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FILED FOR RECORD
SKAMANIA CO. WASH
BY JAN C. KIELPINSKI
MAR 21 3 30 PM '89
AUDITOR
GARY M. OSSON

AFFIDAIVT OF HEIRSHIP

REGARDING

FRANK JAMES WITT

STATE OF WASHINGTON)
)ss
County of Skamania)

VERA O. WITT, being first duly sworn, on oath, deposes and says:

1. That I am the surviving spouse of FRANK JAMES WITT, who died intestate on the 28th day of August, 1987, being at the time of his death a resident of the County of Skamania, State of Washington, residing at Star Route, Carson.

2. That at the date of his death, FRANK JAMES WITT was married, and was survived by his wife, the Affiant, VERA O. WITT.

3. That FRANK JAMES WITT did not have a Last Will and Testament, and he and his wife, VERA O. WITT, did not execute a Community Property Agreement.

4. That all property of FRANK JAMES WITT was community property, having been acquired during his marriage to VERA O. WITT. Decedent had no separate property. Included in the assets of the marital community composed of FRANK JAMES WITT and VERA O. WITT was the following described real estate, to-wit:

> A tract of land in the Southeast Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian described as follows:
>
> Beginning at the Southwest corner of the Southeast Quarter of Section 17, thence North 30 feet; thence East 30 feet; thence North 1,352.30 feet; thence East 208.5 feet to the initial point of the tract herein described; thence North 104.25 feet; thence East 208.5 feet; thence South 104.25 feet; thence West 208.5 feet to the initial point.

5. That more than forty (40) days have elapsed since the date of death of the decedent, FRANK JAMES WITT. No application

or petition for appointment of a personal representative is pending or has been granted in any jurisdiction, it being the intention of the sole heir of the decedent not to probate his estate.

6. All debts of the decedent and of the marital community composed of him and his wife have been paid or provided for, including expenses of last illness, funeral and all other creditors' claims.

7. That said estate is within the amount for exemptions providing for payment of estate tax to the United States Revenue Service, and there is no State of Washington inheritance tax payable on this Estate, which fact is not required to be documented.

8. That this Affidavit is made for the purpose of inducing third persons to rely on the contents hereof and representations made relative to the no-probate estate of said FRANK JAMES WITT, Deceased. Affiant covenants to hold and save harmless anyone so relying upon there representations.

9. At the date of this Affidavit, Affiant's legal address is Star Route, Carson, Washington 98610.

Vera O. Witt
VERA O. WITT

SUBSCRIBED AND SWORN to before me this 21st day of March, 1989.

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

Commission expires 4-28-90

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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

CERTIFICATE OF DEATH

B-9779 ID TAG NO.
94-87 Local File Number
State File Number

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

1 DECEASED — NAME: First Frank; Middle James; Last WITT
2 DATE OF DEATH (month, day, year): August 28, 1987
3 RACE (White, Black, American Indian, etc.) (specify): white
4 SEX: male
5a AGE — Last birthday (years): 84
5b Under 1 year: months / days
5c Under 1 day: hours / min
6 DATE OF BIRTH (month, day, year): February 19, 19(
7a CITY, TOWN OR LOCATION OF DEATH: Hood River
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Hood River Care Center
7c IF HOSP. OR INST. Indicate DOA, OP/Emer Rm., Inpatient (specify): inpatient
7d COUNTY OF DEATH: Hood Rive
8 STATE OF BIRTH (If not in U.S.A., name country): Oklahoma
9 CITIZEN OF WHAT COUNTRY: United States
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Vera
12 WAS DECEDENT EVER IN ARMED FORCES? (specify): no
13 SOCIAL SECURITY NUMBER: 444 09 8868
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintance Worker
14b KIND OF BUSINESS OR INDUSTRY: Aircraft Manufacture
15a RESIDENCE — STATE: Washington
15b COUNTY: Skamania
15c CITY, TOWN OR LOCATION: Carson
15d STREET AND NUMBER OR R.F.D.: Star Route
ZIP: 98610
15e Inside (spec): n
16 FATHER — NAME first middle last: James Thomas Witt
17 MOTHER — first middle last (Maiden Name): Ivy Jane Powell
18 INFORMANT — NAME and relationship to deceased: Vera Witt-Wife
19a DISPOSITION — BURIAL, CREMATION, REMOVAL, OTHER (specify): Cremation
19b CEMETERY OR CREMATORY — NAME: Pioneer Crematorium
19c LOCATION city or town: Portland, Oregon
20a FUNERAL DIRECTOR OR LICENSED person acting as such (Signature): [signature]
NAME AND ADDRESS OF FACILITY: Portland Funeral Alternatives 529 N.E. Couch Portland, OR 9

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a (Signature): [signature] MD
DATE SIGNED (Mo., Day, Year): 21b 8-31-87
HOUR OF DEATH: 21c 09:00 a
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): ZIP
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 22a SEP 8 1987
REGISTRAR: 22b (Signature): Vicky L Seal

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) Vesicular fibrillation — Interval between onset and death: minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) metastatic carcinoma of prostate — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a).: diabetes mellitus, insulin dependent
AUTOPSY (Specify Yes or No): 24 NO
WAS MEDICAL EXAMINER I (Specify Yes or No): 25 NO

ACCIDENT (Specify Yes or No): 26a
DATE OF INJURY (Mo., Day, Year): 26b
HOUR OF INJURY: 26c
DESCRIBE HOW INJURY OCCURRED: 26d
INJURY AT WORK (Specify Yes or No): 26e
PLACE OF INJURY — At home, farm, street, factory, office building etc. (Specify): 26f
LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE: 26g

27a HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐
WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF HOOD RIVER

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the HOOD RIVER COUNTY PUBLIC HEALTH DEPARTMENT.

Vicky L. Seal
County Registrar of Vital Statistics

September 8, 1987
Date

NOT VALID WITHOUT RAISED SEAL OF HOOD RIVER COUNTY HEALTH DEPARTMENT