PARTIAL DISTRIBUTION CHECKLIST

Decedent's Name: _____ Case Number: _____

☐ Affidavit of Publication (ORS 113.155)

Expiration date: _____

☐ **Affidavit of Publication Expired (ORS**

☐ Affidavit of Publication Expired (ORS 113.155) [Unless Liability]

☐ Liability Explained

☐ Affidavit of Mailing Notice ORS 113.145(4)

☐ DHS Notification ORS 113.145(6)

☐ Affidavit of Compliance ORS 115.003

☐ Distribution Equal to All Heirs/Devisees (Exception: Burdensome Asset)

☐ Affidavit Mailing Notice of Distribution (ORS 116.013)

☐ Notice to required parties (date): _____

☐ Notice period end date: _____

(or) ☐Waiver/consents

Inventory (ORS113.165): $_____

Amended Inventory: $_____

Claims:

☐ Statement All Claims Paid

Who	**Amount of Claim**	**Disallowed/Explanation**
	$	

Name	**Distribution (Percentage of Real or Personal Property)** (ORS 116.013)

Date of Review: _____ Name: _____