

# CERTIFICATION OF VITAL RECORD

F 2047  
ID TAG NO

128  
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

8931

BOOK 141 PAGE 925

State File Number

1 DECEDENT'S NAME First Last Tosca aka Toska Ursula BRIGHT		2 SEX F	3 DATE OF DEATH (Month, Day, Year) March 1, 1993
4 SOCIAL SECURITY NUMBER [REDACTED]		5 BIRTHPLACE (City and State or Foreign) Breslau, Germany	6 DATE OF BIRTH (Month, Day, Year) October 21, 1920
7 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8 PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other	
9 FACILITY NAME (if not institution, give street and number) No. 6 Little Court		10 CITY, TOWN, OR LOCATION OF DEATH Sunriver	
11 DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Homemaker		12 SPOUSE (if married, widowed, divorced, (Specify) Merle E.	
13 RESIDENCE - STATE Oregon		14 COUNTY OF DEATH Deschutes	
15 RESIDENCE - CITY Sunriver		16 STREET AND NUMBER No. 6 Little Court	
17 ZIP CODE 97707		18 DECEDENT'S EDUCATION (Specify only highest grade completed) 2	
19 FATHER - NAME First Middle Last Hans Gunther Helbeig		20 MOTHER - NAME First Middle Last Olga Nee Lima	
21 METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		22 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Deschutes Memorial Gardens	
23 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Eddie M. McAfferty		24 LICENSE NUMBER (if applicable) 1346	
25 DATE FILED (Month, Day, Year) March 4, 1993		26 NAME, ADDRESS AND ZIP OF FACILITY Deschutes Memorial Funeral Home 63875 Highway 97 N., Bend, OR 97701	
27 DO HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> None		28 SIGNATURE OF HOSPITAL REPRESENTATIVE Jacqueline Mathis Dep	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
29 TIME OF DEATH 5:45 P		30 WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [Signature]			
32 DATE SIGNED (Month, Day, Year) 3/2/93			
33 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Michael N. Harris MD 1501 N.E. Medical Center Drive, Bend, Oregon 97701			
34 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
35 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)			
35a (a) <u>SYRIGOMYELIA</u>		35b (b) <u>710W</u>	
35c (c) <u>710W</u>		35d (d) <u>710W</u>	
36 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <u>COOP</u>			
37 Did decedent use contribute to the injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		38 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39 IN YES, were findings consistent with the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		40 IN YES, were findings consistent with the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
41 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention		42 DATE OF INJURY (Month, Day, Year)	
43 TIME OF INJURY		44 INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45 PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		46 DESCRIBE HOW INJURY OCCURRED	
47 LOCATION (City, Town, or State)		48 LOCATION (City, Town, or State)	

ORIGINAL VITAL STATISTICS COPY

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

DATE ISSUED March 10, 1993

Mar 16 3 35 PM '94  
J. Lowry  
AUDITOR  
GARY M. OLSON

FLORENCE ABEND TORRIGNO  
COUNTY REGISTRAR  
DESCHUTES COUNTY, OREGON

# Last Will and Testament

LAST WILL AND TESTAMENT  
OF

TOSCA URSULA BRIGHT

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.

## FIRST

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 alike.

## 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

Registered  
Indexed, Dis  
Indirect  
Filed  
Noted

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 11 day of October, in the year of Our Lord One Thousand Nine Hundred and Eighty-three.

Tosca Ursula Bright  
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

BOOK *KH* PAGE *928*

presence of each other, have hereunto subscribed our names as witnesses thereto this 11 day of October, in the year of Our Lord One Thousand Nine Hundred and Eighty-three.

*Wm. W. McCallum*  
Residing at *Sumner*, Oregon

*Donald B. McCallum*  
Residing at *Sumner*, Oregon

AFFIDAVIT OF ATTESTING WITNESSES TO WILL

BOOK 141 PAGE 929

STATE OF OREGON, County of Deschutes )ss.

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

On the 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.

Don W. McCallum

Donald W. McCallum

SUBSCRIBED and SWORN to by each of the affiants above named this 11/14 day of October, 1983.

Andrea M. Smith  
Notary Public for Oregon  
My commission expires: 9-14-84

DONALD W. McCALLUM  
PROFESSIONAL CORPORATION  
ATTORNEYS AT LAW  
SUITE 205 - RED OAKS SQUARE  
P.O. Box 1211  
BEND OREGON 97701

CODICIL TO LAST WILL

COPY

OF

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.

1. I hereby revoke the first paragraph of Article Sixth of my said 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."

2. 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  
Tosca Ursula Bright

Witnesses:

Sharon Davis Residing at 65495 73rd Blvd, NE, 97701

Deanne Davis Residing at 73rd Blvd, NE 97701

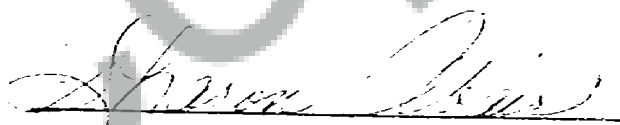


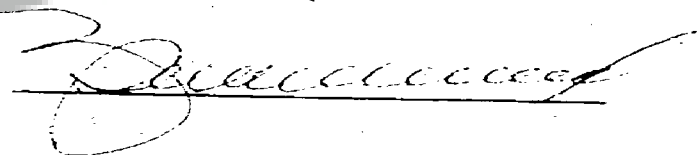
STATE OF OREGON )  
: ss  
County of Deschutes )

BOOK 141 PAGE 931

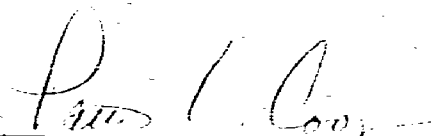
We, the undersigned, being sworn, each for myself say:

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.





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



Notary Public for Oregon

My commission expires: 11/29/91

