

**IN THE PROBATE COURT OF HARNEY COUNTY, OREGON
PETER A SANDERS, PRESIDING JUDGE**

IN RE: ESTATE OF LAVOY FINICUM

Decedent.

Case No. 2016-EST-203019

Judge Jeremy P. Gallagher

**CREDITOR'S CLAIM FOR
DECEDENT'S LAST DYING EXPENSE
PURSUANT TO OREGON REVISED CODE
§2117.25(A)(5)**

PLEASE TAKE NOTICE that the City of Burns (“Creditor”), located at 242 S. Broadway Burns, Oregon 97720, has a claim against the Estate of LaVoy Finicum in the amount of Five Hundred Dollars (\$500.00), *see Exhibit A*, which is past due and owing for emergency medical services rendered as the decedent’s last dying expense under Oregon Revised Code §2117.25(A)(5). This notice constitutes a presentation of a creditor’s claim pursuant to Oregon Revised Code §2117.06.

Respectfully submitted,

**JOHN A MASTERSON (0038838)
DIRECTOR OF LAW**

/s/ Carl E. Meyer

Carl E. Meyer(10905329)

Assistant Director of Law

242 S. Broadway

Burns, Oregon 97720

Attorney for Creditor City of Burns

CERTIFICATE OF SERVICE

Pursuant to Civ. Pro. R. 5(B)(2)(f), I hereby certify that a true and accurate copy of this **Creditor's Claim for Decedent's Last Dying Expense Pursuant to Oregon Revised Code §2117.25(A)(5)** was served via electronic mail this February 11, 2016, upon the following counsel herein:

Paul A. Riley, Esq.
priley@abs-llp.com
Attorney for Estate Applicant

Allen M. Rice, Esq.
arice@reminton.com
Attorney for family of LaVoy Finicum

Daniel L. Samson, Esq.
dsamson99@earthlink.net
Attorney for Fiduciary

JOHN A MASTERSON (0038838)
DIRECTOR OF LAW

/s/ Carl E. Meyer

Carl E. Meyer (10905329)
Attorney for Creditor

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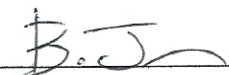
**AFFIDAVIT OF BRANDY
JOHNSON**

State of Oregon)
)
County of Harney) ss:

Brandy Johnson ("affiant"), EMS Billing Manager of the City of Burns ("Creditor"), first being duly sworn according to law, deposes and states that Affiant has personal knowledge of the matters set forth herein except as specifically noted otherwise, and further states as follows:

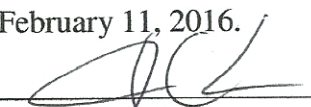
1. Affiant is at least eighteen (18) years old and has personal knowledge of the matters set forth in this Affidavit;
2. That Affiant is the authorized representative of Creditor;
3. Affiant states that Creditor provided goods and/or services to the above-named Decedent pursuant to the terms of the parties' agreement;
4. Affiant states that the invoices, accounting statements and/or ledgers attached to the Creditor's Claim as Exhibit A are true and accurate;
5. Affiant states that Creditor keeps invoices, accounting, and/or ledger statements in the ordinary and normal course of business.
6. Affiant states that to date Decedent has failed to pay for the goods and/or services as agreed upon delineated in the invoices, accounting, and/or ledger statements.
7. Affiant states the amount owed by Decedent is \$500.00.

Further affiant sayeth not.



Brandy Johnson

Sworn to before me and subscribed in my presence by the above-named Brandy Johnson this February 11, 2016.



Notary Public



**HARNEY DISTRICT HOSPITAL -
EMS SERVICES FOR CITY OF BURNS, OR**
557 W. WASHINGTON
BURNS, OR 97720
541-573-7281

Ambulance Transportation Invoice

Invoice Date: 02/11/2016

Patient Name: LAVOY FINICUM

Patient SSN: XXX-XX-0000

Run Number: 16-012653

Date of Call: 1/26/2016

Time of Call: 17:35

LAVOY FINICUM
CHINO VALLEY RANCH
CHINO VALLEY, AZ 86323

From: Highway 395
To: Harney District Hospital

Primary Payor: Estate of Robert LaVoy Finicum

<u>Description</u>	<u>Check #</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Payment Date</u>	<u>Amount</u>
Ambulance Advanced Life Support		1.0	180.00		180.00
Mileage		32.0	10.00		320.00
Revenue Adjustment					500.00

TOTAL AMOUNT DUE

\$500.00

DETACH ALONG LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Patient Name: LAVOY FINICUM

Run Number: 16-012653

Amount Enclosed: \$_____

Due On: 03/12/2016

Remit to: Harney District Hospital – City of Burns EMS
557 W. Washington
Burns, Oregon 97720

Medicare #:	Medicaid #:
Guarantor Name & Address	
Insurance Name & Address	
Insurance Policy #:	Insurance Group #:
I authorize the Harney District Hospital EMS - City of Burns, to file a claim with my insurance company. Medical or information may be released to the carrier upon request. This Box must be signed.	
Signature:	Date: