BOOK 122 PAGE 614

ECORD
BY EThempson Reynolds

HAR 20 3 09 Fit 191

CART

## DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON)
) ss
County of Klickitat)

Regulation | P | Indexed | in | P | Indexed | in | P | Indexed | in | P | Indexed | in

- I, Loren Eshelman, residing at Portland, Oragon, being first duly sworn, depose and say:
- 1. Dana N. Eshelman died intestate in Multnomah County, Oregon, on June 14, 1983. At the time of hor death we owned real estate in Skamania County, Washington.
- 2. I am the sole surviving heir at law and surviving spouse of said Dar N. Eshelman, deceased, and am entitled to all of her property.
- 3. The expenses of last illness and burial of Dana N. Eshelman and all of the claims against the decedent's estate have been settled and paid.
- 4. There are no federal estate taxes due or Washington inheritance taxes due.
- 5. The purpose of this affidavit is to induce Columbia Title Company to accept such affidavit in forbearance of a demand made by said Title Insurance Company to probate the decedent's estate.
- 6. At the time of decedent's death, decedent owned property in Skamania County, Washington, described as:

Government Lot 1 and Government Lot 2, of Section 34, Township 3 North, Range 9 EWM lying Northerly of the Northerly line of the Spokane, Portland and Seattle Railway Company's right of way;

M.C.

JU DNILINW ADDRIGA JUNEAURA Y TREASURER OF SKAMANIA COUNTY

EXCEPT the Westerly 660 feet of said Government Lot 1; and

EXCEPT those parcels of land conveyed to the State of Washington in connection with the construction of Primary State Highway No. 8 and easement conveyed to the Northwestern Electric Company for electric power line; and

EXCEPT for an access roadway 20 feet in width over and across the above described real property as described in real estate contract dated December 30, 1953, wherein James H. Margeson and Lillie B. Margeson, husband and Life, are purchasers;

TOGETHER WITH all water rights appurtenant to the above described real property including surface water right granted by the State of Washington as more particularly described by instrument dated November 20, 1959, and recorded at page 94 of Book I of Miscellaneous, Records of Skamania County, Washington.

7. I, by my signature hereto, agree to indemnify and hold harmless Columbia Title Company of any and all liability, obligations, expenses, legal fees or litigation costs which it may incur as a result of a falsity or inaccuracy of any statement contained in this affidavit.

Dated this 11th day of March, 1990.

Toren Eshelman

Subscribed and sworn to before me this // day of

Notary sublic residing

My commission expires

ato of Oregon REGON STATE HEALTH DIVISION apar (ment of Human Resources

## CERTIFICATE OF DEATH BOOK 122 PAGE 616

| TYPE<br>OR PRINT<br>IN<br>PERMANENT |  |                                 | 1   | Vital Reco          | rds Unit   |  | <b>.</b>   |   |  | -)                     |  |
|-------------------------------------|--|---------------------------------|---|---------------------|--|--|--|---|--|------------------------|--|
| GLACK                               | Local File Number  DECEABED NAME First Middle Last |                                 |   |                     |  |  |  |   | File Number  |                        |  |
| INK<br>FOR                          | ſ  |                                 | Norine ESHLEMAN   |                     |  |  |  | DATE OF DEATH (month, day, year)        |  |                        |  |
| ISTRUCTIONS                         | RACE White Black, American In                      | Dana                            | Military interest property in the contract of | AGE - Last birt     |  | JMAN<br>Under 1 yeur   | Under 1 day  | g June                                  | 14, 1983 TW (month day year)   |                        |  |
| HANDBOOK                            | eta (specify)<br>3 White                           | and the second second           | emale   | (years)             |  | mos days   |  |   |  |                        |  |
|                                     | CITY, TOWN OR LOCATION OF                          | DEATH                           | HOSPITAL OR OT  | HER INSTITUTION     | NMAACE   | h Hrise of   | I INST Indicate DOA  | COUNTY OF                               | 11, 1917   |                        |  |
|                                     | 7a Portland  |                                 | Of not in either, giv   | e street and numb   | er)<br>ital  | OP Timer, Fi   | INST Indicate DOA. III. Imperent (Soucily). Intient        | 70Multno                                | 7.70.11  |                        |  |
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| UF DEATH                            | a Oklahoma   | 9                               | USA   | Wido                | web, bivon a   | I (VI DOOR)  | Loren  |   | WAS DE LEDENT EVER IN U. AP" LO FORCES? (Specify Yes   | W M                    |  |
| SCUARED IN<br>NETTITION,            | SOCIAL SECURITY NUMBER                             | THE COURT OF THE BANK AND SHIPS | USUAL OCCUPATION Igive kind of work done during most  |                     |  |  | KIND OF BUSI   |   | STRY   | r <del>araruka s</del> |  |
| ÆFHANDBOOK<br>REDARDING             | 13547-26-6711                                      |                                 | 143 Hist  | logy T              | chnici   | an-Ret   | L. Ish Oral  | Surce                                   | ry Pathology<br>230 Inside City Limits   |                        |  |
| COMPLETION OF SEPENSE               | RESIDENCE-GTATE                                    | COUNTY                          |   | CITY, TOWN, OR      | LOCATION   | STREET   | AND NUMBER OR A.   | F.D., 219 97                            | 2 0 Inside City Limits   | <del>Particulari</del> |  |
| <b>└</b> →                          | 150 Oregon   | 15Mul                           | tnomah  | 15c Port            | land   | 150 1 9  | 511 NE 15  | 2nd Pl                                  | · Yes  |                        |  |
|                                     | FATHER-NAME first                                  |                                 |   | R-Maiden Name       |  |  | ST INFORMANT   | IAME and relati                         | onthip to deceased   | <del></del>            |  |
|                                     | Leroy  | Harris                          | 17 \  | Indna I             | larrie   |  | 18 Loren   | Eshle                                   | man, Husband   |                        |  |
|                                     | REMOVAL MAUS (Specify)                             |                                 | METERY OR CREMATURY-NAME  |                     |  |  |  | LOCATION bity or town state             |  |                        |  |
| DISPOSITION                         | 19a Burial   | 19b M                           | Mt. View Cemetery 19x   |                     |  |  |  | Mood River, Oregon                      |  |                        |  |
|                                     | (Signature)  | 0 R                             |   |                     |  | *********  |  |   |  |                        |  |
| t. minutes                          | To the best of my knowle                           | doe, death occ                  | trood at the tors of  | Anor Ln             | runera   | Home   | LATIN & Bell<br>EDIMO. Day You                             |   | . Hood River,OR  |                        |  |
| on and the same transfer of         | one to the canse(s) state                          | A. I                            |   | ara esso fracti aut |  | ر مر   | EU (MO, Clay, Yr)  |   | HOUR OF DEATH  |                        |  |
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| CONDITIONS                          | (* 8 <u></u>                                       |                                 |   |                     |  |  |  | 4                                       |  |                        |  |
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| WHICH GAVE<br>RISE TO               | DATE RECEIVED BY REGISTE.                          | 21 <b>198</b> 3                 | 3   | s (Signature)       |  | 757  | Care Line  | Bloom                                   |  |                        |  |
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|                                     |  |                                 |   | # T                 |  |  | cr/No)   |   | [Specify Yes or No]  |                        |  |
| Tr wondrawa                         | ACCIDENT (Scienty Yes or 'u)                       | LATE OF INJUI                   | RY [Mr. Day, Fr]  | HOUR OF INDU        | RY DES   | CRIBE HOW I  | NUURY OCCURRED   | <u> </u>                                | 25. No.  | -                      |  |
| O                                   | 26a NO   | Pob                             |   | 564                 | A1 26d   |  |  |   |  |                        |  |
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|                                     | COUNTY OF MULTN                                    | МΔН                             |   |                     |  | D. I.  | JUN  | 2 1 198                                 | 3  |                        |  |
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