

FILED FOR RECORD
SKAMANIA CO. WASHBY *Kielproski & Houme*

JAN 3 10 37 AM '91

G. Lowry

GARY P. OLSON

AFFIDAVIT OF HEIRSHIPREGARDINGWINIFRED L. ALWAY

STATE OF WASHINGTON)
) ss
 County of Skamania)

GEORGE S. ALWAY, being first duly sworn, on oath, deposes and says:

1. That I am the surviving spouse of said WINIFRED L. ALWAY. Winifred L. Alway's Social Security Number was [REDACTED] and she died on the 27th day of March, 1990, being at the time of her death a resident of the County of Skamania, State of Washington, her residence being located at M.P. .59L Butler Loop Road, in the Town of Skamania.

2. WINIFRED L. ALWAY did not execute a Community Property Agreement or a Last Will and Testament.

3. At the date of her death, WINIFRED L. ALWAY was married to Affiant, GEORGE S. ALWAY, and was survived by six children, all of whom are of legal age, to-wit: DOLORES W. ZSCHOMLER, RONALD G. ALWAY, MARY H. CHERRY, LOUIS D. ALWAY, RAMONA JEAN LATIMER and THOMAS A. ALWAY. In addition to said six children, decedent had two children who died at birth. There are no other legal heirs of said Winifred L. Alway, living or deceased.

4. The estate of WINIFRED L. ALWAY includes the following described asset, to-wit:

A tract of land in the Northeast Quarter of Section 34, Township 2 North, Range 6 East of the Willamette Meridian in the County of Skamania and State of Washington described as follows:

Beginning at a point 845 feet South and 487 feet West of the Northeast corner of Section 34, Township 2 North, Range 6 East of the Willamette Meridian; thence running 172 feet West to the dividing line of the Sampson and Dahl property; thence South on said line 210 feet to the former State Road No. 8 right of way; thence South 56°18' East 123 feet; thence North 80°23' East 42 feet; thence North 14°8' East 120 feet; thence North 159 feet to the place of beginning.

Registered *f*
 Indexed, Dir *f*
 Indirect *f*
 Filed *1-4-91*
 Noted

all of which became the property of GEORGE S. ALWAY immediately upon the death of WINIFRED L. ALWAY pursuant to the laws of descent and distribution of the State of Washington.


5. GEORGE S. ALWAY has no intention of probating said 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.

6. More than forty (40) days have elapsed since the date of death of the decedent, WINIFRED L. ALWAY. No application or petition for appointment of a personal representative is pending or had 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.

7. 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 inheritance tax payable on this Estate.

8. 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 WINIFRED L. ALWAY, Deceased. Affiant covenants to indemnify and hold harmless anyone relying upon these representations against a contrary state of fact.

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


GEORGE S. ALWAY
M. P. 59L Butler Loop Road
Skamania, Washington 98648

STATE OF WASHINGTON)
 County of Klickitat)

ss

On this day personally appeared before me GEORGE S. ALWAY, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 15th day of December, 1990.



Nadine J. McHenry
 Notary Public in and for the
 State of Washington, residing
 at Golden Lake

Commission expires: 12/15/93

AUTHORITY TO CLAIM ON BEHALF OF SUCCESSOR

The undersigned, a successor of the above-named decedent, WINIFRED L. ALWAY, acknowledges having read and approved the foregoing affidavit, agrees to indemnify and hold-harmless anyone relying thereon against a contrary state of fact, and, hereby authorizes GEORGE S. ALWAY, on behalf of the undersigned to receive full payment or delivery of the property of the decedent on his/her behalf for the purpose of clearing said estate and all of the assets of which it is comprised.

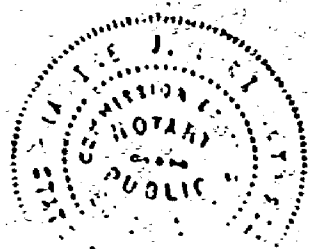
Dated this 15th day of December, 1990.

Dolores W. Zschomler
 DOLORES W. ZSCHOMLER

STATE OF WASHINGTON)
 County of Klickitat) ss.

On this day personally appeared before me DOLORES W. ZSCHOMLER, 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 15th day of December, 1990.



Nadine J. McHenry
 Notary Public in and for the
 State of Washington, residing
 at Golden Lake

Commission expires: 12/15/93

AUTHORITY TO CLAIM ON BEHALF OF SUCCESSOR

The undersigned, a successor of the above-named decedent, WINIFRED L. ALWAY, acknowledges having read and approved the foregoing affidavit, agrees to indemnify and hold-harmless anyone relying thereon against a contrary state of fact, and, hereby authorizes GEORGE S. ALWAY, on behalf of the undersigned to receive full payment or delivery of the property of the decedent on his/her behalf for the purpose of clearing said estate and all of the assets of which it is comprised.

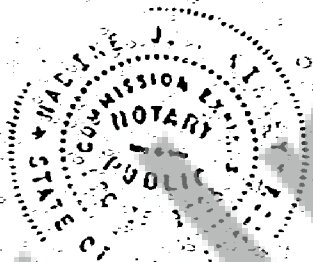
Dated this 15th day of December, 1990.

Ronald G. Alway Sr.
RONALD G. ALWAY SR.

STATE OF WASHINGTON)
) ss.
County of Klickitat)

On this day personally appeared before me RONALD G. ALWAY, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 15 day of December, 1990.



Madeline J. McKinney
Notary Public in and for the
State of Washington, residing
at Goldendale
Commission expires: 12/15/93

AUTHORITY TO CLAIM ON BEHALF OF SUCCESSOR

The undersigned, a successor of the above-named decedent, WINIFRED L. ALWAY, acknowledges having read and approved the foregoing affidavit, agrees to indemnify and hold-harmless anyone relying thereon against a contrary state of fact, and, hereby authorizes GEORGE S. ALWAY, on behalf of the undersigned to receive full payment or delivery of the property of the decedent on his/her behalf for the purpose of clearing said estate and all of the assets of which it is comprised.

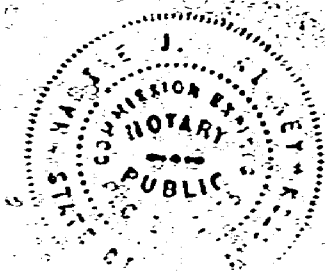
Dated this 15th day of December, 1990.

Mary H. Cherry
MARY H. CHERRY

STATE OF WASHINGTON)
) ss.
 County of Klickitat

On this day personally appeared before me MARY H. CHERRY, 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 15TH day of December, 1990.



Mary H. Cherry
 Notary Public in and for the
 State of Washington, residing
 at Golden Lake

Commission expires: 12/15/93

AUTHORITY TO CLAIM ON BEHALF OF SUCCESSOR

The undersigned, a successor of the above-named decedent, WINIFRED L. ALWAY, acknowledges having read and approved the foregoing affidavit, agrees to indemnify and hold-harmless anyone relying thereon against a contrary state of fact, and, hereby authorizes GEORGE S. ALWAY, on behalf of the undersigned to receive full payment or delivery of the property of the decedent on his/her behalf for the purpose of clearing said estate and all of the assets of which it is comprised.

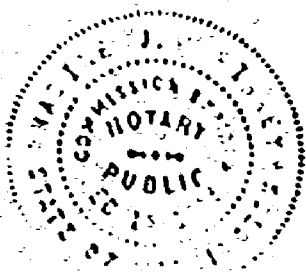
Dated this 15TH day of December, 1990.

Louis D. Alway
 LOUIS D. ALWAY

STATE OF WASHINGTON)
) ss.
 County of Klickitat

On this day personally appeared before me LOUIS D. ALWAY, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 15TH day of December, 1990.



Mary H. Cherry
 Notary Public in and for the
 State of Washington, residing
 at Golden Lake

Commission expires: 12/15/93

AUTHORITY TO CLAIM ON BEHALF OF SUCCESSOR

The undersigned, a successor of the above-named decedent, WINIFRED L. ALWAY, acknowledges having read and approved the foregoing affidavit, agrees to indemnify and hold-harmless anyone relying thereon against a contrary state of fact, and, hereby authorizes GEORGE S. ALWAY, on behalf of the undersigned to receive full payment or delivery of the property of the decedent on his/her behalf for the purpose of clearing said estate and all of the assets of which it is comprised.

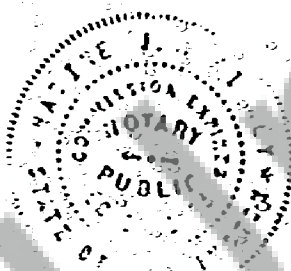
Dated this 15th day of December, 1990.

Ramona Jean Latimer
RAMONA JEAN LATIMER

STATE OF WASHINGTON)
) ss.
County of Klickitat

On this day personally appeared before me RAMONA JEAN LATIMER, 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 15th day of December, 1990.



Nadene J. McKenney
Notary Public in and for the
State of Washington, residing
at Gillwade

Commission expires: 12/15/93

AUTHORITY TO CLAIM ON BEHALF OF SUCCESSOR

The undersigned, a successor of the above-named decedent, WINIFRED L. ALWAY, acknowledges having read and approved the foregoing affidavit, agrees to indemnify and hold-harmless anyone relying thereon against a contrary state of fact, and, hereby authorizes GEORGE S. ALWAY, on behalf of the undersigned to receive full payment or delivery of the property of the decedent on his/her behalf for the purpose of clearing said estate and all of the assets of which it is comprised.

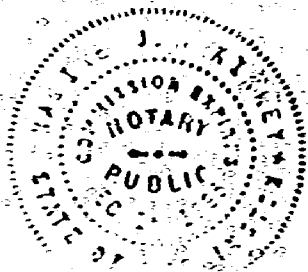
Dated this 15th day of December, 1990.

Thomas A. Alway
THOMAS A. ALWAY

STATE OF WASHINGTON)
) ss.
 County of Klickitat

On this day personally appeared before me THOMAS A. ALWAY, 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 15TH day of December, 1990.



Malene J. McKeen
 Notary Public in and for the
 State of Washington, residing
 at Goldenslee

Commission expires: 12/15/93

Unofficial Copy

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

1 NAME—FIRST MIDDLE LAST WINIFRED LOIS ALWAY				2 SEX F		3 DEATH DATE (Mo. Day Yr.) 3-27-90		146		STATE FILE NUMBER	
4 AGE LAST BIRTHDAY (Yr.) 76		5 UNDER 1 YEAR MO. DAYS HOURS MINS		6 BIRTH DATE (Mo. Day Yr.) 1-2-14		7 BIRTH STATE (if not in USA give country) Idaho		8 CITIZEN OF WHAT COUNTRY? USA		9 COUNTY OF DEATH Clark	
11 CITY TOWN OR LOCATION OF DEATH Vancouver				12 PLACE OF DEATH—(If not for place then give address or institution name) Southwest Washington Medical Center				13 SMOKE IN LAST 15 YEARS (Yr. Mo. Day) No			
14 MARITAL STATUS—(Married, Never Married, Widowed, Divorced, (Specify)) Married		15 SURVIVING SPOUSE (if not give present name) George S. Alway		16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yr. Mo. Day) No		17 SOCIAL SECURITY NO. 536-12-6321		18 HIGH SCHOOL GRADUATE? (Yr. Mo. Day) 8th			
19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRE OR) Homemaker		20 KIND OF BUSINESS OR INDUSTRY Own Home		21 SPECIFICED OF RACE ORIGIN OR ANCESTRY (Specify Yr. Mo. Day if not by Color, Mexican, Puerto Rican, etc.) White		22 RACE (Specify Black, Asian or Pacific Islander, Am. Ind. or Alaska Nat., etc.) White		23			
23 RESIDENCE—NUMBER AND STREET 0.59L Butler Loop Road				24 CITY TOWN OR LOCATION Stevenson		25 POST OFFICE (Yr. Mo. Day) No		26 COUNTY Skamania		27 STATE Washington	
28 ZIP CODE 98648				29 FATHER'S NAME—FIRST MIDDLE LAST George L Johnson				30 MOTHER'S NAME—FIRST MIDDLE MAIDEN SURNAME Alice Jacobsen			
31 INFORMANT—NAME Dolores Zschomler				32 MAILING ADDRESS—STREET OR RFD NO. CITY OR TOWN STATE ZIP 2000 Harney Street Vancouver Wa 98660							
33 BURIAL CREMATION REMOVAL OTHER (Specify) Burial		34 DATE (Mo. Day Yr.) 3-31-90		35 CEMETERY CREMATORY—NAME Stevenson Cemetery		36 LOCATION—CITY TOWN STATE Stevenson, Wa					
37 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		38 NAME OF FACILITY GARDNER FUNERAL HOME, INC		39 ADDRESS OF FACILITY White Salmon, Wa		98672					
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 SIGNATURE AND TITLE <i>[Signature]</i> MD						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 <i>[Signature]</i>					
42 DATE SIGNED (Mo. Day Yr.) 4/5/90		43 HOUR OF DEATH (24 Hrs.) 1755		44 DATE SIGNED (Mo. Day Yr.)		45 HOUR OF DEATH (24 Hrs.)					
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Yr. Mo. Day) Michael T. Lavelle, MD 602 N.E. 92nd Ave Vancouver Wa						47 PROHOUNCED DEAD (Mo. Day Yr.)					
48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Yr. Mo. Day) Michael T. Lavelle, MD 602 N.E. 92nd Ave Vancouver Wa						49					
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.											
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.				1. Sepsis				INTERVAL BETWEEN ONSET AND DEATH			
				2. Mesenteric Ischemia				INTERVAL BETWEEN ONSET AND DEATH			
				3.				INTERVAL BETWEEN ONSET AND DEATH			
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				52 AUTOPSY? (Yr. Mo. Day)				53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yr. Mo. Day)			
54 ACC. SUBJECT NO. UNDER OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo. Day Yr.)		56 HOUR OF INJURY (24 Hrs.)		57 DESCRIBE HOW INJURY OCCURRED					
58 INJURY AT SCENE? (Yr. Mo. Day)		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)		60 LOCATION—STREET OR RFD NO. CITY TOWN STATE		61 DATE RECEIVED (Mo. Day Yr.) APR 8 - 1990					
62 REGISTRAR SIGNATURE <i>[Signature]</i>		63									

DOH 110-008 (Rev. 8/89) (Formerly DSHS 8-150)

APR 18 1990

Karen Steingart, MD

SEAL

KAREN STEINGART M.D.
HEALTH DISTRICT OFFICER

DOH 01-003 (7/89)

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