

2019-012596

Klamath County, Oregon



00249361201900125960180183

10/28/2019 03:33:42 PM

Fee: \$167.00

After recording return to:

Alexzandra Watson
Anderson Bradley Krant, P.C.
450 Siskiyou Blvd, Suite 3
Ashland, OR 97520

Attorney for:

Joan Johnson
Trustee of the DON W. NIELSEN Trust
14809 Cheyenne Road
Apple Valley, CA 92307

COVER PAGE

Don W. Nielsen, decedent, an individual Owner, left the below described property to his trust, The DON W. NIELSEN Trust dated May 7, 2009, (the Trust). Joan Johnson, Successor Trustee of the Trust, filled the attached Affidavit of Claiming Successor in Klamath County, case number 19PB04165.

Legal Description of Lake County Property:

Lot 25, Block 69, Klamath Forest Estates Highway 66 unit Plat No. 3 as recorded in the office of the county Recorder of Klamath County, Oregon and also subject to all conditions, restrictions, reservations, easements, exceptions, rights and/or rights of way affecting said property. (including those set forth in the declaration of restrictions recorded on the 3rd day of October 1975 as Document NO 5639, vol M75 pages 12098. Office of Klamath County, Oregon Recorder, All of which are incorporated herein by reference to said declaration with same effects as though fully set forth herein)

There is no monetary consideration involved.

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

Date

May 29, 2019

Susan Bradley Krant, OSB No. 99178
Anderson Bradley Krant, P.C.
450 Siskiyou Blvd., Suite 3
Ashland, OR 97520
Telephone: 541.488.1225
Facsimile: 541.488.4225
Email: krant@abklegal.com
Attorney for Affiant
Joan Johnson

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR KLAMATH FALLS COUNTY
PROBATE DEPARTMENT

In the Matter of the Small Estate of)	CASE NO.
)	AFFIDAVIT OF CLAIMING SUCCESSOR
DON W. NIELSEN,)	OF SMALL ESTATE (TESTATE ESTATE)
)	
Deceased.)	Fee Authority: ORS21.145(4), ORS114.515(6)
)	Fee: \$117

STATE OF OREGON)
) §§
COUNTY OF KLAMATH FALLS)

I, Joan Johnson, being first duly sworn, say:

I am claiming successor, as defined in ORS 114.505(1), in the small estate of Don W. Nielsen,
my former spouse. I am hereinafter referred to as "affiant." This affidavit is hereinafter referred to as
"affidavit." This affidavit is made pursuant to ORS 114.505 - 114.560.

1.

The following information is given with regard to the decedent:

(a)	Name:	DON WILLIAM NIELSEN
(b)	Age:	82
(c)	Domicile:	Apple Valley, CA
(d)	Post Office Address:	14809 Cheyenne Rd., Apple Valley, CA 92307

(f) Social Security No.: ****-**-9414

2.

The decedent died on November, 27, 2018, in San Bernardino County, California. A certified copy of the decedent's death certificate is attached as **Exhibit "A."**

3.

The decedent's property subject to administration in Oregon consists of the following personal property with the following value:

Real Property	Assessors Parcel No; Lot 25, Block 69, 66 Unit plat 3	\$1,200.00 (Most Recent Tax Statement Value)
Personal Household Property	None	-0-
Total		\$1,200.00

4.

No application or petition for the appointment of a personal representative has been granted in Oregon.

5.

The decedent died testate. The decedent's original Will is attached as **Exhibit "B"**.

6.

The decedent's heirs and their last known addresses are:

<u>Devisee</u>	<u>Share</u>
The Don W. Nielsen Trust, dated May 7, 2009	100%

9.

Reasonable efforts have been made to ascertain each creditor of the estate. The expenses of and claims against the estate remaining unpaid or on account of which the affiant or any other person is entitled to reimbursement from the estate, including any known or estimated amount thereof, and the name and address of each creditor, as known to the affiant are:

<u>Name and Address</u>	<u>Amount</u>
No unpaid creditors are known to exist.	0

A copy of the affidavit showing the date of filing will be delivered to each creditor who has not been paid in full or mailed to the creditor at the last known address should such creditor be discovered in the future.

10.

The name and address of each person known to the affiant to assert a claim against the estate which the affiant disputes and the last known or estimated amount thereof: **None Known.**

A copy of the affidavit showing the date of filing will be delivered to each of the above or mailed to each person at his or her last known address.

//

11.

A copy of this affidavit showing the date of filing will be mailed to:

Oregon Department of Human Services
Estate Administration Unit
P.O. Box 14021
Salem, OR 97309-5024

by depositing the copy of the affidavit in the United States Postal Service in a sealed envelope, with postage prepaid.

12.

A copy of this affidavit and the death certificate will be mailed to:

Oregon Health Authority
500 Summer Street N.E.
Salem, OR 97301

by depositing the copy of the affidavit in the United States Postal Service in a sealed envelope, with postage prepaid.

13.

Claims against the estate not listed herein, or in amounts larger than those listed herein, may be barred unless (a) a claim is presented to the affiant within four months of the filing of this affidavit at the address set forth in paragraph 15, or (b) a personal representative of the estate is appointed within the time allowed under ORS 114.555.

14.

If there is one or more claims that the affiant disputes, any such claim may be barred unless (a) a petition for summary determination is filed within four months of the filing of this affidavit, or (b) a personal representative of the state is appointed within the time allowed under ORS 114.555.

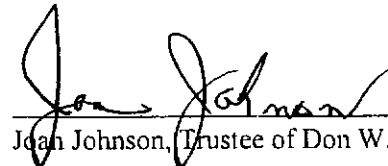
15.

The address for the purposes of presenting a claim to the affiant is:

Small Estate of Don W. Nielsen
c/o Susan Bradley Krant, Esq.
ANDERSON BRADLEY KRANT, P.C.
450 Siskiyou Blvd., Suite 3
Ashland, OR 97520

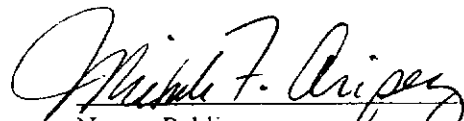
16.

Exhibits "A" and "B" attached hereto, are each hereby made a part hereof as though fully set forth at the place where reference to the exhibit is made.


Joan Johnson, Trustee of Don W. Nielsen Trust

SUBSCRIBED AND SWORN to before me by Joan Johnson this 21st day of MAY, 2019.




Michele F. Arpey
Notary Public
My Commission Expires: 12/15/2019

Submitted By:

Susan Bradley Krant, OSB No. 99178
Anderson Bradley Krant, P.C.
450 Siskiyou Blvd., Suite 3
Telephone: 541.488.1225
Facsimile: 541.488.4225
Email: krant@abklegal.com

Affiant Information:

Joan Johnson
14809 Cheyenne Rd.
Apple Valley, CA 92307
760.927.6907

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Anderson Bradley Krant, P.C.
2 450 Siskiyou Blvd., Suite 3
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3 Telephone: 541.488.1225
Facsimile: 541.488.4225
4 Email: krant@abklegal.com
Attorney for Joan Johnson

5
6 IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR KLAMATH COUNTY
7 PROBATE DEPARTMENT

8 In the Matter of the Small Estate of)
9 DON W. NIELSEN) CASE NO. 19PB04165
Deceased.) DEATH CERTIFICATE
10 _____)

11 See Attached.

12 //

13
14 //

15
16 //

17
18 //

STATE OF CALIFORNIA

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3201838013100

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) DON		2 MIDDLE WILLIAM	
3 LAST (Family) NIELSEN		4 DATE OF BIRTH (month/day/year) 08/20/1936	
5 AGE (Years) 82		6 SEX M	
7 BIRTH STATE/FOREIGN COUNTRY UT		8 SOCIAL SECURITY NUMBER 545-44-9414	
9 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10 MARITAL STATUS (at time of death) DIVORCED	
11 DATE OF DEATH (month/day/year) 11/27/2018		12 HOUR (24 hours) 0005	
13 EDUCATION - Highest Level Completed HS GRADUATE		14 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
15 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CHEMICAL ENGINEER		16 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) AEROSPACE	
17 YEARS IN OCCUPATION 30			
18 DECEDENT'S RESIDENCE (Street and number, or location) 14809 CHEYENNE RD			
19 CITY APPLE VALLEY		20 COUNTY/PROVINCE SAN BERNARDINO	
21 ZIP CODE 92307		22 YEARS IN COUNTY 48	
23 STATE/FOREIGN COUNTRY CA			
24 INFORMANT'S NAME, RELATIONSHIP JOAN JOHNSON, FORMER SPOUSE		25 INFORMANT'S ADDRESS (Street and number, or rural route number, city or town, state and zip) 22325 HWY 18 SPC #51, APPLE VALLEY, CA 92307	
26 NAME OF SURVIVING SPOUSE/SPOUSE-FIRST -		27 LAST (BIRTH NAME) -	
28 NAME OF FATHER/PARENT-FIRST DJARN		29 LAST (BIRTH NAME) NIELSEN	
30 NAME OF MOTHER/PARENT-FIRST LILLIAN		31 LAST (BIRTH NAME) JOHNSON	
32 PLACE OF BIRTH (State) IDAHO			
33 DISPOSITION DATE (month/day/year) 11/29/2018		34 PLACE OF FINAL DISPOSITION DESERT VIEW MEMORIAL PARK 11478 AMARGOSA RD, VICTORVILLE, CA 92392	
35 TYPE OF DISPOSITION CR/BU		36 SIGNATURE OF EMBALMER NOT EMBALMED	
37 NAME OF FUNERAL ESTABLISHMENT AFFORDABLE CREMATIONS OF THE HIGH DESERT		38 LICENSE NUMBER FD2032	
39 SIGNATURE OF LOCAL REGISTRAR MAXWELL OHIKHUARE, MD		40 DATE (month/day/year) 11/29/2018	
41 PLACE OF DEATH ST MARY MEDICAL CENTER		42 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER	
43 COUNTY SAN BERNARDINO		44 FACILITY ADDRESS OR LOCATION (Street and number, or location) 18300 CA-18	
45 CITY APPLE VALLEY			
46 CAUSE OF DEATH ACUTE RESPIRATORY FAILURE		47 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
48 CHRONIC OBSTRUCTIVE PULMONARY DISEASE		49 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
50 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		51 IF FEMALE, PREPREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
52 WERE OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date: NO		53 IF FEMALE, PREPREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
54 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED 09/15/2000		55 SIGNATURE AND TITLE OF CERTIFIER RICHARD F JONES D.O.	
56 TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE 18660 OUTER HWY 18, APPLE VALLEY, CA 92307		57 LICENSE NUMBER 20A5831	
58 DATE OF DEATH 10/01/2018		59 DATE OF CERTIFICATE 11/29/2018	
60 I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNUSUAL <input type="checkbox"/> OTHER		61 INJURY DATE (month/day/year) 11/29/2018	
62 PLACE OF INJURY (e.g. home, construction site, wooded area, etc.) -		63 HOURS OF WORK 19	
64 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) -		65 INJURY DATE (month/day/year) 11/29/2018	
66 LOCATION OF INJURY (Street and number, or location, and city, and zip) -		67 SIGNATURE OF CORONER / DEPUTY CORONER -	
68 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER -		69 DATE (month/day/year) 11/29/2018	
70 STATE REGISTRAR A		71 FAX AUTH. -	
72 CENSUS TRACT -		73 "010001004051491"	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH

Maxwell Ohikhuare
MAXWELL OHIKHUARE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying the date, seal and signature of Registrar.
FAXED COPY NOT VALID

DEC 05 2018



* 002689077 *

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

This

LAST WILL

prepared for

DON W. NIELSEN

**Dale C. Huffaker, Attorney at Law
15475 Seneca Road, Suite B.
Victorville, CA 92392
(760) 241-4400 FAX (760) 241-9140**

© Dale C. Huffaker
All Rights Reserved

Last Will
of
DON W. NIELSEN

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Last Will

of

DON W. NIELSEN

I, DON W. NIELSEN , the Testator a resident of San Bernardino County, California, declare that this is my last will. I hereby revoke all my previous wills and codicils.

Article One

Introductory Provisions

Section 1. Marital Status

I am currently a widow and unmarried.

Section 2. Children

All references to "my children", subject to the exclusion of any child under subsequent provisions of this Section 2, are to all of the children so identified in this Section 2, but only to those children and any children born to or adopted by me subsequent to the execution of this will.

a. The names and birth dates of my children are:

<u>Name</u>	<u>Birth Date</u>
ALAN CRAIG NIELSEN	June 28, 1955
MICHELLE IRENE NIELSEN	June 30, 1968

b. Deceased Children

I have no deceased child.

Article Two

Appointment of My Personal Representatives

Section 1. Appointment of My Personal Representatives

I appoint **JOAN JOHNSON** to be my Personal Representative. In the event my agent is unable or unwilling to serve as Personal Representative, I appoint the following in the following order to be my Personal Representative:

- (1) **JOHN PAUL CURL.**

Section 2. Waiver of Bond

No bond or undertaking shall be required of any Personal Representative nominated in this will.

Section 3. Fiduciary Powers

My Personal Representative shall have the full authority to administer my estate under the laws of the State of California relating to the powers of fiduciaries, including any laws regarding the independent administration of estates, such powers to be exercisable without the supervision or approval of any court.

Article Three

Disposition of My Property

Section 1. Estate Planning Letter or Memorandum

To the extent permitted by state law and not necessary to fully utilize my Unused Applicable Credit Equivalent, my Personal Representative shall distribute such of my personal or household items to such persons as I may direct by a written instrument signed by me and delivered to my Personal Representative.

Section 2. Distribution to My Revocable Living Trust

I give all the rest, residue and remainder of my property of whatever nature and kind and wherever located to the then acting Trustee(s) of my revocable trust of which I am a Settlor known as the:

The Don W. Nielsen Trust, dated May 7, 2009 and any amendments thereto.

I executed said trust prior to the execution of this will.

Section 3. Alternate Disposition

If my revocable living trust is not in effect for any reason, I give all of my property to my Personal Representative under this will as Trustee who shall hold, administer and distribute my property as a testamentary trust the provisions of which are identical to those of my revocable living trust on the date of execution of this will, or as thereafter amended.

Article Four

Death Taxes

Section 1. Definition of Death Taxes

The term "death taxes," as used in this will, shall mean all inheritance, estate, succession, and other similar taxes that are payable by any person on account of that person's interest in the estate of the decedent or by reason of the decedent's death, including penalties and interest, but excluding the following:

- a. Any additional tax that may be assessed under Internal Revenue Code Section 2032A or 2057; and
- b. Any federal or state tax imposed on a Generation Skipping Transfer, as that term is defined in the federal tax laws, unless the applicable tax statutes provide that the Generation Skipping Transfer Tax is payable directly out of the assets of my gross estate.

Section 2. Waiver of Right of Reimbursement Under Code Section 2207A

I do not waive my estate's right of reimbursement under Code Section 2207A.

Section 3. Payment of Taxes

All death taxes whether or not attributable to property inventoried in my probate estate shall be paid by the Trustee as provided under my revocable living trust. However, if my Trust does not exist at the time of my death or if the assets of my Trust are insufficient to pay the death taxes in full, I direct my Personal Representative to pay any death taxes that cannot be paid by my Trustee from the assets of my probate estate by equitably prorating and apportioning those taxes among the beneficiaries of this will.

Unless specifically provided otherwise in my Trust, all death taxes incurred by reason of assets being transferred outside of my Trust or probate estate shall be assessed against those persons receiving such property.

- f. anyone, other than my spouse, if any, attacks or seeks to impair or invalidate (whether or not any such attack or attempt is successful) any designation of beneficiaries for any insurance policy on my life or any designation of beneficiaries for any pension plan, Keogh, SEP, or IRA account;
- g. in any other manner contests my will or any codicil to it, or in any other manner, attacks or seeks to impair or invalidate any of my will or codicil provisions;
- h. conspires with or voluntarily assists anyone attempting to do any of the above acts.

Expenses to resist any above contest or other attack of any nature upon any provision of my will or any codicil to it shall be paid from my Probate Estate as expenses of administration.

In the event that any provision of this Section is held to be invalid, void, or illegal, the same shall be deemed severable from the remainder of the provisions in this Section and shall in no way affect, impair, or invalidate any other provision in this Section. If such provision shall be deemed invalid due to its scope and breadth, such provision shall be deemed valid to the extent of the scope or breadth permitted by law.

The provisions of this Section shall not apply to any disclaimer by any person of any benefit under my will or any codicil to it.

Section 2. Captions

The captions of Articles, Sections and Paragraphs used in this will are for convenience of reference only and shall have no significance in the construction or interpretation of this will.

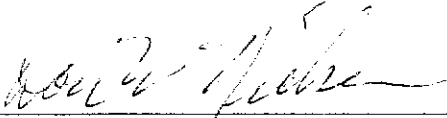
Section 3. Severability

Should any of the provisions of this will be for any reason declared invalid, such invalidity shall not affect any of the other provisions of this will and all invalid provisions shall be wholly disregarded in interpreting this will.

Section 4. Governing Law

This will shall be construed, regulated and governed by and in accordance with the laws of the State of California.

I signed this, my last will, on November 2, 2017.




DON W. NIELSEN, Testator

On the date written below, the Testator, DON W. NIELSEN, declared to us that this instrument, consisting of nine (9) pages, including this page, was the Testator's Will and asked us to witness it. The Testator then signed this Will in our presence, all of us being present at the same time. At the Testator's request, in the Testator's presence, and in the presence of one another, we subscribe our names as witnesses. We believe that the Testator is over age eighteen (18), is of sound mind, and is under no constraint or undue influence.

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed by the Testator on November 2, 2017, at Victorville, California, San Bernardino County.


SIGNATURE OF FIRST WITNESS

DALE C. HUFFAKER
15475 Seneca Road, Suite B
Victorville, CA 92392


SIGNATURE OF SECOND WITNESS

MICHELE F. ARIPEZ
15475 Seneca Road, Suite B
Victorville, CA 92392

Prepared by:

*Dale C. Huffaker, Attorney at Law
15475 Seneca Road, Suite B.
Victorville, CA 92392
(760) 241-4400 FAX (760) 241-9140*

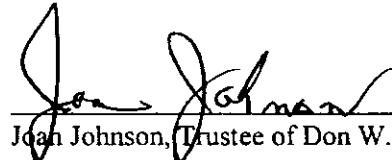
15.

The address for the purposes of presenting a claim to the affiant is:

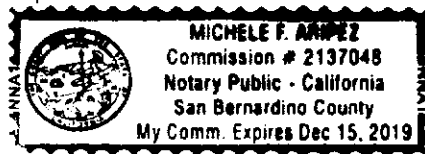
Small Estate of Don W. Nielsen
c/o Susan Bradley Krant, Esq.
ANDERSON BRADLEY KRANT, P.C.
450 Siskiyou Blvd., Suite 3
Ashland, OR 97520

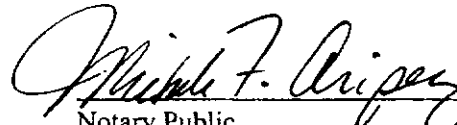
16.

Exhibits "A" and "B" attached hereto, are each hereby made a part hereof as though fully set forth at the place where reference to the exhibit is made.


Joan Johnson, Trustee of Don W. Nielsen Trust

SUBSCRIBED AND SWORN to before me by Joan Johnson this 21st day of MAY, 2019.




Michele F. Arpaz
Notary Public
My Commission Expires: 12/15/2019

Submitted By:

Susan Bradley Krant, OSB No. 99178
Anderson Bradley Krant, P.C.
450 Siskiyou Blvd., Suite 3
Telephone: 541.488.1225
Facsimile: 541.488.4225
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Affiant Information:

Joan Johnson
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Apple Valley, CA 92307
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