

RECORDING COVER SHEET

ORS 205.234

This cover sheet has been prepared by:

**2023-000412****Klamath County, Oregon****01/20/2023 12:08:01 PM****Fee: \$117.00**

Any error in this cover sheet DOES NOT affect the transaction(s) contained in the instrument itself.

Reference: 573815AM

Please print or type information.

1. AFTER RECORDING RETURN TO –

Required by ORS 205.180(4) & 205.238:

Name: Tracie NickelAddress: 2434 Lower River Rd.City, ST Zip: Grants Pass, OR 97526**2. TITLE(S) OF THE TRANSACTION(S) – Required by ORS 205.234(1)(a)**

Note: "Transaction" means any action required or permitted by law to be recorded, including, but not limited to, any transfer, encumbrance or release affecting title to or an interest in real property. Enter descriptive title for the instrument:

Document Title(s): Affidavit of Claiming Successor of Intestate Estate**3. DIRECT PARTY / GRANTOR Names and Addresses – Required by ORS 205.234(1)(b)**

for Conveyances list Seller; for Mortgages/Liens list Borrower/Debtor

Grantor Name: Dickey-Nickel Estate**Grantor Name:** _____**4. INDIRECT PARTY / GRANTEE Names and Addresses – Required by ORS 205.234(1)(b)**

for Conveyances list Buyer; for Mortgages/Liens list Beneficiary/Lender/Creditor

Grantee Name: Tracie Nickel**Grantee Name:** _____**5. For an instrument conveying or contracting to convey fee title, the information required by ORS 93.260:****UNTIL A CHANGE IS REQUESTED, ALL
TAX STATEMENTS SHALL BE SENT TO
THE FOLLOWING ADDRESS:**

Name: _____

Address: _____

City, ST Zip: _____

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-**7. TAX ACCOUNT NUMBER OF THE PROPERTY if the instrument creates a lien or other interest that could be subject to tax foreclosure. – Required by ORS 312.125(4)(b)(B)**

Tax Acct. No.: _____

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

SMALL ESTATE OF:) Case No. 22PB08302
MARK WAYNE DICKEY-NICKEL,) AMENDED AFFIDAVIT OF CLAIMING
Deceased.) SUCCESSOR OF INTESTATE
ESTATE
[Filing fee authority: ORS 21.145(4)(b);
ORS 114.515(5)]

NOTICE OF DUTY TO PAY DEBT OR TURN OVER PROPERTY

To: Any person to whom a copy of this small estate affidavit is mailed or delivered.

Under ORS 114.535, 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.

STATE OF OREGON)
County of Jackson) ss.

I, Tracie Nickel being first duly sworn, say that I am a surviving spouse of the above-named decedent, and a beneficiary of the intestate estate of the decedent, therefore, I am a "claiming successor" of the above-named decedent under ORS 114.505(2)(a). In addition, I am willing to serve as claiming successor (or "CS" or "Affiant") and I am not disqualified to serve under the provisions of ORS 113.095. This affidavit is made pursuant to the Small Estate provisions of the Oregon Revised Statutes, ORS 114.505, et seq.

I am not disqualified to serve as Affiant because all of the following are true:

(a) I am over the age of 18 years;



Certified True Copy Of The Original

Dated This 09 OCT 13 2022

Tracie Nickel, Administrator

By: [Signature]

AFFIDAVIT OF CLAIMING SUCCESSOR OF INTESTATE ESTATE, Page 1 of 7.

HORNECKER COWLING LLP
14 N. Central Ave., Ste 104
Medford, OR 97501
541-779-8900

1 (b) I have not been convicted of a felony in Oregon or another state;

2 (c) I am not incapacitated or financially incapable (i.e., I am able to make health care
3 decisions and manage my business affairs);

4 (d) I am not currently suspended or disbarred from the practice of law nor have I resigned
5 from the Oregon State Bar while misconduct charges were pending; and

6 (e) I am not a licensed funeral service practitioner.

7 I swear that the following statements are true to the best of my knowledge. I understand that
8 this affidavit has legal consequences. I understand that I may have to personally pay for mistakes,
9 omissions, or failure to perform a duty or obligation.

10 1. The following is submitted regarding the decedent:

11 a. Name: Mark Wayne Dickey-Nickel
12 b. Age: 58 (on date of death; birth date: 12/16/1961)
13 c. Domicile: Grants Pass, Josephine County, Oregon
14 d. Post Office Address: 2434 Lower River Road, Grants Pass, OR 97526
15 Street Address: Same.
16 e. Social Security No.: xxx-xx-1884

17 2. Decedent died on September 10, 2020, in Grants Pass, Josephine County, Oregon; a
18 certified copy of Decedent's Death Certificate is filed with this Affidavit.

19 3. A description of all decedent's property in Oregon, including its location and the
20 estimated fair market value thereof, is:

21 3.1 Real Property:

22 3.1.1 Bare Land Lot #1
23 Klamath Falls, Klamath County, OR 97601
24 Tax Acct #415580
25 Map Desig.: T38 R9E S33BA, Tax Lot #12400
26 Size: .19 acre
Assessor's RMV: 14,570.00
("Parcel 1" or "TL-12400")

3.1.2 Bare Land Lot #2
Klamath Falls, Klamath County, OR 97601
Tax Acct #171263
Map Desig.: T38 R9E S21CB, Tax Lot #1400
Size: .13 acre
Assessor's RMV: 8,700.00
("Parcel 2" or "TL-1400")

3.1.3 Bare Land Lot #3
Klamath Falls, Klamath County, OR 97601
Tax Acct #171548
Map Desig.: T38 R9E S21CB, Tax Lot #1500
Size: 1.06 acre
Assessor's RMV: 7,710.00
("Parcel 3" or "TL-1500")

3.1.4 Bare Land Lot #4
Klamath Falls, Klamath County, OR 97601
Tax Acct #171539
Map Desig.: T38 R9E S21CB, Tax Lot #4400
Size: .90 acre
Assessor's RMV: 6,530.00
("Parcel 4" or "TL-4400")

Real Property, Subtotal, Estimated Values: 37,510.00

3.2 Personal Property:
a. None. 0.00*
Estimated Total Small Estate Value: \$37,510.00

*: Regarding personal property. Decedent's children came over and picked up any personal effects and other personal property of decedent that they wanted. Any remaining clothing, personal effects or other personal property was of no significant value and was either donated or discarded; therefore, value of such property is listed as zero: 0.

Decedent and Affiant were married 4 ½ years and all household furnishings were and are the property of Affiant.

4. A petition for the appointment of an administrator or a personal representative has not been made or granted in Oregon or, to the Affiant's knowledge, in any other jurisdiction.

5. Venue is established in Josephine County, Oregon, in that, pursuant to ORS 113.015(1)(b) the decedent's domicile was in said County at the time of his death.

6. By her signature hereon below, the claiming successor attests that to the best of her knowledge the Decedent had no Will or other testamentary document and, therefore, the decedent died intestate.

7. Decedent's heirs at law and the last known address of each heir as known to the Affiant are:

<u>NAME</u>	<u>RELATIONSHIP TO DECEDENT</u>	<u>AGE</u>	<u>LAST KNOWN ADDRESS</u>
Chelsea Landes	daughter	over 18	1318 Golden Park Drive Grants Pass, OR 97527

1 Chase Dickey son over 18 968A Street
Crescent City, CA 95531

2 Tracie Nickel spouse over 18 2434 Lower River Road
3 Grants Pass, OR 97526

4 A copy of this affidavit showing the date of filing has been or will be delivered to each heir or
5 mailed to the heir (as well as to the contingent beneficiary listed) at the last known address, as stated
above.

6 8. Reasonable efforts have been made by the Affiant to ascertain creditors of the estate.
7 The claims against the estate remaining unpaid, or on account of which the Affiant or any other person
8 is entitled to reimbursement from the estate, including the known or estimated amounts thereof, and
the names and addresses of the creditors, as known to the Affiant are:

<u>DEBT</u>	<u>AMOUNT</u>	<u>CREDITOR</u>	<u>ADDRESS</u>
I. Priority Expenses			
A. Tracie Nickel, Reimbursement:			
		Claiming Successor herein ("CS")	2434 Lower River Road Grants Pass, OR 97526

12 Reimb. 9,354.49* Tracie Nickel, CS,

13 *Estimate only; this amount is a minimum for expense and services through date of this
document.

14 i. Administrative Expense(s): Paid by Tracie Nickel, CS: 1,925.00

15 a. Thus far all administrative and priority expenses of the small estate, including
16 attorney fees for consultation and retainer for the small estate, and small estate filing fee have been
17 paid for by the CS and the CS hereby makes claim for reimbursement. \$1,925.00 in administrative
expenses, including attorney fees to date.

18 ii. Expenses of Last Illness:

19 a. Hospital,
20 Asante Three Rivers Medical Center: 2,053.00
Paid to date by CS: approx.. \$2,053.00
21 Original total bill: \$2,553.00;

22 b. American Medical Response (ambulance): 1,410.91
23 Paid in full by Tracie Nickel, CS: 1,410.91

24 iii. Funeral Exp.:

25 a. Hull & Hull Funeral Home: 2,990.00
26 Paid in full by Tracie Nickel, CS: 2,990.00

///

iv. Real Property Taxes: 975.58

a. Parcel 1: 432.63

2020: 216.29;

2021: 216.34

432.63

b. Parcel 2: 64.91

2020: 32.00;

2021: 32.19

64.91

c. Parcel 3: 243.21

2020: 117.40;

2021: 125.81

243.21

d. Parcel 4: 234.83

2020: 117.40;

2021: 117.43

234.83

RE Tax, Total: 975.58

Paid in full by Tracie Nickel, CS: 975.58

e. Tracie Nickel,

Reimbursement total

Thru Affidavit 9/1/2022:

9,354.49

v. CS shall be entitled to reimbursement from the assets of the small estate prior to any distribution or subordinate creditor's claim, if she advances any of her money for expenses or claims against the estate.

vi. Note: During the 4-month period that the small estate is required to remain open, the CS may need to incur expense in preserving the estate real property, such as paying taxes, on that property, until it is sold or otherwise distributed. In addition, the CS may need to incur other administrative expenses. To the extent the estate has insufficient funds to pay those expenses, and to the extent the CS has to advance those funds, the claim for reimbursement by the CS will be increased by all such amounts.

B. Expenses of Last Illness:

a. Hospital,

Asante Three Rivers Medical Center:

Balance owing after Payments by CS: 500.00

b. Estate has no cash asset, so unless one or more of the Estate Parcels is sold, then CS will also be paying the balance of the above hospital bill and shall be entitled to reimbursement from the Estate.

1 c. see paragraphs 8(I)(A, ii) above
2 C. Funeral Exp.: see paragraphs 8(I)(A, iii) above

3 D. Income & Other Tax claims: unknown.

4 Total, known Priority Expenses: \$9,854.49*

5 II. Outstanding Debt Claims With No Statutory Priority, Known:

6 A. Other Known Debts:

7 i. none, 'other known debts', at this time;
8 Summary, Other Known Debts: \$ 0.00

9 A copy of this affidavit showing the date of filing will be delivered to each creditor, if any,
10 who has not been paid in full or mailed to the creditor at the last known address.

11 9. A copy of this affidavit has been or will be mailed to each of the following:

12 9.1 Oregon Health Authority, and
13 Oregon Department of Human Services, Estate Administration Section,
14 P.O. Box 14021, Salem, Oregon 97309-5024;

15 10. Claims against the estate not listed in this affidavit or in amounts larger than those
16 listed in the affidavit may be barred, unless:

17 10.1 a claim is presented to the Affiant within four months of the filing of the
18 affidavit at the address stated in this affidavit as the address for presentment of claims herein below; or

19 10.2 a personal representative of the estate is appointed within the time allowed under
20 ORS 114.555.

21 10.3 **Remedies.** If the Affiant does not comply with Oregon law and a person is
22 injured because of that, the only ways to take action against the Affiant are:

23 10.3.1 The summary determination of claims process under ORS 114.540;

24 10.3.2 The summary review of administration process under ORS 114.550;

25 10.3.3 The appointment of a personal representative for the estate within the time
26 allowed by ORS 114.555 (usually 4 months from the date the Affidavit was filed).

*** Note that *time limits apply under the statutes cited above in paragraph 10 and its subparagraphs.*

10.5 Address(es) for presentment of claims:

///

1 Tracie Nickel
2 c/o Hornecker Cowling LLP
3 Jeffrey W. Foxx, OSB #822592
4 Of Attorneys for Claiming Successor
5 14 N. Central, Ste. 104, Medford, OR 97501
6 (541) 779-8900

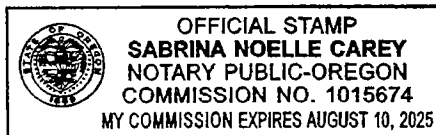
Tracie Nickel
2434 Lower River Road
Grants Pass, OR 97526
(541) 218-6454

7
8
9 Tracie Nickel
10 Tracie Nickel, Claiming Successor

11 On October 5, 2022, before me, Sabrina Carey (printed name of notary)
12 personally appeared Tracie Nickel who proved to me on the basis of satisfactory evidence to be the
13 person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that she
14 executed the same in her authorized capacity, and that by her signature on the instrument the person,
15 or the entity upon behalf of which the person acted, executed the instrument.

16 I certify under PENALTY OF PERJURY under the laws of the State of Oregon that the
17 forgoing paragraph is true and correct.

18 WITNESS my hand and official seal.



Sabrina Carey
Notary Public for Oregon
My Commission Expires: Aug-10, 2022

Prepared By:
Jeffrey W. Foxx, OSB #822592
Of Attorneys for Claiming Successor
Hornecker Cowling LLP
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