



Parcel A - The West 250 feet of Government Lot 4 in Section 8, Township 3 North, Range 8 East of the Willamette Meridian, lying southwesterly of the Wind River Highway; ALSO that portion of the Southwest Quarter of Section 8, Township 3 North, Range 8 East of the Willamette Meridian, lying North of the North line of Government Lot 4 and lying southwesterly of the Wind River Highway;

Parcel B - That portion of Government Lot 4 in Section 8, Township 3 North, Range 8 East of the Willamette Meridian, lying northeasterly of the Old State Road No. 8-C, now designated as High Bridge Road. EXCEPT that portion West of the East line of tract conveyed to Earl S. Seaman and Florence K. Seaman, as recorded in Book 56 of Deeds, at Page 85, and recorded on June 27, 1966. ALSO EXCEPT that tract conveyed to Samuel James Seaman in Book 74 of Deeds at Page 122, recorded January 12, 1978; AND EXCEPT from the remainder the West 75 feet as measured along the North line thereof; and

Parcel C - That part of the Northeast Quarter of the Southeast Quarter of Section 7, Township 3 North, Range 8 East of the Willamette Meridian, lying easterly and southerly of the center of the Wind River. EXCEPT State Highway No. 8-C and Wind River Highway.

- (b) Checking Account Number 21142880 at 1st Independent Bank, Stevenson, Washington, in the names of William J. Seaman, Sam J. Seaman and Blanche M. Seaman. Balance in account at date of death: \$2.00;
- (c) Time Certificate of Deposit No. 21500873 at 1st Independent Bank, Stevenson, Washington, in the name of William J. Seaman. Maturity date of certificate is 11/05/89. Value of certificate as of 05/12/88: \$2,981.59;
- (d) Miscellaneous checks totalling \$270.73;
- (e) Cash in the amount of \$267.00; and
- (f) Personal effects,

all of which is the property of said William J. Seaman under the aforesaid Last Will and Testament of said William J. Seaman, Deceased.

6. The value of the personal property of the decedent's estate which is subject to probate does not exceed \$10,000.00.

7. All other assets belonging to said William J. Seaman, deceased, have been reviewed by the heirs and devisees of said William J. Seaman, Deceased, and distributed to the persons

entitled to the same.

8. Samuel J. Seaman and Donna J. Carey were named joint co-executors of the Decedent's last Will and Testament, but they have no intention of probating said Will and Estate; there exists an absence of unpaid creditor's claims, all known claims of the decedent including expenses of last illness and funeral, having been heretofore paid or provided for; the property of the decedent being easily identifiable and all of the persons interested therein having agreed as to the distribution of the same; and, the personal properties owned by the Decedent, including items of personal and sentimental value, having been given to Donna J. Carey, Earl W. Seaman, Robert J. Seaman and Samuel J. Seaman, after his death.

9. More than forty (40) days have elapsed since the date of death of the decedent William J. Seaman. No application or petition for appointment of personal representative is pending or has been granted in any jurisdiction, it being the intent of the heirs of the decedent not to probate said estate by reason of the circumstances enumerated in the preceding paragraph.

10. There is no federal estate tax payable on this estate as said estate is within the amount provided for exemptions from payment of estate tax to the United States Internal Revenue Service, and there is no State of Washington inheritance tax payable on this Estate.

11. This Affidavit is made for the purpose of inducing third persons to rely on the contents hereof and the representations made relative to the no-probate estate of said William J. Seaman, deceased. Affiants and each of the signatories hereto covenant to indemnify and hold harmless anyone relying upon these representations against a contrary state of fact.

12. At the date of this Affidavit, Affiants' legal addresses are as shown beneath their signatures.

13. That there are no other successors of the decedent entitled to notice.

14. That affiants are entitled to full payment or delivery of the decedent's estate.

Dated this 9 day of June, 1988.

Donna J. Carey  
DONNA J. CAREY  
8992 N. Fortune  
Portland, OR 97203

Earl W. Seaman  
EARL W. SEAMAN  
Carson, WA 98610

Robert J. Seaman Sr.  
ROBERT J. SEAMAN  
Carson, WA 98610

Samuel J. Seaman  
SAMUEL J. SEAMAN  
Box 504  
Carson, WA 98610

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY YANC KIRPINSKI

JUN 13 4 39 PM '88  
d. No, AP  
AUDITOR  
GARY M. OLSON

STATE OF OREGON )  
County of Multnomah ) ss.

On this day personally appeared before me DONNA J. CAREY, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 9th day of June, 1988.



Donna J. Carey  
Notary Public in and for  
the State of Oregon,  
residing at Portland.  
My Commission expires:  
My Commission Expires 2-9-91

STATE OF WASHINGTON )  
County of Skamania ) ss.

On this day personally appeared before me EARL W. SEAMAN, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.



AUTHORITY TO CLAIM ON BEHALF OF SUCCESSOR

The undersigned, a successor of the above-named decedent, William J. Seaman, acknowledges having read and approved the foregoing affidavit, agrees to indemnify and hold harmless anyone relying thereon against a contrary state of fact, and hereto acknowledges having received full payment or delivery of her portion of the property of the decedent for the purpose of clearing said estate and all of the assets of which it is comprised.

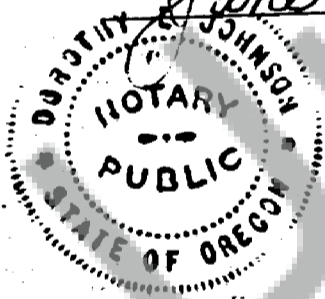
Dated this 9 day of June, 1988.

*Donna J. Carey*  
DONNA J. CAREY

STATE OF OREGON            )  
                                          ) ss.  
County of Multnomah        )

On this day personally appeared before me DONNA J. CAREY, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 9th day of June, 1988.



*Dorothy Johnson*  
Notary Public in and for  
the State of Oregon,  
residing at Goldmond.  
My Commission expires:  
My Commission Expires 2-9-91



AUTHORITY TO CLAIM ON BEHALF OF SUCCESSOR

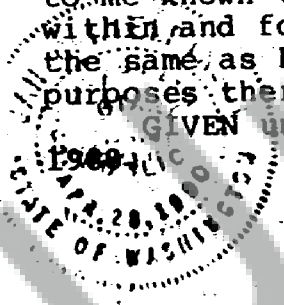
The undersigned, a successor of the above-named decedent, William J. Seaman, acknowledges having read and approved the foregoing affidavit, agrees to indemnify and hold harmless anyone relying thereon against a contrary state of fact, and hereto acknowledges having received full payment or delivery of his portion of the property of the decedent for the purpose of clearing said estate and all of the assets of which it is comprised.

Dated this 2nd day of June, 1988.

*Robert J. Seaman*  
\_\_\_\_\_  
ROBERT J. SEAMAN

STATE OF WASHINGTON    )  
                                  ) ss.  
County of Skamania    )

On this day personally appeared before me **ROBERT J. SEAMAN**, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.



GIVEN under my hand and official seal this 2nd day of June,

*John L. Silberson*  
\_\_\_\_\_  
Notary Public in and for  
the State of Washington,  
residing at Stevenson.  
My Commission expires:  
04/28/90





## LAST WILL AND TESTAMENT

OF

WILLIAM J. SEAMAN

SKAMANIA COUNTY  
ORIGINAL FILED

NOV 20 1986

Lorena E. Hollis, Clerk

86-4-00024-0

KNOW ALL MEN BY THESE PRESENTS, That I, WILLIAM J. SEAMAN, of Carson, Skamania County, Washington, being of sound and disposing mind and not acting under duress, menace, fraud or the undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament.

**ARTICLE I.**  
**Identification of Family**

I declare that I am a single man, and that I have no children born to or adopted by me.

**ARTICLE II.**  
**Joint Co-Executors**

I hereby nominate and appoint my nephew, SAMUEL J. SEAMAN, and my niece, DONNA J. CAREY, to act as joint co-executors of this my Last Will and Testament, to act without bond.

**ARTICLE III.**  
**Burial**

I direct that my body be given proper burial, but without unnecessary ostentation or expense.

**ARTICLE IV.**  
**Nonintervention of Court**

I direct that my estate be settled without the intervention of any court, except to the extent required by law, and that my joint co-executors settle my estate in such manner as shall seem best and most convenient to them, and I hereby empower my joint co-executors to mortgage, lease, sell, exchange and convey the personal and real property of my estate without an order of court for that purpose and without notice, approval or confirmation, and in all other respects to administer and settle my estate without the intervention of court.

**ARTICLE V.**  
**Claims Against Estate**

I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses of my last illness and funeral, be paid by my joint co-executors as soon after my death as is practicable; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

**ARTICLE VI.**  
**Taxes**

I direct that all estate, succession, legacy, inheritance or other transfer taxes, however designated, that shall become payable by reason of my death, whether attributable to property passing under this Will or outside of it, shall be paid out of the residue of my estate, with no right of reimbursement from the recipient of any

*William J. Seaman*



The Testator requested that this affidavit in proof of his attached Will be made by the undersigned subscribing witnesses thereto.

Witness: Martha Christine Cornell  
Residing at: Stevenson, Washington  
Witness: Gayle Ferguson  
Residing at: Stevenson, Washington

SUBSCRIBED AND SWORN to before me this 25<sup>th</sup> day of June, 1985.

Jan C. Pfeiffer  
Notary Public in and for the  
State of Washington, residing  
at Stevenson.

UNOFFICIAL COPY

William Jay Seaman

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF HEALTH

LOCAL FILE NUMBER: 146-8

1 NAME FIRST MIDDLE LAST: William J. SEAMAN  
2 SEX: Male  
3 BIRTH DATE (MO DAY YR): 02 Dec 1985

4 RACE (WHITE BLACK AM IND ETC SPECIFY): White  
5 AGE LAST BIRTH DAY (YRS): 90  
6 UNDER 1 YEAR: MOS  
7 UNDER 1 DAY: HOURS MINS  
8 BIRTHDATE (MO DAY YR): 25 Jul 1895  
9 COUNTY OF DEATH: Skamania

10 CITY TOWN OR LOCATION OF DEATH: Carson  
11 PLACE OF DEATH: 3.41L Wind River Hwy  
12 RECEIVED EMERGENCY CARE: No

13 BIRTH STATE IF NOT IN USA GIVE COUNTRY: Washington U.S.A.  
14 CITIZEN OF WHAT COUNTRY: U.S.A.  
15 MARRIED NEVER MARRIED WIDOWED DIVORCED: Never Married  
16 SPOUSE OF WIFE GIVE MAIDEN NAME: None

18 SOCIAL SECURITY NO: 534-05-5089  
19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): None  
20 KIND OF BUSINESS OR INDUSTRY: Handicapped

21 RESIDENCE NUMBER AND STREET: 3.41L Wind River Hwy  
22 CITY TOWN OR LOCATION: Carson  
23 INSIDE CITY LIMITS (YES/NO): No  
24 COUNTY: Skamania  
25 STATE: Washington

26 FATHER NAME FIRST MIDDLE LAST: William J. Seaman, Sr.  
27 MOTHER MAIDEN NAME FIRST MIDDLE LAST: SMITH Sarah Moore Seaman

28 INFORMANT NAME: Bud Seaman  
29 MAILING ADDRESS: Box 504 Carson, WA 98610

30 BURIAL CREMATION REMOVAL OTHER (SPECIFY): Burial  
31 DATE (MO DAY YR): 12/6/85  
32 CEMETERY CREMATORY NAME: Carson Cemetery  
33 LOCATION CITY TOWN STATE: Carson, WA

34 FUNERAL DIRECTOR SIGNATURE: *R. P. ...*  
35 NAME OF FACILITY: GARDNER FUNERAL HOME, INC. White Salmon, WA

37 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED  
38 DATE SIGNED (MO DAY YR):  
39 HOUR OF DEATH (24 HRS):  
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):  
41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED  
42 DATE SIGNED (MO DAY YR):  
43 HOUR OF DEATH (24 HRS):  
44 PRONOUNCED DEAD (MO DAY YR):  
45 HOUR PRONOUNCED DEAD (24 HRS):

46 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT):  
ROBERT K. LEICK Skamania County Coroner, Stevenson, WA 98648

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))  
(A) CORONARY OCCLUSION  
(B) ...  
(C) OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE

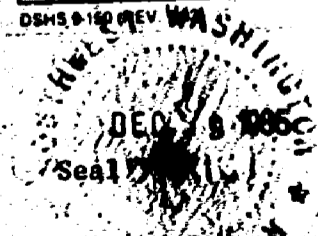
48 AUTOPSY? (YES/NO): No  
49 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): Yes

51 ACC SUICIDE MOM UNDET OR PENDING INVEST (SPECIFY): Natural  
52 INJURY DATE (MO DAY YR): Dec 2, 1985  
53 HOUR OF INJURY (24 HRS): 0850  
54 DESCRIBE HOW INJURY OCCURED: Coronary Occlusion

55 REGISTRATION SIGNATURE: *Wayne X. Shandera*  
56 DATE RECEIVED (MO DAY YR): Dec 9, 1985

57 LOCATION (STREET OR RD NO CITY TOWN STATE): 3.41L Wind River Hwy., Carson, WA / 98610

60 ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE



SOUTHWEST WASHINGTON HEALTH DISTRICT  
*Wayne X. Shandera*  
Wayne X. Shandera, M.D.  
District Health Officer

AFFIDAVIT OF HEIRSHIPREGARDINGWILLIAM J. SEAMAN

**DONNA J. CAREY, EARL W. SEAMAN, ROBERT J. SEAMAN and SAMUEL J. SEAMAN**, being first duly sworn, on oath, depose and say:

1. We are the nieces and nephews of William J. Seaman, whose Social Security Number is 534-05-5089, who died on the 2nd day of December, 1985, being at the time of his death a resident of the County of Skamania, State of Washington, his residence being located at 3.41L Wind River Hwy., Carson, Washington.

2. William J. Seaman executed a Last Will and Testament on the 25th day of June, 1985, which was filed with the Clerk of the Superior Court of Skamania County, Washington, on the 20th day of November, 1986, under Skamania County Probate No. 86-4-00024-0, a true and correct copy being attached hereto and incorporated herein by reference as though set forth herein in full.

3. At the date of his death, William J. Seaman had no children born to or adopted by him. Affiants are the legal heirs of said William J. Seaman, "successors" as defined in RCW 11.62.005, and all are of legal age.

4. In his Last Will and Testament, William J. Seaman, directed that:

I give, devise and bequeath all of the rest, residue and remainder of my estate, whether real or personal, and wheresoever situated, to my niece, **DONNA J. CAREY**, my nephew, **EARL W. SEAMAN**, my nephew, **ROBERT J. SEAMAN**, and my nephew, **SAMUEL J. SEAMAN**, or to those of them living at the time of my death, share and share alike.

5. The estate of said William J. Seaman, included the following described assets, to-wit:

(a) One-half undivided interest in real estate situated in Skamania County, Washington, more particularly described as follows:

FILED  
11/15/85

Parcel A - The West 250 feet of Government Lot 4 in Section 8, Township 3 North, Range 8 East of the Willamette Meridian, lying southwesterly of the Wind River Highway; ALSO that portion of the Southwest Quarter of Section 8, Township 3 North, Range 8 East of the Willamette Meridian, lying North of the North line of Government Lot 4 and lying southwesterly of the Wind River Highway;

Parcel B - That portion of Government Lot 4 in Section 8, Township 3 North, Range 8 East of the Willamette Meridian, lying northeasterly of the Old State Road No. 8-C, now designated as High Bridge Road. EXCEPT that portion West of the East line of tract conveyed to Earl S. Seaman and Florence K. Seaman, as recorded in Book 56 of Deeds, at Page 85, and recorded on June 27, 1966. ALSO EXCEPT that tract conveyed to Samuel James Seaman in Book 74 of Deeds at Page 122, recorded January 12, 1978; AND EXCEPT from the remainder the West 75 feet, as measured along the North line thereof; and

Parcel C - That part of the Northeast Quarter of the Southeast Quarter of Section 7, Township 3 North, Range 8 East of the Willamette Meridian, lying easterly and southerly of the center of the Wind River. EXCEPT State Highway No. 8-C and Wind River Highway.

- (b) Checking Account Number 21142880 at 1st Independent Bank, Stevenson, Washington, in the names of William J. Seaman, Sam J. Seaman and Blanche M. Seaman. Balance in account at date of death: \$2.00;
- (c) Time Certificate of Deposit No. 21500873 at 1st Independent Bank, Stevenson, Washington, in the name of William J. Seaman. Maturity date of certificate is 11/05/89. Value of certificate as of 05/12/88: \$2,981.59;
- (d) Miscellaneous checks totalling \$270.73;
- (e) Cash in the amount of \$267.00; and
- (f) Personal effects,

all of which is the property of said William J. Seaman under the aforesaid Last Will and Testament of said William J. Seaman, Deceased.

6. The value of the personal property of the decedent's estate which is subject to probate does not exceed \$10,000.00.

7. All other assets belonging to said William J. Seaman, deceased, have been reviewed by the heirs and devisees of said William J. Seaman, Deceased, and distributed to the persons

entitled to the same.

8. Samuel J. Seaman and Donna J. Carey were named joint co-executors of the Decedent's last Will and Testament, but they have no intention of probating said Will and Estate; there exists an absence of unpaid creditor's claims, all known claims of the decedent including expenses of last illness and funeral, having been heretofore paid or provided for; the property of the decedent being easily identifiable and all of the persons interested therein having agreed as to the distribution of the same; and, the personal properties owned by the Decedent, including items of personal and sentimental value, having been given to Donna J. Carey, Earl W. Seaman, Robert J. Seaman and Samuel J. Seaman, after his death.

9. More than forty (40) days have elapsed since the date of death of the decedent William J. Seaman. No application or petition for appointment of personal representative is pending or has been granted in any jurisdiction, it being the intent of the heirs of the decedent not to probate said estate by reason of the circumstances enumerated in the preceding paragraph.

10. There is no federal estate tax payable on this estate as said estate is within the amount provided for exemptions from payment of estate tax to the United States Internal Revenue Service, and there is no State of Washington inheritance tax payable on this Estate.

11. This Affidavit is made for the purpose of inducing third persons to rely on the contents hereof and the representations made relative to the no-probate estate of said William J. Seaman, deceased. Affiants and each of the signatories hereto covenant to indemnify and hold harmless anyone relying upon these representations against a contrary state of fact.

12. At the date of this Affidavit, Affiants' legal addresses are as shown beneath their signatures.







Given under my hand and official seal this 2nd day of June,

*Jan C. Kielp*  
Notary Public in and for  
the State of Washington,  
residing at Stevenson.  
My Commission expires:  
04/28/90.

STATE OF WASHINGTON )  
                                  ) ss.  
County of Skamania )

On this day personally appeared before me ROBERT J. SEAMAN,  
to me known to be the individual described in and who executed the  
within and foregoing instrument, and acknowledged that he signed  
the same as his free and voluntary act and deed, for the uses and  
purposes therein mentioned.



Given under my hand and official seal this 2nd day of June,

*Jan C. Kielp*  
Notary Public in and for  
the State of Washington,  
residing at Stevenson.  
My Commission expires:  
04/28/90.

STATE OF WASHINGTON )  
                                  ) ss.  
County of Skamania )

On this day personally appeared before me SAMUEL J. SEAMAN,  
to me known to be the individual described in and who executed the  
within and foregoing instrument, and acknowledged that he signed  
the same as his free and voluntary act and deed, for the uses and  
purposes therein mentioned.



Given under my hand and official seal this 2nd day of  
June, 1988.

*Jan C. Kielp*  
Notary Public in and for  
the State of Washington,  
residing at Stevenson, Wa.  
My Commission expires:  
0-15-89.



AUTHORITY TO CLAIM ON BEHALF OF SUCCESSOR

The undersigned, a successor of the above-named decedent, William J. Seaman, acknowledges having read and approved the foregoing affidavit, agrees to indemnify and hold harmless anyone relying thereon against a contrary state of fact, and hereto acknowledges having received full payment or delivery of her portion of the property of the decedent for the purpose of clearing said estate and all of the assets of which it is comprised.

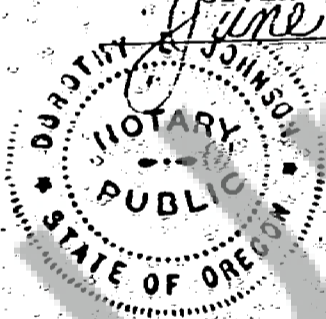
Dated this 9 day of June, 1988.

*Donna J. Carey*  
DONNA J. CAREY

STATE OF OREGON                    )  
                                          ) ss,  
County of Multnomah            )

On this day personally appeared before me DONNA J. CAREY, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 9th day of June, 1988.



*Durdine E. Johnson*  
Notary Public in and for  
the State of Oregon,  
residing at Portland.  
My Commission expires:  
My Commission Expires 2-9-91

AUTHORITY TO CLAIM ON BEHALF OF SUCCESSOR

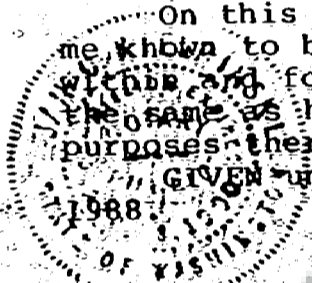
The undersigned, a successor of the above-named decedent, William J. Seaman, acknowledges having read and approved the foregoing affidavit, agrees to indemnify and hold harmless anyone relying thereon against a contrary state of fact, and hereto acknowledges having received full payment or delivery of his portion of the property of the decedent for the purpose of clearing said estate and all of the assets of which it is comprised.

Dated this 2nd day of June, 1988.

*Earl W. Seaman*  
EARL W. SEAMAN

STATE OF WASHINGTON     )  
                                          ) ss.  
County of Skamania     )

On this day personally appeared before me EARL W. SEAMAN, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.



GIVEN under my hand and official seal this 2nd day of June, 1988.

*Jan C. Fickenscher*  
Notary Public in and for  
the State of Washington,  
residing at Stevenson.  
My Commission expires:  
04/28/90





LAST WILL AND TESTAMENT  
OF  
WILLIAM J. SEAMAN

SKAMANIA COUNTY  
ORIGINAL FILED  
NOV 20 1986  
Lorena E. Hollis, Clerk

66-4-000 24-0

KNOW ALL MEN BY THESE PRESENTS, That I, WILLIAM J. SEAMAN, of Carson, Skamania County, Washington, being of sound and disposing mind and not acting under duress, menace, fraud or the undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament.

ARTICLE I.  
Identification of Family

I declare that I am a single man, and that I have no children born to or adopted by me.

ARTICLE II.  
Joint Co-Executors

I hereby nominate and appoint my nephew, SAMUEL J. SEAMAN, and my niece, DONNA J. CAREY, to act as joint co-executors of this my Last Will and Testament, to act without bond.

ARTICLE III.  
Burial

I direct that my body be given proper burial, but without unnecessary ostentation or expense.

ARTICLE IV.  
Nonintervention of Court

I direct that my estate be settled without the intervention of any court, except to the extent required by law, and that my joint co-executors settle my estate in such manner as shall seem best and most convenient to them, and I hereby empower my joint co-executors to mortgage, lease, sell, exchange and convey the personal and real property of my estate without an order of court for that purpose and without notice, approval or confirmation, and in all other respects to administer and settle my estate without the intervention of court.

ARTICLE V.  
Claims Against Estate

I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses of my last illness and funeral, be paid by my joint co-executors as soon after my death as is practicable; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

ARTICLE VI.  
Taxes

I direct that all estate, succession, legacy, inheritance or other transfer taxes, however designated, that shall become payable by reason of my death, whether attributable to property passing under this Will or outside of it, shall be paid out of the residue of my estate, with no right of reimbursement from the recipient of any

*William J. Seaman*





The Testator requested that this affidavit in proof of his attached Will be made by the undersigned subscribing witnesses thereto.

Witness: Martha Christine Cornell  
Residing at: Stevenson, Washington  
Witness: Gayle Ferguson  
Residing at: Stevenson, Washington

SUBSCRIBED AND SWORN to before me this 25<sup>th</sup> day of June, 1985.

Jan. Riefeinck  
Notary Public in and for the  
State of Washington, residing  
at Stevenson.

UNOFFICIAL COPY

William Jay Seaman

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF HEALTH

1 NAME FIRST MIDDLE LAST: William J. SEAMAN 2 SEX: Male 3 DEATH DATE (MO DAY YR): 02 Dec 1985 4 STATE FILE NUMBER: 146-8

4 RACE (WHITE BLACK AM IND. ETC. SPECIFY): White 5 AGE (LAST BIRTH DATE) (YR): 90 6 UNDER YEAR: 7 UNDER DAY: 8 BIRTH DATE (MO DAY YR): 25 Jul 1895 9 COUNTY OF DEATH: Skamania

10 CITY TOWN OR LOCATION OF DEATH: Carson 11 PLACE OF DEATH: 3.41L Wind River Hwy 12 RECEIVED EMERGENCY CARE (AMBULANCE FIRST RESPONDER): No

13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Washington U.S.A. 14 CITIZEN OF WHAT COUNTRY: U.S.A. 15 MARRIED NEVER MARRIED (CHECKED IF FORCED): Never Married None 16 SPOUSE IF WIFE GIVE MAREN NAME: None 17 WAS DECEDENT EVER IN U.S. ARMED FORCES (YES NO): No

18 SOCIAL SECURITY NO: 534-05-5089 19 USUAL OCCUPATION (GIVE KIND OF WORK DONE (GIVE NO. OF HOURS PER WEEK IF RETIRED)): None 20 KIND OF BUSINESS OR INDUSTRY: Handicapped

21 RESIDENCE (NUMBER AND STREET): 3.41L Wind River Hwy 22 CITY TOWN OR LOCATION: Carson 23 IN CASE CITY LIMITS (YES NO): No 24 COUNTY: Skamania 25 STATE: Washington

26 FATHER (NAME FIRST MIDDLE LAST): William J. Seaman, Sr. 27 MOTHER (MAREN NAME FIRST MIDDLE LAST): SMITH Sarah Moore Seaman

28 INFORMANT NAME: Bud Seaman 29 MAILING ADDRESS (STREET OR RFD NO. CITY OR TOWN STATE ZIP): Box 504 Carson, WA 98610

30 BURIAL (CREMATION REMOVAL OTHER SPECIFY): Burial 31 DATE (MO DAY YR): 12/6/85 32 CEMETERY (CREMATORY NAME): Carson Cemetery 33 LOCATION (CITY TOWN STATE): Carson, WA

34 FUNERAL HOME (GIVE NAME AND ADDRESS): GARDNER FUNERAL HOME, INC. White Salmon, WA

37 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: [Signature] 38 DATE SIGNED (MO DAY YR): [Signature] 39 HOUR OF DEATH (24 HRS): [Signature] 40 NAME AND TITLE OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER TYPE OF PRN): [Signature] 41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: [Signature] 42 DATE SIGNED (MO DAY YR): [Signature] 43 HOUR OF DEATH (24 HRS): [Signature]

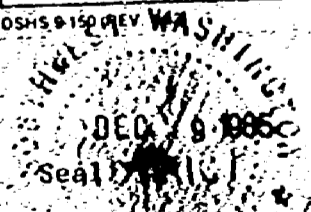
44 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN MEDICAL EXAMINER OR CORONER) (TYPE OF PRN): ROBERT K. LEICK, Skamania County Coroner, Stevenson, WA 98648 45 PHONONCED DEAD (MO DAY YR): December 2, 1985 46 HOUR PHONONCED DEAD (24 HRS): 0916

47 IMMEDIATE CAUSE: (A) CORONARY OCCLUSION (B) (C) OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE 48 AUTOPSY (YES NO): No 49 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (YES NO): Yes

51 ACC. SUICIDE HOW UNDER OR PENDING INVEST (SPECIFY): Natural 52 INJURY DATE (MO DAY YR): Dec 2, 1985 53 HOUR OF INJURY (24 HRS): 0850 54 DESCRIBE HOW INJURY OCCURRED: Coronary Occlusion 55 LOCATION (STREET OR RFD NO. CITY TOWN STATE ZIP): 3.41L Wind River Hwy., Carson, WA / 98610

56 REGISTRAR SIGNATURE: Wayne X. Shandera 57 DATE RECEIVED (MO DAY YR): Dec 9, 1985

58 ITEM: DOCUMENTARY EVIDENCE REVIEWED BY: DATE: ITEM: DOCUMENTARY EVIDENCE REVIEWED BY: DATE:



SOUTHWEST WASHINGTON HEALTH DISTRICT  
Wayne X. Shandera, M.D.  
District Health Officer