

**2020-011050**

**Klamath County, Oregon**



00264893202000110500190192

09/01/2020 12:53:08 PM

Fee: \$172.00

When Recorded Return to:  
Law Office of Jamie Kelley PLLC  
2031 Highway 95, Suite 1  
Bullhead City, AZ 86442

Mail Tax Bill to:  
S.A.I.N.T.  
PO Box 22411  
Bullhead City, AZ 86439

## **BARGAIN AND SALE DEED WITH COVENANTS**

THE GRANTOR, Jamie Kelley, Personal Representative of the Estate of Raymond Leslie Hilton, in compliance with ORS 114.555, for and in consideration of one dollar (\$1.00) and other good and valuable consideration grants and releases with covenants to the GRANTEE, S.A.I.N.T. (Saving Animals In Need Together), an Arizona not-for-profit corporation, the following described real property, situated in the County of Klamath, State of Oregon:

Chiloquin West, Block 5, Lot 3 (vacant)

Grantor grants, all the Grantor's rights, title and interest in and to the above described property and premises to the Grantee, and to the Grantee heirs and assigns forever, so that neither Grantor nor Grantor's heirs, legal representatives or assigns shall have, claim or demand any right of title to the property, premises, or appurtenances, or any part thereof. Grantor covenants that Grantor has not taken any action or suffered anything whereby the property conveyed herein has been encumbered in any way.

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

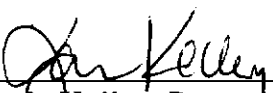
ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

THE PROPERTY DESCRIBED IN THIS INSTRUMENT MAY NOT BE WITHIN A FIRE PROTECTION DISTRICT PROTECTING STRUCTURES. THE PROPERTY IS SUBJECT TO LAND USE LAWS AND REGULATIONS THAT, IN FARM OR FOREST ZONES, MAY NOT AUTHORIZE CONSTRUCTION OR SITING OF A RESIDENCE AND THAT LIMIT LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, IN ALL ZONES. 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. 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 VERIFY THE EXISTENCE OF FIRE PROTECTION FOR STRUCTURES 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.

Tax Parcel No. R-3407-034DB-05800-000

The true consideration for this conveyance is \$0.00. It is a distribution from the Estate of Raymond Leslie Hilton made pursuant to ORS 114.555. The Small Estate Affidavit filed with the Court is attached hereto.

Dated this 27<sup>th</sup> day of August, 2020.

  
\_\_\_\_\_  
Jamie Kelley, Personal Representative  
Estate of Raymond Leslie Hilton

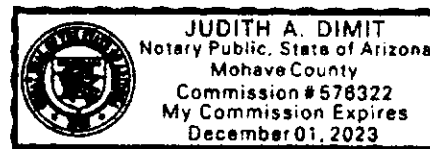
STATE OF ARIZONA     )  
                                      )  
COUNTY OF MOHAVE    )     SS

SUBSCRIBED AND SWORN to before me this 27<sup>th</sup> day of August,  
2020, Jamie Kelley, Personal Representative of the Estate of Raymond Leslie Hilton.

My Commission Expires:

12-01-2023

Judith A. Dimit  
Notary Public



County of Klamath  
STATE OF OREGON  
I hereby certify that this is a  
true and correct copy and the whole  
of the original  
Clerk of Court

By [Signature] IN THE CIRCUIT COURT OF THE STATE OF OREGON  
Date 4/6/20 FOR THE COUNTY OF Klamath

FILED  
STATE OF OREGON  
KLAMATH CIRCUIT COURT  
2020 APR -6 PM 2:25  
BY: [Signature] CLERK OF COURT

In the Matter of:

Case No: 20PB02432

Raymond L. Hilton, aka Raymond Leslie Hilton

Decedent

(print legal name of the deceased)

**SMALL ESTATE  
AFFIDAVIT**

☐ Amended

Filing Fee at ORS 21.145(4)

**NOTICE OF DUTY TO PAY DEBT OR TURN OVER PROPERTY**

**To any person who receives a copy of this affidavit:**

**Under ORS 114.535<sup>1</sup>, if you owe a debt to the decedent or have personal property of the decedent, you must pay the debt or turn over the property to the affiant. If you refuse, the affiant may ask the court to compel you to pay the debt or turn over the property and you could be responsible for the affiant's attorney fees.**

I swear that the following statements are true to the best of my knowledge. I understand that this affidavit has legal consequences and that I can talk to a lawyer. The legal fees can be paid by Decedent's estate if listed in this affidavit. I understand that I may have to personally pay for mistakes, omissions, or failure to perform a duty or obligation.

☐ THIS AFFIDAVIT IS BEING FILED BY A CREDITOR OF THE ESTATE BECAUSE DECEDENT DIED INTESTATE AND WITHOUT HEIRS. WRITTEN AUTHORIZATION FOR THIS FILING FROM THE DEPARTMENT OF STATE LANDS IS ATTACHED.

☒ **Thirty (30) or more days** have passed since Decedent died

☒ **No probate or small estate exists.** No personal representative for the decedent's estate has been appointed in Oregon, no petition is pending for appointment of a personal representative of the estate in Oregon, and no other small estate affidavit has been filed in Oregon.

☒ This Affidavit is filed in this court because:

☐ Decedent died in this county

☒ At death, Decedent lived in or owned property in this county

☐ Decedent's estate currently owns property located in this county

<sup>1</sup> [https://www.oregonlegislature.gov/bills\\_laws/ors/ors114.html](https://www.oregonlegislature.gov/bills_laws/ors/ors114.html)



**AFFIANT'S INFORMATION** (person completing this Affidavit)

Name: Jamie Kelley  
Mailing Address: 2031 Highway 95, Suite 1  
Bullhead City, AZ 86442  
  
Phone: (928) 763-6969

**1. I have authority to file this affidavit because (check all that apply):**

- ☐ I am an heir of Decedent and Decedent left no will  
☐ I am a devisee (entitled to receive something) in Decedent's will  
☒ I am named as personal representative in Decedent's will  
☐ I am a creditor of Decedent or the estate and was not paid the full amount owed within 60 days after Decedent's death  
**and (check one):**  
☐ Decedent died without a will (intestate) and without heirs. I have attached authorization from the Department of State Lands allowing me to file this affidavit. **or**  
☒ Authorization from the Department of State Lands is not required because Decedent died with a will (testate) or left heirs

**2. ☒ I am qualified** to serve as the affiant because all the following are true:

- I am 18 years old or older
- I have not been convicted of a felony in Oregon or another state
- I am not incapacitated or financially incapable (I am able to make health care decisions and manage my business affairs)
- I am not currently suspended or disbarred from the practice of law; I did not resign from the Oregon State Bar while misconduct charges were pending
- I am not a licensed funeral service practitioner unless Decedent was a relative of mine or Decedent was a licensed funeral service practitioner in a business relationship with me

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**DECEDENT'S INFORMATION**

**3. ☒ A certified copy of Decedent's death certificate** is filed with this affidavit (required)

Name: Raymond Leslie Hilton  
*As shown on the death certificate*  
Residence Address: 429 Whitewater Dr.  
Bullhead City, AZ 86442  
Mailing Address: 2031 Highway 95, Suite 1  
Bullhead City, AZ 86442

Social Security # (last 4 digits): 6406  
Date of Death: 04/23/2019 Age at Death: 88

Address for Place of Death: inpatient Western Arizona Regional Medical Center  
2735 Silver Creek Road  
Bullhead City, AZ 86442

#### **ASSETS**

4. ☐ The **valuation date** for the decedent's estate is:
- ☐ Decedent's date of death (*if Affidavit is filed one year or less after Decedent's death*)
  - ☐ Within 45 days before filing this Affidavit (*if Affidavit is filed more than one year after the date of death*)

5. ☐ As far as I know, the following assets are in the decedent's estate and subject to administration in Oregon. My authority as affiant applies only to the assets listed here.

<b>Real Property</b> Maximum total value \$200,000 (see Instructions) List street address. You MUST include or attach a legal description.	<b>Fair Market Value</b>
<input type="checkbox"/> None	-----
Chiloquin West, Block 5, Lot 3 (vacant)	\$5,000.00
<b>Total value of all real property</b>	

☐ Additional page attached titled "Section 5 – Real Property"

<b>Personal Property</b> Maximum total value \$75,000 (see Instructions) (Clearly identify assets according to the Instructions)	<b>Fair Market Value</b>
<input type="checkbox"/> None	-----
<b>Total value of all personal property</b>	

☐ Additional page attached titled "Section 5 – Personal Property"

6. Decedent's **safe deposit box** (check all that apply):

No inventory required

☒ Decedent **did not** rent a safe deposit box, either alone or with others *and* did not own any contents in a box rented by someone else

☐ Decedent **did** rent a safe deposit box with others, and at least one of the others is still alive and Decedent did not own any contents in the box

**or**

Inventory required

☐ Decedent **owned** contents in a safe deposit box rented by someone else

☐ Decedent **did** rent a safe deposit box ☐ alone *or* ☐ with other people and none of the others is still alive

**and**

☐ I have an inventory of the box from the bank or credit union that has the box (see ORS 114.537(1))

☐ I have listed all assets in the box that have value, if any, on this Affidavit (*assets have value if they can be sold*)

The safe deposit box assets ☐ have no value *or* ☐ have value as listed in Section 5

- ☐ I have no information about a safe deposit box. **If I later discover** that the decedent **did** rent a safe deposit box, either alone or with others who have all died, **I will:**
- Get an inventory of the box from the bank or credit union that has the box (*see ORS 114.537(2)*)
  - Add the value of the assets in the box, if any, to the total value of personal property listed in section 5 of this Affidavit (*assets have value if they could be sold*)
  - If Decedent's total items of personal property are still \$75,000 or less, the bank can give me the contents of the box. If any items in the box have value, I will file an amended *Small Estate Affidavit* (*see ORS 114.515(6)*).
  - If Decedent's total assets are more than \$75,000 after I add the value of the items in the box, then the bank will keep the contents in the box. I will file a notice with the court that the estate is no longer a small estate. I will deliver or mail a copy of that notice to the bank that has the box.

### **DISTRIBUTION OF ASSETS**

#### **7. Decedent:**

- ☐ **did not** leave a will (intestate) to the best of my knowledge
- ☐ **did** leave a will (testate) **and**
- ☐ the original will (not a copy) accompanies this Affidavit **and** the will has an affidavit of attesting witness or affidavit regarding a genuine signature (*If this is not true, you may not be able to file a Small Estate Affidavit, see the Instructions or talk to a lawyer.*)
- or**
- ☒ Decedent's will has been submitted for probate in another state. A certified copy of the will accompanies this Affidavit.

#### **8. Heirs**

Name of heir	Last known address	Relationship to decedent
<input type="checkbox"/> There are no heirs ( <i>see ORS 112.015 – 112.115</i> )		

☐ Additional page attached titled "Section 8 - Heirs"

**9. Devisees**

Name of devisee	Last-known address
<input type="checkbox"/> There are no living devisees or Decedent did not leave a will	
S.A.I.N.T. (Saving Animals in Need Together)	PO Box 22411, Bullhead City, AZ 86439

☐ Additional page attached titled "Section 9 – Devisees"

**10. Asset Distribution**

The following people are entitled to receive the following property from Decedent's estate:

Name of heir ( <i>no will</i> ), devisee ( <i>will</i> )	Assets to be received ( <i>Note any conditions or survivorship provisions here. See Instructions.</i> )
S.A.I.N.T. (Saving Animals in Need Together)	Real Property

☐ Additional page attached titled "Section 10 – Asset Distribution"

**11. Missing heirs or devisees**

☒ Decedent died **testate** (left a will) and I can locate all living devisees. None of the devisees are missing without a known address.

☐ Decedent died **intestate** (had no will) and I can locate all living heirs. None of the heirs are missing without a known address.

☐ I cannot locate the following heir or devisee and I do not know if this person has died.

Person I cannot locate: \_\_\_\_\_

Property that person is to receive: \_\_\_\_\_

☐ Additional page attached titled "Section 11 – Missing Heirs or Devisees"

## **CLAIMS AGAINST ESTATE**

12. ☒ I have made reasonable efforts to determine **creditors** of Decedent and the estate. I will continue attempts to determine all creditors of Decedent until distribution is complete.

➤ Creditors should mail claims against the estate to me at (address): \_\_\_\_\_

\_\_\_\_\_  
(optional) Email address\*: \_\_\_\_\_

(optional) Fax number\*: \_\_\_\_\_

*\*Note: Only use email and fax if you will regularly check for communications. If you provide your email address or fax number, the court will assume you receive any communication sent to you that way.*

### **13. Undisputed Claims**

- ☒ There are no undisputed claims

The following expenses or claims against the estate remain unpaid (including reimbursement owed to someone who paid claims or expenses). I do not dispute these expenses or claims. I will pay undisputed claims as provided in ORS 114.545. *(See Instructions for examples)*

Name and Last Known Address of Creditor	Description of Undisputed Expense or Claim	Amount (known or estimated)

☐ Additional page attached titled "Section 13 – Undisputed Claims"

### **14. Disputed claims**

- ☒ There are no disputed claims

I dispute the following claims against the estate. I believe these claims may be invalid. *(See Instructions for examples.)*

Name and Last Known Address of Creditor	Description of Disputed Claim	Amount (known or estimated)

☐ Additional page attached titled "Section 14 – Disputed Claims"

**15. Estate administration and funeral expenses**

☒ I do not expect to have administrative or funeral expenses

I expect to pay the following expenses related to the estate (*see Instructions for examples*)

Name and Address of Creditor	Description of Expense	Amount (known or estimated)

☐ Additional page attached titled "Section 15 – Estate Expenses"

**INFORMATION FOR CREDITORS AND HEIRS AND DEVISEES**

**Claims may be barred.** Some claims against the estate may be barred unless certain things happen.

- (1) Claims against the estate not listed in this Affidavit, or in amounts larger than those listed in this Affidavit, may be barred unless:
  - (i) A claim is presented to the affiant within 4 months of the filing of this Affidavit or an amended Affidavit at the address, email address, or fax number stated in this Affidavit for presenting claims, or
  - (ii) A personal representative of the estate is appointed within the time allowed under ORS 114.555
- (2) If this Affidavit lists one or more claims that the affiant disputes, those claims may be barred unless:
  - (i) A petition for summary determination is filed within 4 months of the filing of this Affidavit or an amended Affidavit, or
  - (ii) A personal representative of the estate is appointed within the time allowed under ORS 114.555

**Remedies.** If the affiant does not comply with Oregon law and a person is injured because of that, the only ways to take action against the affiant are:

- (1) The summary determination of claims process under ORS 114.540
- (2) The summary review of administration process under ORS 114.550
- (3) The appointment of a personal representative for the estate within the time allowed by ORS 114.555 (usually 4 months from the date the Affidavit was filed)

\*\*\*Note that **time limits apply** under the statutes

**Financial institutions not liable.** A financial institution (as defined in ORS 706.008) that opens one or more deposit accounts for an affiant is not liable to any other person for opening the account or accounts or permitting the affiant to withdraw funds from the account or accounts by any means. The financial institution is not required to ensure that the funds of the decedent that are paid out by the affiant are properly applied. See ORS 114.545(5).

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**REQUIRED NOTICES** *(Photocopies are allowed, you don't need certified copies)*

➤ **Heirs and devisees**

☒ Within **30 days** after filing this Affidavit with the court, I will deliver or mail to each heir and each devisee, if any, at their last known address:

- a copy of this Affidavit showing the date of filing **and**
- a copy of the will, if the decedent died testate

☐ If there are no heirs or devisees, or if there is a missing heir or devisee, I will deliver or mail a copy of this Affidavit within **30 days** after filing with the court to:

Oregon Department of State Lands  
775 Summer St NE # 100  
Salem, OR 97301

➤ **Creditors**

☐ Within **30 days** after filing this Affidavit with the court, I will deliver or mail a copy of this Affidavit showing the date of filing to the last known address of:

- each undisputed creditor (listed in section 13 above) **and**
- each disputed creditor (listed in section 14 above)

☒ I will deny any claims that are not presented on time under ORS 114.540(1)(a)

☒ I will deny any claims presented on time that are not valid

☒ To deny a claim, I will mail or deliver **written notice** to the person who filed the claim and their attorney, if any, stating the reason for denying the claim and the information required by ORS 114.540(2)

☒ **I understand that if I allow a claim that is invalid, I may have to personally pay the cost of the claim**

➤ **State**

☒ Within **30 days** after filing this Affidavit with the court, I will deliver or mail a copy of this Affidavit showing the date of filing **and** a copy of the death certificate to the Department of Human Services (DHS) and the Oregon Health Authority at:

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

➤ **Department of Corrections**

☒ Decedent **was not** imprisoned in an Oregon prison at any time during the 15 years before death *(note: a county or city jail is not a prison)*

**Or**

☐ I do not know if Decedent was imprisoned in an Oregon prison during the 15 years before death

☐ Decedent **was** imprisoned in an Oregon prison during the 15 years before death

**And**

☐ within **30 days** after this Affidavit is filed with the court, I will send a copy of this Affidavit showing the date of filing **and** a copy of the death certificate to:

Department of Corrections  
2575 Center St NE  
Salem, OR 97301

## **AFFLIANT DUTIES**

*You must read and check each section below. You may be personally liable for failing to meet your responsibilities.*

☒ If the court appoints a personal representative for the estate within 4 months after this Affidavit is filed, I will give the personal representative all of Decedent's assets and records

☒ I will not distribute any assets until all claims, expenses, and taxes have been paid **and** 4 months have passed since this Affidavit was filed

☒ I will distribute the estate according to the will that was filed with the Affidavit. If Decedent did not leave a will, I will distribute the estate according to the laws of intestacy in ORS 112.017 - 112.115.

### **Amended Affidavits**

☒ If I discover a material error or omission in this Affidavit, I will file an amended Small Estate Affidavit and serve it as required by ORS 114.515(6)

☒ If I discover assets Decedent owned that are not listed in this Affidavit, I will file an amended Small Estate Affidavit **before** taking control of those assets according to ORS 114.515(6)

☐ If any newly-discovered property makes Decedent's total asset values exceed the maximum values for a small estate I will promptly notify the court and all persons I notified before, as required in ORS 114.515(7).

### **Property and Income**

☒ I will take control of, and collect income from, the assets of the estate listed in this Affidavit (see ORS 114.535). I will only sell assets as provided in ORS 114.547. I understand that my authority over Decedent's assets only applies to assets listed in this Affidavit.

☒ I will administer the estate as promptly and with as little loss of value as I reasonably can under the circumstances. I understand that I may have to pay for loss of value caused by:

- ☐ my neglect or unreasonable delay in collecting the estate's assets
- ☐ paying out money or delivering property in a way I should not have
- ☐ failing to pay taxes as required by law
- ☐ failing to close the estate in a reasonable time
- ☐ dealing with the estate in a way that benefits me personally over creditors, heirs, or devisees
- ☐ any other negligent or intentional bad acts regarding estate assets, or failing to act in a way that causes loss to the estate

☒ I will not commingle estate property with my own property or the property of any other person ("commingle" means combine)

☒ I will keep records of my work on the estate at least until the **later of**: 2 years after the filing of this Affidavit **or** the conclusion of any summary review proceeding under ORS 114.550

☒ I will pay estate claims and expenses according to ORS 114.545(1)(f) and ORS 114.545(1)(g) from estate assets. If the estate does not have enough assets to pay all claims and expenses, I will pay them in the order set out in ORS 115.125.

I have read this Affidavit. The statements in this Affidavit are true and correct to the best of my knowledge. I understand that I make this statement under penalty of perjury. This Affidavit is made under ORS 114.505-114.560.

April 2, 2020  
Date

Jamie Kelley  
Signature of Affiant  
(DO NOT SIGN until you are with a notary or court clerk)

Jamie Kelley  
Print Name

2031 Highway 95, Suite 1      Bullhead City, AZ 86442      (928) 763-6969  
Address      City, State, Zip      Phone

State of Arizona, County of Mohave

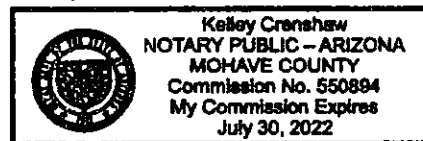
Signed and sworn to (or affirmed) before me on (date) April 2, 2020 by

(name) Jamie Kelley

Kelly  
Signature of notarial officer

\_\_\_\_\_  
Title (and rank, if military officer)

My commission expires: 7.30.2022



ILEO (21)

PB201904017 BY:                     

**LAST WILL AND TESTAMENT**

2019 APR 26 PM 1:43

**OF**

**RAYMOND L. HILTON**

JESSICA TAYLOR  
CLERK

I, Raymond L. Hilton, a resident of Mohave County, Arizona, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all Wills and Codicils to Wills by me made, in the manner following:

**FIRST:** I declare that I am married to Phyllis L. Hilton. I have no children.

**SECOND:** I direct the prompt payment of my funeral expenses and the expenses of my last illness.

**THIRD:** It is my intent to dispose of my one half interest in the community property that my spouse and I may own at the time of my death and my separate property. I hereby confirm in my spouse her one half interest in the community property we may own at the time of my death as her separate property.

**FOURTH:** I direct my Personal Representative named hereinafter to distribute my personal tangible property as I set forth by a written statement prepared by me for the purpose in which I describe items of property and designate the persons to receive such property.

4MB

Last Will and Testament of  
Raymond L. Hilton  
Page 1 of 6



B8015PB201904017

20PB02432  
LWTR  
Will - Last Will and Testament  
12628569



**FIFTH:** I hereby give, devise and bequeath all of my estate, both real and personal, and of every kind and description wherever the same may be situated to my wife Phyllis L. Hilton, provided that she survives me by a period of four (4) months. If Phyllis L. Hilton predeceases me or fails to survive me by a period of four (4) months, I hereby give, devise and bequeath all of my estate, both real and personal, and of every kind and description wherever the same may be situated to S.A.I.N.T. (Saving Animals In Need Together), located at 2580 Highway 95, Suite 116, Bullhead City, Arizona.

**SIXTH:** If by the terms of the previous provision any distribution is required to be made to a minor, the interest so required to be paid shall be indefeasibly vested in the minor but my Personal Representative may retain the amount payable in the capacity of a Trustee until the minor attains his or her majority, or dies, whichever first occurs, and as my Trustee, may pay so much of the income and principal to or for the benefit of the minor as in the Trustee's discretion is necessary to provide for the health, education and support in reasonable comfort of the minor. Any income not distributed may be added to the principal of such interest and invested as a part thereof. When the minor attains the age of eighteen (18), or dies, whichever first occurs, the then remaining principal and undistributed income shall be paid to him or her, if living, or to his or her estate, if deceased.

H11/13  
[Signature]

[Signature]

**SEVENTH:** I have purposely made no provision herein for any other person, whether claiming to be an heir of mine or not. If any person, devisee, legatee or beneficiary under this Will, or any person claiming under or through any devisee, legatee or beneficiary, or any other person or persons, who would be entitled to a share of my estate through intestate succession, shall in any manner whatsoever, directly or indirectly, contest this Will or attack, oppose or in any manner seek to impair any of the provisions hereof, then and in any such event, I give to such person the sum of ONE DOLLAR AND NO/100 (\$1.00) only and no more, in lieu of the provision I have made or might have made for such person so contesting, attacking, opposing or objecting.

**EIGHTH:** Should any part, clause, provision or condition of this Will be held to be void, invalid or inoperative, then I direct that such invalidity shall not affect any other clause, provision or condition thereof, but the remainder of this Will shall be effective as though such clause, provision or condition had not been contained herein.

**NINTH:** My Personal Representative, and any successor, shall have all rights, powers and discretions as may be necessary or appropriate for effective administration of my estate, including, but without limitation, the following:

To pay, reject or compromise claims of all kinds against my estate; to retain assets received; to acquire property of every kind and description by investment or reinvestment; to grant options to purchase; to manage property directly or by exercising voting

HMB

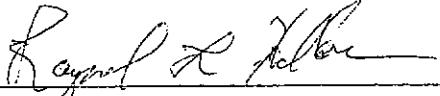
[Signature]

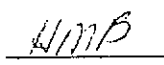
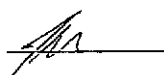
[Signature]


privileges; to lease, operate, change the form of or dispose of assets; to borrow; to encumber assets; to improve, preserve and maintain assets; to hold property in fiduciary name or in the name of a nominee with or without disclosure of fiduciary capacity; to determine all questions with respect to the manner in which expenses are to be borne and receipts are to be credited as between principal and income; to employ and compensate attorneys, accountants, agents and brokers; to make any elections under the income or estate tax laws which may be available to determine whether or not distribution adjustments as a result of any such election are appropriate; to divide and distribute my estate in cash or in kind, or partly in cash or partly in kind; and to exercise any and all of the foregoing rights, powers and discretions without giving prior notice to any person or without first obtaining an order of any court therefor. Should a trust become necessary, my Trustee shall be vested with the same rights, powers and discretions to apply to the trust and to the trust property.

**TENTH:** I hereby nominate and appoint Jamie Kelley as Personal Representative of my Estate to serve without bond for the faithful performance thereof. In the event Jamie Kelley does not wish to act or is unwilling to act in that event, I nominate and appoint Steven C. Moss to serve in her stead likewise without bond.

**IN WITNESS WHEREOF**, I have hereunto set my hand this 27th day of February, 2014.

  
\_\_\_\_\_  
Raymond L. Hilton

  
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\_\_\_\_\_

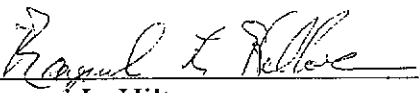
We, the undersigned, do hereby certify that Raymond L. Hilton, the above named Testator, on the day and year above written, signed the foregoing instrument in our presence, and published and declared the same to be his Last Will and Testament, and we at the same time, at his request, in his presence and in the presence of each other, have hereunto set our hands as subscribing witnesses, and we further certify that at such time he was of sound and disposing mind and memory.

Helen M. Bascom residing at Bullhead City, Arizona.

Jon Moss residing at Bullhead City, Arizona.

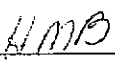
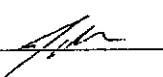
STATE OF ARIZONA     )  
                                  )     ss  
COUNTY OF MOHAVE    )

We, Raymond L. Hilton, Helen M. Bascom and Jon Moss, the Testator and the witnesses whose names are signed to the attached and foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the Testator signed and executed the instrument as his Last Will and that he had signed willingly or directed another to sign for him, and that he executed it as his free and voluntary act for the purposes therein expressed, and that each of the witnesses, in the presence of the Testator, signed and Will as witness and that to the best of their knowledge the Testator was at the time eighteen (18) or more years of age, of sound mind and under no constraint or undue influence.

  
\_\_\_\_\_  
Raymond L. Hilton

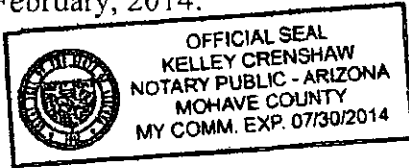
  
\_\_\_\_\_  
Helen M. Bascom, Witness

  
\_\_\_\_\_  
Jon Moss, Witness

  
\_\_\_\_\_  



  
\_\_\_\_\_

SUBSCRIBED AND SWORN TO and acknowledged before me by Raymond L. Hilton, the Testator, and by Helen M. Bascom and Jon Moss, the witnesses, this 27th day of February, 2014.



My Commission Expires:

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\_\_\_\_\_  
Notary Public

STATE OF ARIZONA } ss.  
COUNTY OF MOHAVE }

I, VIRLYNN TINNELL, Clerk of the  
Superior Court of the State of Arizona  
in and for the County of Mohave do  
hereby certify the foregoing to be a  
full, true and correct copy of the  
original on file in my office.

WITNESS my hand and seal of said Court this  
31<sup>st</sup> day of March, 2020

  
Clerk/Deputy Clerk

