGON		
18			My Commission Expires: DC.5,2020		
19					
20					
21					
22			8		
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24	H.				
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Page 4 - AFFIDAVIT OF CLAIMING SUCCESSOR INTESTATE ESTATE

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20	CLAIMING SUCCESSOR: Sean Schrock	ATTORNEY FOR CLAIMING SUCCESSOR: Maria C. Schimdlkofer, OSB No 075169
21	6369 Lakeview Drive Falls Church, VA 22041	Schwabe, Williamson & Wyatt, P.C. 1211 SW 5 th Avenue, Suite 1900
22	Telephone: (252) 665-3388	Portland, OR 97204
23		Telephone: (503)540-4262 Facsimile: (503) 796-2900 Email: mschmidlkofer@schwabe.com
24		Email: mschmidlkofer@schwabe.com
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STATE OF OREGON Sounty of Marion ss

The foregoing copy has been compared and is certified by me as a full, true and correct copy of the original on file in my office and in my custody.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the

Court on: