

FILED FOR RECORD
SKAMANIA CO. WASHBY *Kielinski Lorne*

JAN 12 2 11 PM '90

P. Lowry
AUDITOR
GARY A. OLSONAFFIDAVIT OF HEIRSHIPREGARDINGRICHARD L. CLUCAS

DELLA A. CLUCAS, being first duly sworn on oath, deposes and states:

1. I am the surviving spouse of RICHARD L. CLUCAS. Richard L. Clucas' Social Security Number was 315-01-3059, and he died on the 29th day of October, 1989, being at the time of his death a resident of the County of Skamania, State of Washington, his residence being located at MP 0.2L McEvoy Lane in the City of Stevenson.

2. RICHARD L. CLUCAS executed a Last Will and Testament on March 2, 1962, which was filed with the Clerk of the Superior Court of Skamania County, Washington, on the 15th day of December, 1989, under Skamania County Probate No. 89-4-00031-7, 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, RICHARD L. CLUCAS was married to Affiant, Della A. Clucas. Decedent had no children, living or deceased. There are no other legal heirs of said Richard L. Clucas, living or deceased.

4. In his Last Will and Testament, Richard L. Clucas directed that:

After payment of the costs of administration and death and inheritance taxes, if any, I hereby give, devise and bequeath all the residue and remainder of my estate, whether real, personal or mixed, community or separate, and wheresoever situate, to my wife, Della A. Clucas.

Registered *P*
Indexed, vir *P*
Indirect *P*
Filed *1-14-90*
Mailed

WILMA J. CORNWALL
TREASURER OF SKAMANIA COUNTY

5. The estate of RICHARD L. CLUCAS includes the following described assets, to-wit:

Real property situated in the County of Skamania, State of Washington, described as follows:

Lots 28 and 29 of HILLTOP MANOR according to the amended plat thereof on file and of record in the office of the auditor of Skamania County, Washington, at page 110 of Book A of Plats, Records of Skamania County, Washington;

SUBJECT TO restrictive covenants of record.

all of which became the property of DELLA A. CLUCAS under the aforesaid Last Will and Testament of Richard L. Clucas and under the laws of the State of Washington.

6. All other assets belonging to said RICHARD L. CLUCAS, deceased, have been distributed to the persons entitled thereto.

7. Della A. Clucas was named Personal Representative of the Decedent's Last Will and Testament but she has no intention of probating said Will and Estate. There exists an absence of unpaid creditor's claims, and all known claims of the decedent, including expenses of last illness and funeral, have been heretofore paid or provided for. The property of the decedent is easily identifiable and all of the persons interested therein have agreed as to the same. The personal properties owned by the Decedent, including items of personal and sentimental value, have been given to his wife and others prior to his death.

8. More than forty (40) days have elapsed since the date of death of the decedent, RICHARD L. CLUCAS. No application or petition for appointment of a 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.

9. There is no federal estate tax payable on this estate as said estate is within the amount provided for exemptions with respect to payment of estate tax to the United States Internal

Revenue Service, and there is no State of Washington inheritance tax payable on this Estate.

10. 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 RICHARD L. CLUCAS, Deceased. Affiant covenants to indemnify and hold harmless anyone relying upon these representations against a contrary state of fact.

11. At the date of this Affidavit, Affiant's legal address is shown beneath her signature.

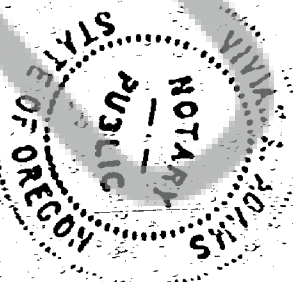
Dated this 31 day of Dec, 1989.

DELLA A. CLUCAS
615 11th Street
The Dalles, Oregon 97058

STATE OF OREGON)
County of Wasco) ss

On this day personally appeared before me DELLA A. CLUCAS, 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 31st day of December, 1989.



Shirley A. Adams
Notary Public in and for the State
of Oregon, residing at
The Dalles, Oregon
Commission expires 10-05-93

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

DIVISION OF HEALTH

28 VITAL RECORDS

LOCAL FILE NUMBER CERTIFICATE OF DEATH

1 NAME - FIRST, MIDDLE, LAST Richard L. CLUCAS				2 SEX Male		3 DEATH DATE (Mo., Day, Yr.) 29 Oct 1989		146		STATE FILE NUMBER	
4 AGE LAST BIRTH DAY (Yr.) 71		5 UNDER 1 YEAR MO. DAYS HOURS MIN.		6 BIRTH DATE (Mo., Day, Yr.) 5/17/1918		7 BIRTH STATE (if not in USA give country) Oregon		8 COUNTRY OF BIRTH (Country) U.S.A.		9 COUNTRY OF DEATH Skamania	
10 CITY, TOWN OR LOCATION OF DEATH Stevenson				11 PLACE OF DEATH - IF HOME FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME MP 0.2L McEvoy Lane				12 SHEDDING IN LAST 12 MONTHS (Yes/No) no			
13 MARITAL STATUS - Married, Never Married, Widowed Married		14 SURVIVING SPOUSE (if wife, give maiden name) Della A. Hunt		15 HAD DECEDENT EVER IN U.S. ARMED FORCES (Yes/No) Yes		16 SOCIAL SECURITY NO. 315-01-3059		17 HIGH SCHOOL GRADUATE? (Yes/No) Yes			
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT list job title) Carpenter		19 KIND OF BUSINESS OR INDUSTRY Construction		20 Was Decedent of Hispanic, Cuban or Puerto Rican? (Specify Yr. in No. if Yes specify Cuban, Mexican, Puerto Rican) No		21 RACE (Specify Race, Asian or Pacific Islander, Am. Ind. Hawaiian, etc.) White					
22 RESIDENCE - NUMBER AND STREET MP 0.2L McEvoy Lane				23 CITY/TOWN OR LOCATION Stevenson		24 INDE CITY LAITS? No		25 COUNTY Skamania		26 STATE Washington	
27 ZIP CODE 98643				28 FATHER'S NAME - FIRST, MIDDLE, LAST Jesse E. Clucas				29 MOTHER'S NAME - FIRST, MIDDLE, M maiden surname Olga A. Lindes			
30 INFORMANT - NAME Willard Clucas				31 MARITAL ADDRESS - STREET OR RFD NO. CITY OR TOWN STATE ZIP P.O. Box 313 Stevenson, WA 98648							
32 BURIAL CREMATION REMOVAL OTHER (Specify) Cremation		33 DATE (Mo., Day, Yr.) 11/1/89		34 CEMETERY/CREMATORY - NAME Park Hill Crematory		35 LOCATION - CITY/TOWN STATE Vancouver, WA					
36 FUNERAL DIRECTOR X R. P. Dierckx		37 NAME OF FACILITY GARDNER FUNERAL HOME, INC.		38 ADDRESS OF FACILITY Box 390 White Salmon, WA 9867							
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER					
39 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature]						40 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 [Signature]					
41 DATE SIGNED (Mo., Day, Yr.) 11-2-89		42 HOUR OF DEATH (24 Hrs.)		43 DATE SIGNED (Mo., Day, Yr.)		44 HOUR OF DEATH (24 Hrs.)		45 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of Priv.)		46 HOUR PRONOUNCED DEAD (24 Hrs.)	
47 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type of Priv.) Paul Hamada, M.D. 1784 May Street Hood River, Oregon 97031						48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type of Priv.) Paul Hamada, M.D. 1784 May Street Hood River, Oregon 97031					
49 PART 5 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.											
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) ACUTE MYOCARDIAL INFARCTION				INTERVAL BETWEEN ONSET AND DEATH Sudden			
				b) DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH			
				c) DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH			
50 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE						51 AUTOPSY? (Yr./No) No		52 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yr./No) Yes			
53 ACC. SURFACE NO. UNDER OR PENDING INVEST. (Specify)		54 INJURY DATE (Mo., Day, Yr.)		55 HOUR OF INJURY (24 Hrs.)		56 DESCRIBE HOW INJURY OCCURRED					
57 INJURY AT INJURY? (Yr./No)		58 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)		59 LOCATION - STREET OR RFD NO., CITY/TOWN, STATE							
60 REGISTRAR SIGNATURE X Karen Steingart, M.D.						61 DATE RECEIVED (Mo., Day, Yr.) November 3, 1989					

NOV 3 1989

SEAL

SOUTHWEST WASHINGTON HEALTH DISTRICT

Karen Steingart, M.D.
 Karen R. Steingart, M.D.
 District Health Officer

DSHS 9-1

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

89.4-00031-7

SKAMANIA COUNTY
ORIGINAL FILED
DEC 15 1989

Lorena E. Hollis, Clerk

LAST WILL AND TESTAMENT

KNOW ALL MEN BY THESE PRESENTS, That I, RICHARD L. CLUCAS, being of legal age and of sound and disposing mind and memory, and not acting under duress, meance, fraud, or the undue influence of any person whomsoever, and having in mind the natural objects of my bounty, do make, publish and declare this to be my LAST WILL AND TESTAMENT:

FIRST: I hereby direct that my executrix hereinafter named, as soon as she shall have sufficient funds on hand, pay all of the just indebtedness against my estate.

SECOND: I hereby declare that I have no children and that there are no descendants of any deceased child of mine.

THIRD: After payment of the costs of administration and death and inheritance taxes, if any, I hereby give, devise and bequeath all the residue and remainder of my estate, whether real, personal or mixed, community or separate, and wheresoever situate, to my wife, Della A. Clucas.

FOURTH: I hereby nominate and appoint my wife, Della A. Clucas, as executrix of this, my Last Will and Testament, to act as such without bond or security of any kind.

FIFTH: I direct that my estate be settled in the manner provided by the laws of the State of Washington relating to non-intervention wills and that the same shall be managed and settled, insofar as by such laws allowed, without the intervention of any court whatsoever.

SIXTH: If my wife, Della A. Clucas, shall predecease me or shall die simultaneously with me then and in that event, after the payment of the costs of administration and death and inheritance taxes, if any, I hereby give, devise and bequeath all the residue and remainder of my estate, whether real, personal or mixed, and wheresoever situate, to my step-daughter, Golda Rae Larson; and in such event I hereby nominate and appoint Golda Rae Larson as executrix of this, my Last Will and Testament, to act as such without bond or security of any kind, and I further direct that my estate be settled without the intervention of

Last Will and Testament - Page One.

Richard L. Clucas

LAST WILL AND TESTAMENT - Richard L. Clucas - Page Two.

of any court whatsoever, as aforesaid.

SEVENTH: I hereby revoke any and all former wills made by me.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 'second' day of March, 1962, at Stevenson, Skamania County, Washington, and publish and declare this as my Last Will and Testament.

Richard L. Clucas (SEAL)

The foregoing instrument, consisting of one page besides this one, was on the second day of March, 1962, signed and sealed and published by RICHARD L. CLUCAS as, and declared to be his Last Will and Testament, in the presence of us who at his request and in his presence and in the presence of each other, have subscribed our names as witnesses thereto.

Robert J. Salmer

Residing at

STEVENSON, WASHINGTON

Rae M. Tice

Residing at

Stevenson, Washington
