

Partial Distribution Checklist

Case Number and Decedent's Name: _____

__ Affidavit of Publication (ORS 113.155)

Expiration date _____

__ 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/Devises (Exception: Burdensome Asset)

__ Affidavit Mailing Notice of Distribution (ORS 116.013)

Notice to required parties _____ (and)

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 and Auditor Name: _____