

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

FEB 15 10 04 AM '91

AFFIDAVIT OF HEIRSHIP

AUDITOR
GARY M. OLSON

I, Leta Gust, to hereby state the following:

Prior to August 22, 1960, ALBERT W. GUST AND MAUDE GUST, husband and wife, acquired title to property in Skamania County Washington, described in Commitment for Title Insurance issued by Skamania County Title Company, as their Order No. SK-16115.

On April 22, 1960, Maud C. Gust died in Orange County California leaving Albert W. Gust as her sole heir at law.

On May 12, 1971, Albert W. Gust died in Orange County California, leaving a will dated March 30, 1961, in which, after several specific devisees, the residue of the estate was devised to his surviving spouse, LETA GUST.

Sam Gust is the only child of Albert William Gust, deceased.

I give this affidavit for the purpose of inducing Skamania County Title Company to issue a Title Insurance policy to purchasers of the above mentioned property, based on a deed executed by SAM GUST and LETA GUST, without a requirement of probating the estate of either Albert W. Gust, or Maude Gust.

I hereby agree to indemnify and hold said Skamania County Title Company harmless from any loss which it may incur by reason of their relying on the above, or by reason of not requiring probates of said estates.

Dated this 31 day of January 1991.

Leta Gust
LETA GUST

Registered	0
Indexed, Dir	0
Indirect	0
Filed	2 2591
Mailed	

MICHIGAN

STATE OF ~~WASHINGTON~~ } ss.
County of ~~Skamania~~ Midland

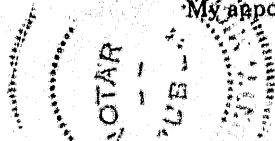
On this day personally appeared before me LETA GUST

to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this _____ day of JANUARY, 19 91

Robert A. Woods
Notary Public in and for the State of ~~Washington~~ Michigan,
residing at Midland County
My appointment expires 8.18.91

ACKNOWLEDGMENT -- INDIVIDUAL
FIRST AMERICAN TITLE COMPANY
WA - 46



COUNTY OF ORANGE
HEALTH DEPARTMENT
Santa Ana, California

FEE: \$2.00

[] NO FEE GOVERNMENT
PURPOSES

This is to certify, if impressed
with the seal of the Orange
County Health Officer, that this
is a true copy of the permanent
record filed in this office.

John R. Philp

JOHN R. PHILP, M. D.

Health Officer and Local Registrar of
Births and Deaths of Orange County

DATE: MAY 26 1971

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH									
CERTIFICATE OF DEATH									
LOCAL HEALTH OFFICER'S SIGNATURE: <i>John R. Philp</i>									
1. NAME OF DECEASED—FIRST NAME		2. MIDDLE NAME		3. LAST NAME		4. DATE OF DEATH—MONTH DAY YEAR		5. HOUR	
Albert		W.		Gust		May 12, 1971		10:02 P.	
6. SEX	7. COLOR OR RACE	8. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		9. DATE OF BIRTH		10. AGE (LAST BIRTHDAY)		11. YEARS	
Male	Cauc.	Michigan		July 25, 1890		80		YEARS	
12. NAME AND BIRTHPLACE OF FATHER				13. MAIDEN NAME AND BIRTHPLACE OF MOTHER					
William Gust - Germany				Fredericka Zimmerman - Germany					
14. CITIZEN OF WHAT COUNTRY		15. SOCIAL SECURITY NUMBER		16. MARRIED, NEVER MARRIED, WIDOWED (CHECK ONE)		17. NAME OF SURVIVING SPOUSE (IF MARRIED, ENTER MAIDEN NAME)			
U. S. A.		554-14-6323 A		Married		Leta Reid			
18. LAST OCCUPATION		19. NAME OF LAST EMPLOYING COMPANY OR FIRM		20. KIND OF INDUSTRY OR BUSINESS					
Realtor Investor		SALT EMPLOYED		Real Estate					
21. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY				22. STREET ADDRESS—STREET AND NUMBER OR LOCATION				23. INSIDE CITY CORPORATE LIMITS (SPECIFY "YES")	
Santa Ana Community				600 E. Washington				YES	
24. CITY OR TOWN		25. COUNTY		26. STATE		27. YEAR OF DEATH (MONTH DAY YEAR)		28. YEARS	
Santa Ana		Orange		California		16		16	
29. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				30. INSIDE CITY CORPORATE LIMITS (SPECIFY "YES")				31. NAME AND MAILING ADDRESS OF INFORMANT	
1230 W. St. Anne Street				YES				Leta Gust	
32. CITY OR TOWN		33. COUNTY		34. STATE		35. NAME AND MAILING ADDRESS OF INFORMANT			
Santa Ana		Orange		California		1230 W. St. Anne Street Santa Ana, California			
36. CORONER (CHECK ONE)		37. PHYSICIAN (CHECK ONE)		38. PHYSICIAN'S CORONER'S SIGNATURE		39. DATE SIGNED		40. SIGNATURE OF LOCAL REGISTRAR	
Burial		Physician		<i>John R. Philp</i>		5/13/71		<i>John R. Philp</i>	
41. DATE AND PLACE OF BURIAL		42. NAME OF CEMETERY		43. PHYSICIAN'S SIGNATURE		44. PHYSICIAN'S LICENSE NUMBER		45. LOCAL REGISTRAR'S SIGNATURE	
Burial		Bay City, Michigan		<i>John R. Philp</i>		3288		<i>John R. Philp</i>	
46. NAME OF FUNERAL HOME OR PERSON AT TIME AS SUCH		47. NAME OF FUNERAL HOME OR PERSON AT TIME AS SUCH		48. LOCAL REGISTRAR'S SIGNATURE		49. LOCAL REGISTRAR'S SIGNATURE		50. LOCAL REGISTRAR'S SIGNATURE	
Smith & Tubbill Mortuary		Smith & Tubbill Mortuary		<i>John R. Philp</i>		<i>John R. Philp</i>		<i>John R. Philp</i>	
Santa Ana, California		Santa Ana, California		<i>John R. Philp</i>		<i>John R. Philp</i>		<i>John R. Philp</i>	
51. PART I: DEATH WAS CAUSED BY (ENTER ONE CAUSE PER LINE FOR A, B, AND C)									
A) IMMEDIATE CAUSE									
B) DUE TO OR AS A CONSEQUENCE OF									
C) DUE TO OR AS A CONSEQUENCE OF									
52. PART II: OTHER SIGNIFICANT CONDITIONS (ENTER ONE CAUSE PER LINE FOR A, B, AND C)									
A) IMMEDIATE CAUSE									
B) DUE TO OR AS A CONSEQUENCE OF									
C) DUE TO OR AS A CONSEQUENCE OF									
53. SPECIFY ACUTE CHIEF DISEASE OR NON-CHIEF									
54. PLACE OF INJURY (STREET AND NUMBER OR LOCATION)									
55. INJURY AT WORK									
56. DATE OF INJURY (MONTH DAY YEAR)									
57. HOUR									
58. PLACE OF INJURY (STREET AND NUMBER OR LOCATION)									
59. INJURY AT WORK									
60. DATE OF INJURY (MONTH DAY YEAR)									
61. HOUR									
62. DESCRIBE HOW INJURY OCCURRED (ENTER ONE CAUSE PER LINE FOR A, B, AND C)									
A) IMMEDIATE CAUSE									
B) DUE TO OR AS A CONSEQUENCE OF									
C) DUE TO OR AS A CONSEQUENCE OF									

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

copy

WILL LAST WILL and Testament

OF

ALBERT WILLIAM GUST

can be filed in probate court

I, ALBERT WILLIAM GUST, residing in the City of Santa Ana, County of Orange, State of California, being of lawful age and sound and disposing mind and memory, and not being actuated by any duress, menace, fraud or undue influence whatsoever, hereby make, publish and declare this to be my Last Will and Testament, and hereby expressly revoke any and all former Wills and Codicils heretofore made by me.

FIRST: I direct my executrix to pay all my just debts and funeral expenses as soon as convenient after my death.

SECOND: I hereby declare that I am married to LETA GUST, and that I have one child, a son, Sam Gust, who is over twenty-one years of age. Also, I have a brother, Fred Gust, and a sister, Alma Johnroe.

THIRD: I give and bequeath the sum of \$3,000.00 to my sister, Alma Johnroe.

FOURTH: I give, devise and bequeath to my wife, LETA GUST, the rest and residue of my estate, whether it be either real, personal or mixed, of whatsoever kind or character, and wheresoever situated, of which I die possessed, or to which I may in any manner be entitled, or over which I may, at the time of death, have the power of appointment.

FIFTH: Should any part, clause, provision or condition of this Will be held to be void, invalid and inoperative, then I direct that such invalidity shall not affect any other clause, provision or condition thereof; but the remainder of this Will shall be effective as though such clause, provision or condition had not been contained herein.

SIXTH: I have intentionally omitted making provisions for all of my heirs

WJG
page one

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

who are not specifically mentioned herein, and I hereby generally and specifically disinherit each, any and all persons whomsoever claiming to be or who may lawfully be determined to be my heirs at law except such as are mentioned in this Will, and if any of such persons, or such heirs, or any devisees, or legatees, or beneficiaries under this Will shall contest in any Court any of the provisions of this instrument, or shall not defend or assist in good faith in the defense of any and all such contests, then each and all of such persons shall not be entitled to any devises, legacies, or benefits under this Will or any codicil hereto.

SEVENTH: I hereby nominate and appoint my wife LETA GUST as executrix of this Will. If for any reason she does not qualify or remain as executrix, I then nominate Karl C. Frank as executor or administrator-with-will-annexed, as the case may be. It is my desire that these nominees serve without bond or any security whatsoever.

IN WITNESS WHEREOF, I have set my hand and seal to this Will which consists of two pages, including the page signed by the testator, this 21st day of March, 1961, at Santa Ana, California.

Albert William Gust

The foregoing instrument was on the date hereof by the said ALBERT WILLIAM GUST, published and declared to be his Last Will and Testament in the presence of us, and each of us, who at his request and in his presence, and in the presence of each other, have signed the same as witnesses thereon.

Verma S. Jones Residing at 13501 S. Hollywood
W. L. Johnson Residing at Gardner House, Calif.
4832 W. 11th St.
San Mateo, Calif.

Codicil: To clarify the above will, it is my intention that I bequeath \$1.00 to my son Sam. Also, that in the event of my sister's death (Mrs. Alma Jones), or because incompetent the \$3.000. allotted to her shall revert to my wife Leta Gust. Also, I hereby wish the name of Mr. Karl Frank as executor or administrator be removed and replaced by Mrs. Maria Jones.
 6-8-62 Signed Albert W. Gust

over

February 17th 1962.

In addition to my last will and testament:
- In the event my sister Mrs Anna Johnson
dies or becomes incompetent the \$3,000.
allotted to her shall revert to my wife
Mrs Letta Gust.

Albert N. Gust