

2020-007623

Klamath County, Oregon



00260956202000076230080080

06/22/2020 02:35:29 PM

Fee: \$137.00

RECORDING REQUESTED BY:

STEVEN R. DE SENA

AND WHEN RECORDED MAIL TO:

**STEVEN R. DE SENA
P.O. BOX 1068
NEVADA CITY CA 95959**

Until requested otherwise send all tax statements to:

**Stephen R. DeSena
PO BOX 1068
Nevada City, CA 95959**

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Document Title: AFFIDAVIT OF CLAIMING SUCCESSOR

(Small Estate Affidavit) In the Matter of the Estate of Louis Charles De Sena

Code: 221 PCL: 400 Acct#:355494

Lot 7, Block 15, Sprague River Valley Acres, as per plat recorded in records of said County.

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION

IN THE 13th CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF KLAMATH
316 MAIN STREET, KLAMATH FALLS, OR 97601
PROBATE DEPARTMENT

STATE OF OREGON
COUNTY OF KLAMATH
2023 JAN 27 PM 4:13
CLERK OF THE COURT

In the Matter of the Estate of:

LOUIS CHARLES DE SENA

Case No. 20PB 00667

AFFIDAVIT OF CLAIMING SUCCESSOR
(Small Estate Affidavit)

Filing Fee: \$124 (ORS 21.145(4))

I swear or affirm that the following statements are true:

1. The affiant:

My name and address is:

STEPHEN R. DE SENA
P.O. BOX 1068
NEVADA CITY CA 95959

County of KLAMATH)
STATE OF OREGON)

I hereby certify that this
true and correct copy
of the original.

Clerk of Court

By: 

Date January 27, 2020

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

- ☐ I am 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 paid the full amount owed to me within 60 days of the date 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 Department of State Lands allowing me to file this small estate proceeding, or
- ☐ Authorization from the Department of State Lands is not required because the decedent died testate or left heirs.

2. The decedent:

Name: **LOUIS CHARLES DE SENA**

Age: **75**

Address: **1891 Hallwood Drive**
Las Vegas NV 89119

Date of Death: **June 13, 1991**

Place of Death: **Las Vegas, NV**

A certified copy of the death record is attached.

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

<u>Real Property</u> (Land, house, rental property, etc.) [attach legal description – required]	<u>Fair Market Value</u> [maximum total value \$200,000]
Lot 7, Block 15, SPRAGUE RIVER VALLEY ACRES, as per plat recorded in records of said county. Acct/APN 355494 1.68 ac., per attached Bargain and Sale Deed	4,330 per attached 2019-2020 property tax statement. Value as of date of death in 1991 unknown.

Total all Real Property: \$4,330

<u>Personal Property</u> [PERS accounts, bank accounts, jewelry]	<u>Fair market Value</u> [maximum total value \$75,000]
None	Zero

Total all Personal Property: \$ ZERO

["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 or insurance policies with specific individuals listed as beneficiaries).]

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

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

Thirty days or more 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 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:
ROSALIE M. DeSENA	Wife	Deceased
STEPHEN R. DeSENA	Son	P.O. BOX 1068 NEVADA CITY CA 95959

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

Name of each devisee	Last known address
STEPHEN R. DeSENA	P.O. BOX 1068 NEVADA CITY CA 95959

9. Notice to heirs and devisees. I promise to give to each heir and 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 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
N/A	N/A

[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 "1/3 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): *If the estate has no creditors, please write "none."*

Creditor's name:	Last known address	Type of claim & estimate amount:
NONE	N/A	N/A

12. Disputed claims. I, as affiant, dispute the following claims against the estate: *If the estate has no creditors making claims disputed by the affiant, write "none."*

Creditor's name:	Last known address	Type of claim & estimate amount
NONE	N/A	N/A

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 State. Within 30 days after this affidavit is filed with the court, I promise to mail or deliver a copy of the affidavit showing the date of filing to the Department of Human Services (SHS) and the Oregon Health Authority at the following address:

Department of Human Services
Estate Administration Unit
PO Box 14021
Salem, OR 97309-5024

(Pursuant to OAR 943-001-015(1)(h), mailing notice to DHS as the address above is considered giving notice to the Oregon Health Authority.)

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

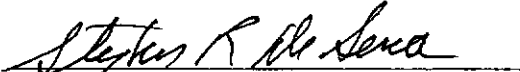
a. Claims against the estate not listed in this affidavit or in amount larger than those listed in this affidavit may be barred unless:

- 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.



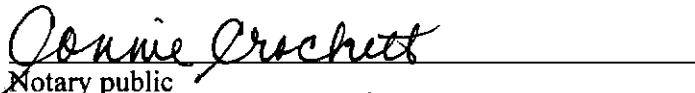
STEPHEN R. DE SENA

Affiant (sign in front of Notary Public)

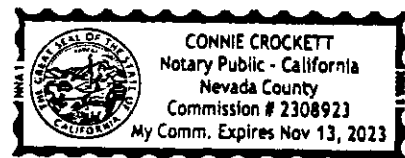
Telephone Number: 530 913 7439

State of CALIFORNIA
County of NEVADA

Signed and sworn before me on January 17, 2020
By STEPHEN R. DE SENA.


Notary public

My commission expires: 11/13/2023



STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last 1. Louis Charles DE SENA		DATE OF DEATH (Month, Day, Year) 2. June 13, 1991	
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH 3. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3. Silvercrest	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		SEX 4. Male	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	CITIZEN OF WHAT COUNTRY 9. U.S.A.		DATE OF BIRTH (Mo., Day, Yr.) 8. July 4, 1915	
	SOCIAL SECURITY NUMBER 13. 086-01-5349		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
PARENTS	FATHER—NAME First Middle Last 16. Stephen De Sena		MOTHER—MAIDEN NAME First Middle Last 17. Romilda Graziano	
	INFORMANT—NAME (Type or Print) 18a. Rosalie De Sena -Wife		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1891 Hallwood Drive, Las Vegas, Nevada 89119	
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Removal		CEMETERY OR CREMATORY—NAME 19b. San Fernando Mission Cemetery	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		LOCATION City or Town State 19c. Mission Hills California	
CERTIFIER	FUNERAL DIRECTOR LICENSE NUMBER 20b. 27		NAME AND ADDRESS OF FACILITY 20c. Palm Valley View Mort. 7600 So. Eastern Ave. Las Vegas NV	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. 6-14-91		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) and manner stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b. 6-14-91	
CAUSE OF DEATH	HOUR OF DEATH 21c. 12:00 P.M.		HOUR OF DEATH 22c. 12:00 P.M.	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Alvin Blumberg M.D. 2020 Goldring Ave. Las Vegas Nevada 89106		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. Alvin Blumberg M.D. 2020 Goldring Ave. Las Vegas Nevada 89106		LICENSE NUMBER 23b. 2776	
	REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24c. JUN 17 1991	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Acute Chronic Respiratory Distress		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
	(b) Acute Chronic ARRY Pna		Interval between onset and death	
CAUSE OF DEATH	(c) Acute Congestive Myocardopathy		Interval between onset and death	
	PART II Pneumonia Organism BLAW Syndrome		Interval between onset and death	
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Pneumonia Organism BLAW Syndrome		AUTOPSY (Specify Yes or No) 26. No	
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. 28b.		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
CAUSE OF DEATH	DATE OF INJURY (Mo., Day, Yr.) 28b. 28c.		DESCRIBE HOW INJURY OCCURRED 28d. 28g.	
	HOUR OF INJURY 28c. 28d.		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. 28g.	
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No) 28e. 28f.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. 28g.	
	28f. 28g.		28g. 28g.	

STATE REGISTRAR

No. 027567

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued:

JUN 17 1991

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

KLAMATH COUNTY, OREGON PROPERTY TAX STATEMENT
305 MAIN STREET RM 121
KLAMATH FALLS, OR 97601
JULY 1, 2019 TO JUNE 30, 2020

ACCOUNT NO:
355494

REAL PROPERTY DESCRIPTION

CODE: 221 PCL: 400
MAP: 3612-001B0-08100
ACRES: 1.68
SITUS:

10722
DE'SENA LOUIS C
PO BOX 1068
NEVADA CITY, CA 95959

Klamath County Schools 17.54
Klamath Community College 1.78
So. OR Education 1.53
TOTAL: 20.85

Klamath County 7.50
Museum 0.22
Library 2.12
Klamath County Extension SVC 0.65
Klamath County Predatory Control 0.26
Valley Acres Road 7.43
911 0.67
911OP 0.35
TOTAL: 20.20

Klamath County Schools Bond 13 2.46
Klamath Lake Grazing 18.75
TOTAL: 21.21

VALUES	LAST YEAR	THIS YEAR
REAL MARKET		
LAND	4,330	4,330
STRUCTURES	0	0
TOTAL RMV	4,330	4,330
 TOTAL ASSESSED VALUE	 4,330	 4,330
EXEMPTIONS		
NET TAXABLE:	4,330	4,330
 TOTAL PROPERTY TAX	 61.25	 61.26

PAY OPTIONS: BY MAIL, IN PERSON, OR ONLINE AT
KLAMATHCOUNTY.ORG (FEES APPLY)
MAIL NOVEMBER PAYMENT TO PORTLAND (FEB & MAY PYMTS MAIL TO
KLAMATH FALLS ADDRESS), NOVEMBER 15TH POSTMARK ACCEPTED
ASSESSMENT / ADDRESS / OWNER QUESTIONS: (541) 883-5111
FOR TAX PAYMENT QUESTIONS CALL: (541) 883-4297

YOUR CANCELLED CHECK IS YOUR RECEIPT

2019 - 2020 TAX (Before Discount) 61.26

PAYMENT OPTIONS			
Date Due	3% Option	2% Option	Trimester Option
11/15/19	59.32	40.02	20.42
02/18/20		20.42	20.42
05/15/20		20.42	20.42
Total	59.32	60.86	61.26

TOTAL DUE (After Discount and Pre-payments) 59.42

↑ Tear Here

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Tear Here ↑

2019 - 2020 PROPERTY TAXES

KLAMATH COUNTY REAL

ACCOUNT NO. 355494

PAYMENT OPTIONS	Discount	Date Due	Amount	Date Due	Amount	Date Due	Amount
Full Payment Enclosed	3%	11/15/19	59.42				
or 2/3 Payment Enclosed	2%	11/15/19	40.02			05/15/20	20.42
or 1/3 Payment Enclosed	0%	11/15/19	20.42	02/18/20	20.42	05/15/20	20.42

DISCOUNT IS LOST & INTEREST APPLIES AFTER DUE DATE

☐ Mailing address change on back

Enter Payment Amount

MAKE PAYMENT TO:

DE'SENA LOUIS C
PO BOX 1068
NEVADA CITY, CA 95959

KLAMATH COUNTY TAX COLLECTOR
PO BOX 2696
PORTLAND OR 97208-2696

FOR CREDIT CARD PAYMENT INFO: www.klamathcounty.org

18100003554940000002042000000400200000059424

98750

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Recording Requested by:

Wells Fargo Realty Services, Inc.

and When Recorded, Mail to:

Louis C. De Sena
23310 Irgomar Street
Canoga Park, Ca. 91304STATE OF OREGON
County of Clatsop

Filed for record at request of:

WELLS FARGO REALTY SERVICES INC.

on this 10th day of MARCH A. D. 19 76

at 2:10 o'clock P.M. and duly

recorded in Vol. M 75 of DEEDS

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WM. D. MILNE, County Clerk

By *[Signature]* Deputy.

Until a change is requested all tax statements shall
be sent to the following address: Consideration \$525.00
Louis C. De Sena Affix I.I.L.S. \$ NONE in this space
23310 Irgomar St.
Canoga Park, Ca. 91304

Bargain and Sale Deed

THIS DEED dated February 27, 1975, by Wells Fargo Realty Services, Inc., a California Corporation, as Trustee, who acquired title as Grayco Land Corporation, Inc., as Trustee, a California corporation, hereinafter called "Grantor,"

to LOUIS C. DE SENA, a married man

hereinafter called "Grantee."

WITNESSETH

Grantor, for good and valuable consideration to it paid by Grantee, the receipt of which is hereby acknowledged, does by these presents grant, bargain, sell and convey unto Grantee, his heirs and assigns, all of the following described real property situated in the County of Clatsop, in the State of Oregon, to wit:

Lot 7, Block 15, SPRAGUE RIVER VALLEY ACRES, as per plat recorded in records of said county.

SUBJECT TO: (1) Taxes for the fiscal year 1970-1971 and subsequent.
(2) Covenants, conditions, reservations, easements, restrictions, rights, rights of way, and all matters appearing of record.

TOGETHER WITH all and singular the tenements, hereditaments, appurtenances, rights, privileges and easements belonging or in anywise appertaining to any and all of the real property hereinabove described and defined and the reversion, reversions, remainder and remainders, rents, issues, profits and revenue thereof.

TO HAVE AND TO HOLD said real property hereinabove described and defined unto Grantee, his heirs and assigns, forever.

IN WITNESS WHEREOF said Wells Fargo Realty Services, Inc., a California Corporation, as Trustee, who acquired title as Grayco Land Corporation, Inc., as Trustee, a California corporation, the Grantor herein, has caused its corporate name to be hereunto subscribed and its corporate seal to be hereto affixed by its proper officers thereunto duly authorized, as of the date first above written.

STATE OF CALIFORNIA

COUNTY OF Los Angeles

On February 27, 1975

before me, the undersigned, a Notary Public in and for said County and State, personally appeared Norbert J. Howell, known to me to be the Vice President, and

Betty M. Gaorgino, known to me to be the Assistant Secretary of the Corporation that executed the within instrument, known to me to be the persons who executed the within instrument on behalf of the Corporation therein named, and acknowledged to me that such Corporation executed the within instrument pursuant to its bylaws or a resolution of its board of directors.

WITNESS my hand and official seal this 27th day of February, 1975.

(Seal) *[Signature]*
Notary Public in and for said County and State

Wells Fargo Realty Services, Inc.,

a California Corporation, as Trustee

By *[Signature]* Vice PresidentBy *[Signature]* Assistant Secretary

My Commission Expires Aug. 11, 1978

0194-388

Jb-38-09/73