

FILED FOR RECORD
SKAMANIA CO. WASH.
BY *Kielinski & Lorne*

MAR 14 4 19 PM '90

O. Lorne
ADJUTANT
GARY H. O'CONNOR

AFFIDAVIT OF HEIRSHIP

REGARDING

DUANE M. JULSON

STATE OF WASHINGTON)
COUNTY OF BENTON) ss.

IVA ANN JULSON, being first duly sworn, on oath, deposes and says:

1. That I am the surviving spouse of said DUANE M. JULSON, who died intestate on the 23rd day of December, 1986, being at the time of his death a resident of the County of Benton, State of Washington, residing at 313 West 20th, Kennewick.

2. That at the date of his death, DUANE M. JULSON was married, and was survived by his wife, the Affiant, IVA ANN JULSON, and seven children, to-wit: JENEA HELEN SCHULZ, ANNETTE PAULINE ERDMAN, BETH ELAINE DALEY, JOHN MARTIN JULSON, JOEL ERIC JULSON, MARK DUANE JULSON, and PAUL MATTHEW JULSON.

3. That said DUANE M. JULSON did not have a Last Will and Testament and he and Affiant did not execute a Community Property Agreement.

4. Included in the assets of the decedent's estate, as his sole and separate property, was the following described real estate, to-wit:

A tract of land located in the Southeast Quarter of the Southwest Quarter of Section 20, Township 3 North, Range 10, E.W.M. described as follows:

Beginning at the southwest corner of a tract of land conveyed to Elstron H. Hill, et al, by Deed dated September 10, 1974, and recorded at page 753, Book 67 of Deeds, Records of Skamania County, Washington; thence west 147 feet more or less to the east line of a tract of land described in a real estate contract dated January 10, 1971, recorded at page 548 book 62 of deeds, records of Skamania County, Washington, wherein R. Clark Ziegler, et ux., are purchasers; thence north along said east line to the centerline of the county road known and designated as the Kollach-Knapp Road; thence in a southeasterly direction along the centerline of said road to a point north of the point of beginning; thence south to the point of beginning; and said tract containing 1.25 acres, more or less; subject to easements and rights of way for the Kollach-Knapp Road aforesaid.

Registered
Index & Map
Filed
Mailed
3/16/90

5. The above described real estate, pursuant to the laws of descent and distribution of the State of Washington, is now vested as follows:

IVA ANN JULSON-----one-half (1/2)
Children named in paragraph 2 herein-----one-half (1/2)

6. That more than forty (40) days have elapsed since the date of death of the decedent, DUANE M. JULSON. 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 his estate.

7. 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 general creditors' claims.

8. That said estate is exempt from the payment of inheritance tax to the United States Internal Revenue Service, and there is no State of Washington inheritance tax payable on this estate.

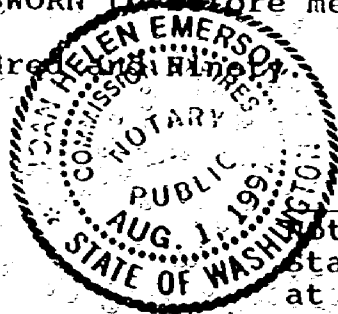
9. That this Affidavit is made for the purpose of inducing third persons to rely on the contents herein and representations made relative to the estate of said Deceased. Affiant covenants to hold and save harmless anyone so relying upon these representations.

10. At the date of this Affidavit, Affiant's legal address is 313 West 20th, Kennewick, Washington.

11. A copy of the death certificate of decedent, DUANE M. JULSON, is attached hereto as Exhibit "A".

Iva Ann Julson
IVA ANN JULSON

SUBSCRIBED AND SWORN to before me this 8th day of March, Nineteen Hundred and 1991.



Helen H. Emerson
Notary Public in and for the
State of Washington, residing
at Kennewick, Wa.

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

VITAL RECORDS

CERTIFICATE OF DEATH

IF DEATH OCCURRED IN INSTITUTION SEE
HANDBOOK REGARDING COMPLETION OF
RESIDENCE ITEM 5.

LOCAL FILE NUMBER		1 NAME FIRST MIDDLE LAST Duane Merrill Julson		2 SEX Male	3 DEATH DATE (MO DAY YR) Dec. 23, 1986	146-8
4 RACE (WHITE, BLACK, AM IND, ETC. SPECIFY) White	5 AGE (LAST BIRTH DATE) (YRS) 50	6 UNDER 1 YEAR M/D	7 UNDER 1 YEAR HOURS	8 BIRTH DATE (MO DAY YR) Sept. 14, 1936	9 COUNTY OF DEATH Benton	
10 CITY, TOWN OR LOCATION OF DEATH Richland		11 PLACE OF DEATH (IF NOT FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) Kadlec Medical Center				12 RECEIVED BY Yes
13 BIRTH STATE IF NOT IN USA GIVE COUNTRY Wisconsin	14 CITIZEN OF WHAT COUNTRY USA	15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	16 SPOUSE IF WIFE GIVE MARRIAGE NAME Iva Ann Lierman		17 WAS CERTAIN US ARMED FORCES No	
18 SOCIAL SECURITY NO 537-34-1326		19 USUAL OCCUPATION (GIVE END OF WORK DONE DURING MOST OF WORKING LIFE IF EVER RETIRED) Service Manager		20 KIND OF BUSINESS OR INDUSTRY Custodial		
21 RESIDENCE - NUMBER AND STREET 313 W. 20th		22 CITY, TOWN OR LOCATION Kennewick		23 ASSE CITY (LAT 1ST) (YES NO) Yes	24 COUNTY Benton	25 STATE Washington
26 FATHER, NAME FIRST MIDDLE LAST Paul Martin Julson		27 MOTHER, MARRIAGE NAME FIRST MIDDLE LAST Doris Helen Briesch				
28 INFORMANT, NAME Iva Julson		29 MAILING ADDRESS 313 W. 20th, Kennewick, Washington 99337				
30 BIRTH, CREMATION, OR OTHER (SPECIFY) Burial		31 DATE (MO DAY YR) Dec. 27, 1986	32 CEMETERY, CREMATION, NAME Desert Lawn Memorial Park		33 LOCATION, CITY, TOWN, STATE Kennewick, Washington 99337	
34 SIGNATURE OF DIRECTOR <i>Robert H. Cahn</i>		35 NAME OF FACILITY Mueller Funeral Home, Inc.		36 ADDRESS OF FACILITY Kennewick, Washington 99337		
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						
17 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED						
18 SIGNATURE AND TITLE <i>John F. Fran</i> M.D.						
19 DATE SIGNED (MO DAY YR) Dec. 24, 1986						
20 HOUR OF DEATH (IF KNOWN) 4:24 P.M.						
21 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN						
22 NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR CORONER (STREET OR ROUTE) John F. Fran, M.D., 888 Swift Blvd., Richland, Wa. 99352						
17 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 17, 18, AND 19)						
(A) <i>Cardiopulmonary Arrest</i>						
(B) <i>Suspect Pulmonary Embolism</i>						
(C) <i>Motor Vehicle Accident - arrest while driving</i>						
18 OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH) Natural						
19 DATE OF DEATH (MO DAY YR) 12-23-86						
20 HOUR OF DEATH (IF KNOWN) 15:25						
21 PLACE OF DEATH (IF NOT FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) Street / Freeway						
22 LOCATION, STREET, CITY, TOWN, STATE Highway 182 Kennewick ext S Blvd.						
23 SIGNATURE OF PHYSICIAN <i>Robert H. Cahn</i> M.D.						
24 DATE SIGNED (MO DAY YR) DEC 31 1986						
25 HOUR OF DEATH (IF KNOWN)						
26 NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR CORONER (STREET OR ROUTE)						
27 SIGNATURE OF REGISTRAR <i>Robert H. Cahn</i> M.D.						
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