CERTIFICATION OF VITAL/RECORD DREGON DEPARTMENT OF HUMAN RESOURCES 7 2047 i.D. TAG NO. HEALTH DIVISION ROOK THI PAGE 1/2 ENTER FOR HEALTH STATISTICS 136-Local File Number CERTIFICATE OF DEATH State File Number DECEDENT'S FIRST Tosca<sup>aka</sup> Toska 3. DATE OF DEATH (ANNIH, Day, Year, TOSCA
4.500IAL SECURITY NUMBER 36 AGELESI BIR (Years) Ursula ERIGHT 12 March 1, 1993 56 Under 1 Year 5c Under 1 Day 6. BIRTHPLACE (City and State or Foreign 7. DATE OF BIRTH (Month, Day, Year) 541-36-4987 Osys 8.WAS DECEDENT EVER IN Breslau, Germany October 21, 1920 DICIDENT HOSPITAL CITATION Oya Chica Mospital Cinpatient Centre of the Company OTHER [] Nursing Home [\$\infty\) Decedent's Home [\$\infty\] Other (Specify) DERVOutpatient DOM 96 CITY, TOWN, OR LOCATION OF DEATH 9d. COUNTY OF DEATH No. 6 Little Court Sunriver ton DECEDENT'S USUAL OCCUPATION (Gheathd of working life on not use relies) Homemaker Deschutes 100 KIND OF BUSINESSANDUSTE 1. MARITAL STATUS - 1 world, 12. SPOUSE (If Married, Widowed) Own Home Widowed Merle E. 134 RESIDENCE - STATE | 136 COUNTY 19c. CITY, TOWN OR LOCATION 134 STREET AND NUMBER Deschutes Oregon Sunriver No. 6 Little Court 13e. INSID / CITY 13L ZIP CODE 14 WAS DECEDENT OF HISPANIC OF GIN Specify No or Yes - If yes, soughly Class, Mexican, Fuerto Rican, etc.) Lino Lives Specify: TE DECEDENT'S EDUCATION 97707 □ Yes X No White Elementary/ (condary (0-12) | College (1-4 or 5+ 7. FATHER - MAME 18. MOTHER - NAME TITEL PARENTS 18. INFORMANT . HAME and relationship to decreased Hans Gunther Helbeig Olga Nee Liver Marie G. Bright - Som DE METHOD OF DISPOSITION MEUSOISIEM 200. PLACE OF DISPOSITION (Name of cametery, crametory, of 20c. LOCATION - City or Town, Grate DISPOSITION Clicketal Differention Clicketoval from State Deschutes Memorial Gardens Donation Dother (Specify). Bend, Oregon 216 LICENSE NUMBER NAME ADDRESS AND ZIP OF FACILITY Deschutes Memorial Funeral Home 1346 63875 Highway 97 N., Berry, OR 97701 RELISTHAR ANATOMICAL GIFT CONSENTS UM9 KINIA LIYES AND COMPANY OF THE PARTY OF THE TO BE COMPLETED BY CERTIFYING PHYSICIAN TO BE COMPLETED ONLY BY MEDICAL EXAMINER 28. WAS MEDICAL EXAMINER NOTIFIED? SIA TIME OF DEATH 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour 5:45 Cayes DNo to the best of my knowledge, death occurred a due to the cause(s) and manner stated. On the basis of examination endor investigation, in my opinion death occurred at the time, date, place and due to the catego) and mariner stated. 00. DATE SIGNED (Month, Day 33. DATE EIGNED (Month Day, Year) COUNTY A NAME, TITLE, ADDRESS AND RINGOF CERTIFIER MELICAL EXAMINER (T) (DE OF Print) Michael N. Harris MD 1501 N.E. Medical Center Drive, Rend Orego. 35. NAME OF ATTENDING PHYSICIAN IF OF THAN CERTIFIER (Type or Print) CONDITIONS WHICH GAVE FISE TO FOMEDIATE 36. IMMEDIATE CAUSE JENTER ONLY ONE CAUSE PER LINE FOR IS. (b), AND (c)) Do not enler mode of Sying, e.g. Carolico of Respiratory A. Te. JYRUGOMY ELV OIK DUE TO, OR AS A SERSEQUENCE OF DUE TO, OR AS A CONSECUENCE OF OTHER SIGNIFICANT CONDITIONS .
Conditions contributing to death but not resulting in the underlying course given in PART. AUTOPRY 39 II YES W 0000 C. Utilnown O Yes Miles DYSS GNO DNIA W MANNED OF DEATH 41a DATE OF INJURY 11b. TIME OF Id. INJURY AT WORK? (distance) SCRIBE HOW BUILDY DOCUMENT Pending Investigation FILED FOR REGORD DASSISSES. Ci Undetermine Manner Clyes DNo

ORIGINAL-VITAL STATISTICS COPY

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY A REGISTERED AT THE OFFICE OF THE DESCRIPTES COUNTY REGISTRAR.

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FLORENCE ABEND-YORRIGINO COUNTY REGISTRAR DESCRITES COUNTY, OREGON

# Last Will and Testament

LAST WILL AND TESTAMENT

OF

TOSCA URSULA ERIGHT

BOOK 141 PAGE 926

I, TOSCA URSULA BRIGHT, a resident of Sunriver, Oregon do hereby make, publish and declare this to be my Last Will and Testament, hereby expressly revoking all former wills and codicils made by me.

#### FLRST

I direct that upon my death my remains be cremated and that my Personal Representative shall pay out of my estate all my debts, expenses of my last illness, cremation and the expenses of the administration of my estate.

#### SECOND

I declare that I was married to MERLE BRIGHT, that my said husband predeceased me on May 1, 1980 and that the names of our children are: IRIS H. JOHNSON and MERLE G. BRIGHT. I am presently unmarried and not pregnant.

#### THIRD

I bequeath all contents of my home, including household goods, furnishings, clothes, furs, jewelry and my personal belongings, together with any automobile or automobiles, to my daughter, IRIS H. JOHNSON.

#### FOURTH

I give, devise and bequeath all the rest, residue and remainder of my estate and property, both real and personal, to my children, IRIS H. JOHNSON and MERLE G. BRIGHT, share and share alila.

#### FIFTH

In the event either of my children predecease me, I give and bequeath such share to the survivor of said children.

1 LAST WILL AND TESTAMENT OF TOSCA URSULA BRIGHT

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

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#### SIXTH

I nominate and appoint MERLE G. BRIGHT, Personal Representative of this, my Last Will and Testament, provided, however, if he is unable or unwilling to act or to continue to act in such capacity, I nominate and appoint IRIS H. JOHNSON as alternate Personal Representative of this, my Last Will and Testament. I direct that no bond or other undertaking to be required of either my Personal Representative or alternate Personal Representative for the faithful performance of their duties hereunder.

I give full power to my Personal Representative or alternate Personal Representative to continue or terminate any business, contract or transaction in which I may be interested at the time of my death; to borrow money as occasion may require, to compromise, settle or waive any claims due to or by my estate; and to sell, assign, transfer, convey, lease or mortgage any real or personal property belonging to my estate, without petition to, or license or leave of court, and issuance of notice or citation, and without reporting to any court or securing from any court an order authorizing or confirming any such sale or other disposition.

IN WITNESS WHEREOF, I, TOSCA URSULA BRIGHT, declare this instrument written on three pages of paper, to be my Last Will and Testament and to the same as such have subscribed my name and affixed my seal this \_\_\_/\_ day of October, in the year of Our Lord One Thousand Nine Hundred and Eighty-three. \_\_/

Tosca Ursula Bright

The foregoing instrument consisting of three pages, including the next page, was at the date hereof, signed, sealed, published and declared by TOSCA URSULA BRIGHT, to be her Last Will and Testament, in the presence of us, the undersigned, who at her request and in her sight and presence, and in the sight and

## ROOK 14 PAGE 928

presence of each other, have hereunto subscribed our names as witnesses thereto this \_\_\_\_\_ day of October, in the year of Our Lord One Thousand Nine Hundred and Eighty-three.

Residing at Surviver Oregon

Residing at Supprises, Oregon

### AFFIDAVIT OF ATTESTING WITNESSES TO WILL

BOOK 14 PAGE 929

STATE OF OREGON, County of Deschutes )ss.

We, the undersigned, being sworn, each for ourselves, say: On ' > date of the foregoing Will of TOSCA URSULA BRIGHT, in our presence said TOSCA URSULA BRIGHT signed the same and declared it to be her Will, whereupon, at her request and in her presence, we attested the Will by signing our names thereto.

To the best of our knowledge and belief, the testatrix was, at that time, over the age of 18 years and of sound mind.

Donad V. McCallum

SUBSCRIBED and SWORN to by each of the affiants above named

this //f/day of October, 1983.

Motary Public for Oregon
My commission expires:

## CODICIL TO LAST WILL



## BOOK 14 PAGE 930 TOSCA URSULA BRIGHT

- I, Tosca Ursula Bright, a resident of Sunriver, Deschutes County, Oregon, do hereby make, publish and declare this to be my first Codicil to my Last Will executed on October 11, 1983.
- I hereby revoke the first paragraph of Article Sixth of my said 1 Last Will, and in lieu thereof I substitute the following:

"I nominate and appoint my brother-in-law, Lester Bright, as Personal Representative of this, my Last Will. I direct that no bond or other undertaking be required of him in that capacity."

As amended by this Codicil, I hereby ratify, confirm and republish my Last Will executed October 11, 1983.

IN WITNESS WHEREOF, I have signed this, a Codicil to my Last Will, this 28th day of January, 1991.

Tosca Ursula Bright

Witnesses:

aran (Bais Residing at 65495 730 Band, Ca. 9770)

eccecee Residing at Box/

Page 1 of 2

Codicil to Last Will of Ursula Tosca Bright

STATE OF OREGON ) BOOK /4/ PAGE 93/
: ss
County of Deschutes )

We, the undersigned, being sworn, each for myself say:

We are the attesting witnesses to the Codicil to her Last Will executed by Tosca Ursula Bright, dated January 28\_\_\_\_, 1991, consisting of 2 typewritten pages, including this page, each of which was signed or initialled by her. The Will was executed in our presence and in the presence of the Testatrix who declared it to be her Last Will and requested us to sign our names as witnesses, which we did. To the best of our knowledge and belief, at the time of executing the Will the Testatrix was of legal age, of sound mind, and not acting under any restraint, undue influence, duress or fraudulent misrepresentation.

Dencerce

SUBSCRIBED and sworn to by each affiant whose signature appears above this 28th day of January, 1991.

No ary Public for Oregon

My commission expires: 11/29/91