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BOOK 116 PAGE 984

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AFFIDAVIT
RCW 11.62

DEC 5 4 21 PM '89
P. Lowry
AUDITOR
GARY M. OLSON

STATE OF WASHINGTON)
) ss.
COUNTY OF CLARK)

CINDY L. OLSON being first duly sworn on oath deposes and says:

1. My name is Cindy L. Olson.

My mailing address is MP0.03R Meko Way, Washougal, WA 98671.

I am a "successor" of Robert Irwin Nordall, Jr. as that term is defined in RCW 11.62.050. I am a sister of Robert Irwin Nordall, Jr., deceased.

2. Robert Irwin Nordall, Jr. died March 16, 1989, being a resident of Clark County, Washington at the time of his death.

Robert Irwin Nordall, Jr. was a single person at the time of his death. He was survived by three (3) sisters, namely, Georgia Larson, Donna Williams and Cindy L. Olson.

Robert Irwin Nordall, Jr. did not leave a Last Will and Testament.

Robert Irwin Nordall, Jr. had one (1) natural child, Robert Irwin Brumbaugh, who was adopted by Frederick Joseph Brumbaugh, Jr. pursuant to a Decree of Adoption entered in the Circuit Court of the State of Oregon for Deschutes County on December 15, 1986. According to RCW 11.04.085, the said Robert Irwin Brumbaugh is not an "heir" of Robert Irwin Nordall, Jr.

3. The value of Robert Irwin Nordall, Jr.'s estate does not exceed $10,000.00. The only assets of his estate are as follows:

One-fourth (1/4th) undivided interest in and to the vendors' interest in and to that certain Real Estate Contract dated the 4th day of October, 1983, in which Robert I. Nordall, individually and as Personal Representative of the Estate of Patricia A. Nordall, deceased, is Seller, and Richard R. Rhinebold and Elizabeth Ann Rhinebold, as Purchasers, the purchasers' interest therein having been assigned to Lee O. Weiskop and Joyce E. Weiskop, husband and

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NA
WILMA J. CORNWALL
TREASURER OF SKAMANIA COUNTY

wife, by instrument dated November 18, 1985. The unpaid balance on said Real Estate Contract at the time of the death of Robert I. Nordall, Jr. was approximately $26,000.00.

Except for this affidavit, such property would be subject to probate.

4. Forty (40) days have elapsed since the date of the death of Robert Irwin Nordall, Jr.

5. No application has been made for the appointment of a personal representative for the Estate of Robert Irwin Nordall, Jr. in any jurisdiction.

6. All debts of Robert Irwin Nordall, Jr., including funeral and burial expenses have been paid or provided for.

7. I have given notice to all other "successors" as required by RCW 11.62.010(2)(h).

8. I am personally entitled to the personal property described above to administer the same in accordance with the Agreement signed by all three (3) sisters of Robert Irwin Nordall, Jr.

DATED this 29th day of November, 1989.

Cindy L. Olson

SUBSCRIBED and SWORN to before me this 29th day of November, 1989.

Notary Public in and for the State of Washington, Residing at Camas
My appointment expires:

Certificate of Adoption

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF DESCHUTES

IN THE MATTER OF THE ADOPTION OF:

ROBERT IRWIN BRUMBAUGH
NEW ADOPTED NAME

FILE NO. 86-AD-0043 JT

This is to certify that on this 15th day of December, 1986 in Bend, Oregon, a Decree of Adoption was granted by the undersigned, a Circuit Judge for Deschutes County, State of Oregon, decreeing the adoption of the above named by FREDRICK JOSEPH BRUMBAUGH, JR.

The above named was born in the City of Vancouver

County of Clark, State of Washington

on the 1st day of November, 1971

Joseph J. Thalhofer
JUDGE
Pro Tem

BOOK 116 PAGE 986

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

326
LOCAL FILE NUMBER

VITAL RECORDS
CERTIFICATE OF DEATH

BOOK 116 PAGE 987

146
STATE FILE NUMBER

DECEDENT

1 NAME — FIRST MIDDLE LAST	2 SEX	3 DEATH DATE (Mo Day Yr)
ROBERT IRWIN NORDALL JR.	MALE	Mar. 16, 1989

4 AGE LAST BIRTH DAY (Yrs)	5 UNDER 1 YEAR MOS DAYS	6 UNDER 1 DAY HOURS MINS	7 BIRTHDATE (Mo Day Yr)	8 BIRTH STATE (If not in USA give country)	9 CITIZEN OF WHAT COUNTRY	10 COUNTY OF DEATH
36			Dec. 8, 1952	Washington	U.S.A.	Clark

11 CITY, TOWN OR LOCATION OF DEATH	12 PLACE OF DEATH — Mark FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 Home 2 In Transport 3 Emerg Rm/Out Pt'nt 4 Hosp 5 [X] Nur Home 6 Other Place	13 Survived in last 35 years? (Yes/No)
Battle Ground	Meadowglade Manor	Yes

14 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)	15 SURVIVING SPOUSE (If wife, give maiden name)	16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	17 SOCIAL SECURITY NO	18 HIGH SCHOOL GRADUATE? (Yes/No)
Divorced	-	Yes	537-58-3904	No

19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	20 KIND OF BUSINESS OR INDUSTRY	21 Was Decedent of Hispanic Origin or Descent? (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [X] No	22 RACE — White, Black, Asian, Amer. Ind. (Specify)
Bartender	Restaurant		White

23 RESIDENCE - NUMBER AND STREET	24 CITY/TOWN OR LOCATION	25 INSIDE CITY LIMITS? (Yes/No)	26 COUNTY	27 STATE	28 ZIP CODE
22711 NE 28th St.	Camas	No	Clark	Washington	98607

PARENTS

29 FATHER'S NAME — FIRST, MIDDLE, LAST	30 MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Robert Irwin Nordall Sr.	Patricia Ann Lorig

31 INFORMANT — NAME	32 MAILING ADDRESS (STREET OR RFD NO, CITY OR TOWN, STATE, ZIP)
Cindy Olson	MPO 03R Meko Way, Washougal, Washington 98671

DISPOSITION

33 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	34 DATE (Mo Day Yr)	35 CEMETERY/CREMATORY — NAME	36 LOCATION — CITY/TOWN, STATE
Cremation	Mar. 20, 1989	Uniservice Corporation	Portland, Oregon

37 FUNERAL DIRECTOR SIGNATURE	38 NAME OF FACILITY	39 ADDRESS OF FACILITY
X	Memorial Gardens Mortuary	1101 NE 112th Ave. Vancouver, Wash. 98684

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN	TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER
40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED	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 AND TITLE X G. Dean Booth MD	SIGNATURE AND TITLE X
42 DATE SIGNED (Mo Day Yr) 3-24-89	43 HOUR OF DEATH (24 Hrs) 1820 Hrs.
44 DATE SIGNED (Mo Day Yr)	45 HOUR OF DEATH (24 Hrs)
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	47 PRONOUNCED DEAD (Mo Day Yr)
	48 HOUR PRONOUNCED DEAD (24 Hrs)

49 NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Dr. Ross, 506 California Ct., Vancouver, Washington 98664

CAUSE OF DEATH

50 PART I ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST	(a) Malignant melanoma, metastatic	
	DUE TO OR AS A CONSEQUENCE OF (b)	
	DUE TO OR AS A CONSEQUENCE OF (c)	

51 OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	52 AUTOPSY? (Yes/No) No	53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No

54 ACC, SUICIDE, HOMICIDE OR PENDING INVEST (Specify)	55 INJURY DATE (Mo Day Yr)	56 HOUR OF INJURY (24 Hrs)	57 DESCRIBE HOW INJURY OCCURRED

58 INJURY AT WORK? (Yes/No)	59 PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (Specify)	60 LOCATION — STREET OR RFD NO, CITY/TOWN, STATE

61 REGISTRAR SIGNATURE	62 DATE RECEIVED (Mo Day Yr)
X Karen Steingart, md	MAR 2 9 1989

DSHS 9-150 (Rev. 1-89) -1187-

MAR 2 9 1989

SEAL

Karen Steingart, md
KAREN STEINGART, M.D.
DISTRICT HEALTH OFFICER

DSHS 9 641A (11-85)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE RAISED SEAL.