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BOOK 118 PAGE 163
FILED FOR RECORD
SKAMANIA CO. WASH
BY Kielpanski & Lowry
MAR 14 4 19 PM '90
P. Lowry
AUDITOR
GARY N. OLSON

AFFIDAVIT OF HEIRSHIP

REGARDING

DUANE M. JULSON

STATE OF WASHINGTON)
) ss.
COUNTY OF BENTON)

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.

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 31st day of March, Nineteen Hundred and Ninety-one.

JOAN HELEN EMERSON NOTARY PUBLIC COMMISSION EXPIRES AUG. 1, 1991 STATE OF WASHINGTON

Joan H. Emerson
Notary Public in and for the State of Washington, residing at Kennewick Wa.
My commission expires 8-1-91

Exhibit "A" BOOK 118 PAGE 165

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

VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 146-8

03

1a. NAME FIRST MIDDLE LAST: Duane Merrill Julson
2. SEX: Male
3. DEATH DATE (MO DAY YR): Dec. 23, 1986
4. RACE (WHITE BLACK AM IND ETC SPECIFY): White
5. AGE LAST BIRTHDAY (YRS): 50
6. UNDER 1 YEAR — AGE IF UNDER 1 DAY: YRS / DAYS; HOURS / MINS
7. UNDER 1 DAY
8. BIRTHDATE (MO DAY YR): Sept. 14, 1936
9. COUNTY OF DEATH: Benton
10. CITY, TOWN OR LOCATION OF DEATH: Richland
11. PLACE OF DEATH (CHECK ONE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME): 1 HOME 2 INTRANSPORT 3 DOA/ER/OUTPT 4 INPT 5 NURSING HOME 6 OTHER PLACE — Kadlec Medical Center
12. RECEIVED VITAL STATISTICS WITHIN ONE YEAR: 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 MAIDEN NAME: Iva Ann Lierman
17. WAS DECEDENT EVER IN US ARMED FORCES: No
18. SOCIAL SECURITY NO: 537-34-1326
19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF 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. INSIDE CITY LIMITS? YES NO: Yes
24. COUNTY: Benton
25. STATE: Washington
26. FATHER NAME FIRST MIDDLE LAST: Paul Martin Julson
27. MOTHER MAIDEN NAME FIRST MIDDLE LAST: Doris Helen Briesch
28. INFORMANT NAME: Iva Julson
29. MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP: 313 W. 20th, Kennewick, Washington 99337
30. BURIAL CREMATION REMOVAL OTHER (SPECIFY): Burial
31. DATE MO DAY YR: Dec. 27, 1986
32. CEMETERY CREMATORY NAME: Desert Lawn Memorial Park
33. LOCATION CITY TOWN STATE: Kennewick, Washington 99337
34. FUNERAL DIRECTOR SIGNATURE: Ernest P. Mueller
35. NAME OF FACILITY: Mueller Funeral Home, Inc.
36. ADDRESS OF FACILITY: Kennewick, Washington 9933

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. 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 John Frlan M.D.
38. DATE SIGNED MO DAY YR: Dec. 24, 1986
39. HOUR OF DEATH (24 HRS): 4:24 P.M.
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
41. NAME AND ADDRESS OF CERTIFIER PHYSICIAN MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): John Frlan M.D., 888 Swift Blvd., Richland, Wa. 99352

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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
42. DATE SIGNED MO DAY YR:
43. HOUR OF DEATH:
44. PRONOUNCED DEAD MO DAY YR:
45. HOUR PRONOUNCED DEAD:

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

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A) (B) AND (C)):
(A) Cardiopulmonary Arrest — INTERVAL BETWEEN ONSET AND DEATH: one hour
DUE TO OR AS A CONSEQUENCE OF
(B) Suspect Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: one hour
DUE TO OR AS A CONSEQUENCE OF
(C) — INTERVAL BETWEEN ONSET AND DEATH:
48. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE: Motor Vehicle Accident - arrest while driving
49. AUTOPSY: No
50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER: Yes
51. ACC SUICIDE HOM UNDET OR PENDING INVEST (SPECIFY): Natural
52. INJURY DATE MO DAY YR: 12-23-86
53. HOUR OF INJURY (24 HRS): 15:25
54. DESCRIBE HOW INJURY OCCURRED: Pt had Card. Pulm arrest on freeway
55. INJURY AT WORK? YES NO: NO
56. PLACE OF INJURY AT HOME FARM STREET FACTORY OFFICE BLDG ETC (SPECIFY): Street/Freeway
57. LOCATION STREET OR RFD NO CITY OR TOWN STATE: Highway 182 Kennewick exit S/Bound
58. REGISTRAR SIGNATURE: X Hubert h. Cohn M.D.
59. DATE REGISTERED MO DAY YR: DEC 30 1986

FOR STATE REGISTRAR USE ONLY

60 ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE	ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

OSHS 9 150 (REV. 1 87)

Benton-Franklin District
Health Department
506 McKenzie
Richland, Washington 99352

Hubert h. Cohn M.D.
District Health Officer
Date: Dec 31, 1986

OSHS 9 641A (5 85)