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WI-1140
02-05-23-2-0-0100-00

BOOK 716 PAGE 990

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

AFFIDAVIT OF HEIRSHIP

Dec 6 9 05 AM '89

Lowry
GARY H. OLSON

STATE OF OREGON)
County of Washington) ss.

I, V.E. Whitney, Jr., being first duly sworn, depose and say:

1. I am the personal representative of the Estate of V.E. Whitney, Sr., also known as Varsel E. Whitney, Sr., who died on July 12, 1989. A copy of his death certificate is attached hereto as Exhibit "A".

2. A copy of the Will of Varsel E. Whitney, Sr. is attached hereto as Exhibit "B".

3. One of the assets of the Estate of Varsel E. Whitney, Sr., also known as V.E. Whitney, Sr., is real property situated in the County of Skamania, State of Washington, more particularly described as:

That part of SE1/4 - SE1/4 of 15-2-5, described as follows: Begin at the section corner common to Sections 14, 15, 22 & 23, Twp 2 Rge 5; thence N 89°39'13" West along the section line between said Sections 15 & 22 a distance of 164.32 ft; thence N 5°57'13" W a distance of 159.95 ft; thence S 71°39'43" East a distance of 172.44 ft; thence South 41°16'13" East a distance of 19.36 ft to a point on the section line between said Sections 15 & 14; thence S 20°47'49" East a distance of 91.36 ft to point of beginning and containing 0.5 acres, more or less; located in Section 15, Township 2 North, Range 5 East of the Willamette Meridian in Skamania County, Washington.

Registered *p.*
Indexed *p.*
Indirect *p.*
Filed *12-8-89*
Mailed

Title to said property is in the name of V.E. Whitney, Sr. and Mabel Whitney, husband and wife.

4. Mabel Whitney, deceased, died on December 24, 1986. A copy of her death certificate is attached hereto as Exhibit "C".

Page 1 - AFFIDAVIT OF HEIRSHIP

WILMA J. CORNWALL *NA*
TREASURER OF SKAMANIA COUNTY *J.J.*

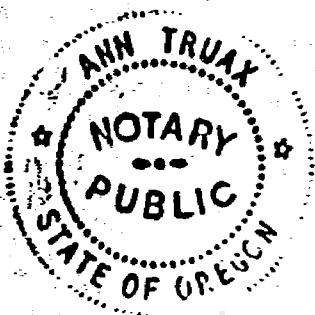
Glenda J. Kinn
By *ML*
2-5-23-2-400

5. At the time of the death of Mabel Whitney, on December 24, 1986, and also at the time of the death of V.E. Whitney, Sr., also known as Varsel Whitney, Sr., the three children of Mabel Whitney and V.E. Whitney, Sr., also known as Varsel E. Whitney, Sr., were Varsel E. Whitney, Jr., Darlene M. Gaylin and Sandra A. Dix. As such, the heirs at the time of both deaths are the same.

DATED this 9th day of November, 1989.

Varsel E. Whitney, Jr.
Varsel E. Whitney, Jr.

SUBSCRIBED AND SWORN to before me this 9th day of November, 1989.



Ann Truax
Notary Public for Oregon
My commission expires: 2-1-92

RECORDER'S NOTE: PORTIONS OF
THIS DOCUMENT POOR QUALITY
FOR FILMING

CERTIFICATION OF VITAL RECORD

BOOK

PAGE

OREGON STATE HEALTH DIVISION VITAL STATISTICS SECTION

BOOK 116 PAGE 992

PRINT IN
PERMANENT
BLACK INK

55479
ID TAG NO

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136

1 DECEASED'S NAME First Middle Last Varsel Elmo WHITNEY, Sr		2 SEX M	3 DATE OF DEATH (Month, Day, Year) July 12, 1989
4 SOCIAL SECURITY NUMBER [REDACTED]	5a AGE Last B-day (Year, Month, Day) 79	5b Under 1 Year None	5c Under 1 Day None
6 BIRTHPLACE (City and State or Foreign Country) Millyville, Utah		7 DATE OF BIRTH (Month, Day, Year) April 6, 1910	
8 WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (if not institution, give street and number) St. Vincent's Hospital			
10a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not list retired) Salesman		10b KIND OF BUSINESS/INDUSTRY Paper	
11 RESIDENCE - STATE Oregon		12 COUNTY OF DEATH Washington	
13a INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13b ZIP CODE 97225	
14 WAS DECEASED OF HISPANIC ORIGIN? (Specify race or type, if yes specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15 RACE American Indian, Black, White, etc. (Specify) White	
16 DECEASED'S EDUCATION (Specify only highest grade completed) 8		17 INFORMANT - NAME and relationship to decedent Varsel E. Whitney, Jr - Son	
18 METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		19 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Sunset Hills Memorial Park	
20a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		20b LICENSE NUMBER (if licensed) 0193	
21 DATE FILED (Month, Day, Year) JUL 24 1989		22 NAME, ADDRESS AND ZIP OF FACILITY Finley's Sunset Hills 6801 SW Sunset Hwy, Portland, Or 97225	
23 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		24 REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25 TO BE COMPLETED BY CERTIFYING PHYSICIAN			
26 TIME OF DEATH 0925		27 WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28 To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) listed on this certificate. <i>[Signature]</i>			
29 DATE SIGNED (Month, Day, Year) July 17, 1989		30 DATE OF DEATH (Month, Day, Year) July 12, 1989	
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Dr. Keith Ironside, M.D. 9155 S.W. Barnes Road, Suite 830, Portland, Oregon 97225			
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b). Do not enter mode of dying e.g. Cardiac or Respiratory Arrest.)			
34a (a) Respiratory Arrest		Interval between onset and death	
34b (b) Coronary heart failure		Interval between onset and death	
34c Conduction system		Interval between onset and death	
35 OTHER SIGNIFICANT CONDITIONS Contributing to death but not stated to cause given in PART I			
36 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		37 Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38 DATE OF INJURY (Month, Day, Year)		39 TIME OF INJURY (M, P, A, N)	
40 PLACE OF INJURY (Athletic field, street, factory, office, building, etc. (Specify))		41 LOCATION (Street and Number or Rural Route Number, City or Town)	
42 DESCRIBE HOW INJURY OCCURRED			

EXHIBIT

A

ORIGINAL - VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION

DATE ISSUED

JUL 24 1989

Exhibit "A"

EDWARD J. JOHNSON II
STATE REGISTRAR

**Last Will and Testament
of**

V. E. WHITNEY

I, V. E. WHITNEY, a resident of the City of Portland, County of Washington, and State of Oregon, being of sound and disposing mind and memory and over the age of eighteen (18) years, and not acting under the fraud, duress or undue influence of any person or persons whomsoever, do hereby make, publish and declare this to be my Last Will and Testament, and I do hereby revoke and cancel all former Wills and Codicils to Wills heretofore made by me.

ARTICLE I.

I direct my Personal Representative to pay from my estate all of my just debts, the expenses of my last illness, including my funeral and Final interment and the expenses of administration of my estate.

ARTICLE II.

I direct my Personal Representative to pay from my estate all inheritance, estate, transfer and succession taxes which become payable by reason of my death, and authorize it to contest or compromise any claims for such taxes. I further direct that all such taxes shall be paid without apportionment thereof and without withholding or collecting any part thereof from any beneficiary under my Will or any life insurance of mine which may be subject to such tax, or from the surviving owner of any property owned jointly with me, it being my intention that all such taxes

1 - LAST WILL AND TESTAMENT OF V. E. Whitney
V. E. WHITNEY

Exhibit "B", Page 1

EXHIBIT

B

shall be paid from my estate as an expense of administration.

ARTICLE III.

I declare that I am the Widower of MABEL WHITNEY. I am the Father of V. E. WHITNEY, Jr., DARLENE M. GAYLIN, and SAUNDRA ANN DIX, all of whom are living are:

I intend by this Will to remember all of my children, including any hereafter born or adopted, and also the issue, whether now or hereafter born, of any child of mine who may predecease me.

ARTICLE IV.

All of the rest, residue and remainder of my estate, of whatsoever nature and wheresoever situated, hereinafter referred to as my residuary estate, I give, devise and bequeath unto my surviving children, in equal shares, but with a share by a right of representation for the surviving issue of each child of mine who shall have predeceased me leaving issue surviving at my death.

ARTICLE V.

I hereby nominate V. E. WHITNEY, JR. as Personal Representative of this, my Last Will and Testament, to serve without any bond, security or prior authorization, or subsequent confirmation or order of any Court. In the event said person should predecease me or is unable or unwilling to so serve, I nominate and appoint DARLENE M. GAYLIN as alternate Personal Representative however, in the event said person should predecease me or is unable or unwilling to so serve, I nominate and

2 - LAST WILL AND TESTAMENT OF

V. E. Whitney
V. E. WHITNEY

appoint LYLE W. BANTON as alternate Personal Representative with all of the powers and discretions conferred upon and privileges granted to my Personal Representative appointed hereunder.

I hereby empower my said Personal Representative to lease, encumber, sell, exchange, or otherwise deal in or with or dispose of all of my property, real, personal or mixed, or any part thereof, in such manner, at such times, and upon such terms as in his sole discretion may deem to be in the best interest of my Estate, such sale or other disposition to be made at public or private sale, in the discretion of my Personal Representative, without any reference to the order of disposition of the real and/or personal property, and without any petition, citation, hearing, order, notice, or any other prior authorization or subsequent confirmation or order of any Court. I further authorize my Personal Representative to hold, manage, and operate my property and any business belonging to my estate at the risk of my Estate and not at the risk of my individual Personal Representative, the profits and losses therefrom to inure or be chargeable to my Estate as a whole.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11 day of March, 1987.


V. E. WHITNEY

The foregoing instrument, consisting of four (4) typewritten pages, including this page, was, on the day and year last above written, in our presence, at his request, and in the presence of

3 - LAST WILL AND TESTAMENT OF


V. E. WHITNEY

Exhibit "B", Page 3

BOOK 116 PAGE 996

each other, signed, sealed, published and declared by the said testator to be his Last Will and Testament, and we do hereunto subscribe our names as witness thereto.

Linda L. Perry RESIDING AT 6215 SW 152nd
Beaverton, OR 97007

Carol E. Dooner RESIDING AT 504 E. 24th ST.
McMinnville, OR 97128

4 - LAST WILL AND TESTAMENT OF

V. E. WHITNEY

Exhibit "B", Page 4

AFFIDAVIT OF ATTESTING WITNESS TO WILL

STATE OF OREGON)
) ss.
County of Clackamas)

We, the undersigned, being sworn, each for myself say:

On the date of the attached Will of V. E. WHITNEY and in our presence, said V. E. WHITNEY signed the same and declared it to be his Will, whereupon, at his request and in his presence, we attested the Will by signing our names thereto.

To the best of my knowledge and belief, the testator was, at that time, over the age of 18 years and of sound mind.

Gerda K. Perry
Carol E. Toomer

SUBSCRIBED AND SWORN to by each of the affiants above named
this 11th day of March, 1987.

Leola W. Bannister
NOTARY PUBLIC FOR OREGON
My Commission Expires: 6-28-90

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

BOOK 116 PAGE 998

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

86-023207

02320
ID TAG NO
00275

Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK FOR GUIDANCE COMPLETION OF RESIDENCE ITEMS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO UNDERLYING CAUSE STATIONED THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

2030

1. DECEASED - NAME Mabel		2. Surname WHITNEY		3. DATE OF DEATH (month, day, year) December 24, 1986	
4. RACE (White, Black, American Indian, etc.) White	5. SEX Female	6. AGE - last birthday (years) 73	7. Under 1 year days 30	8. Under 1 day hours 00	9. DATE OF BIRTH (month, day, year) June 01, 1913
10. CITY, TOWN OR LOCATION OF DEATH Portland	11. HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) Providence Medical Center		12. If hosp or inst include loca On Enter Am. Inpatient (Specify) Inpatient	13. COUNTY OF DEATH Multnomah	
14. STATE OF BIRTH (if not in U.S.A. Name Country) Idaho	15. CITIZEN OF WHAT COUNTRY U.S.A.	16. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	17. SPOUSE (if married, widowed, divorced, specify) Varsel E. Sr.	18. WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify yes or no) NO	
19. SOCIAL SECURITY NUMBER [REDACTED]	20. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Homemaker		21. 917961	22. RIND OF BUSINESS OR INDUSTRY Own Home	
23. RESIDENCE - STATE OR EGON	24. COUNTY Washington	25. CITY, TOWN OR LOCATION Portland	26. STREET AND NUMBER OR R.F.D. 97225		27. Inside City Limits (Specify yes or no) NO
28. FATHER - Name first, middle, last John L. Carroll	29. MOTHER - Name first, middle, last Alice T. Nicholson	30. INFORMANT - Name and relationship to decedent Varsel E. Whitney		31. Spouse	
32. BURIAL, CREMATION REMOVAL, MAUS (Specify) Burial		33. CEMETERY OR CREMATORY - NAME Sunset Hills Memorial Park		34. LOCATION City and State Portland, Oregon	
35. FUNERAL SERVICE LICENSEE - Person giving service (Specify) [Signature]		36. NAME AND ADDRESS OF FACILITY Sinley's Sunset Hills 6801 SW Sunset Hwy, Portland, OR 97225		37. DATE SIGNED (Mo., Day, Year) 12-31-86	
38. To the best of my knowledge, death occurred on the date and place and due to the cause(s) stated. 21a (Signature) [Signature]		39. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) David H. Regan, M.D., 510 N.E. 49th Suite #421, Portland, OR 97213		40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
41. DATE RECEIVED BY REGISTRAR (Mo., Day, Year) JAN 07 1987		42. REGISTRAR [Signature]			
43. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))					
PART I (a) Malignant melanoma w/ metastatic spread		(b)		Interval between onset and death	
(c) Due to, or as a consequence of		(d)		Interval between onset and death	
(e) Due to, or as a consequence of		(f)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death & attributed to cause given in PART I (a), (b) and (c) Pneumonia					
44. ACCIDENT (Specify Yes or No) NO	45. DATE OF INJURY (Mo., Day, Year) NO	46. HOUR OF INJURY NO	47. DESCRIBE HOW INJURY OCCURRED NO		
48. INJURY AT WORK (Specify Yes or No) NO	49. PLACE OF INJURY - Address form street facing office building etc. (Specify) NO	50. LOCATION NO	51. STREET OR R.F.D. NO. NO	52. CITY OR TOWN NO	53. STATE NO
54. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			55. WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		
RESERVED FOR REGISTRAR'S USE					

ORIGINAL - VITAL STATISTICS COPY

EXHIBIT

C

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION

DATE ISSUED

MAR 10 1987

Exhibit "C"

REGISTERED CLERK
STATE REGISTRAR