

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

**118848 VITAL RECORDS
CERTIFICATE OF DEATH**

CERTIFICATE OF DEATH											
Alice Marion KITE		FEMALE		DEATH DATE AND DAY		146-8		ROCK 24 PAGE 228			
4 PLACE OF BIRTH ALIVE KITE, MARION WHITE		5 PLACE OF DEATH 701 EAST SMITH VANCOUVER WHITE		6 INJURY DATE AND DAY 701 EAST SMITH VANCOUVER WHITE		7 DEATH DATE AND DAY Jan. 23, 1983		8 COULD NOT DETERMINE CLARK			
9 DATE TOWN OR LOCATION OF DEATH Vancouver		10 PLACE OF DEATH 701 EAST SMITH		11 DATE OF DEATH 701 EAST SMITH		12 PLACE OF DEATH 701 EAST SMITH		13 STATE FILE NUMBER 146-8			
14 BAPT. STATE OF BAPTIST USA OR CANADA		15 CITIZEN OR NAT'L EXEMPT USA		16 MARRIED NEVER MARRIED WIDOWED DIVORCED		17 RELIEVED EMERGENCIES AMBULANCE PLATE NUMBER		18 WAR INCIDENTS EVER IN U.S. ARMED FORCES VETERAN			
MILLER		19 MARRIED		20 MARRIED NEVER MARRIED WIDOWED DIVORCED		21 RELIEVED EMERGENCIES AMBULANCE PLATE NUMBER		19 NO YES NO			
557 40 4307		22 CIVIL OCCUPATION LIBRARIAN		23 CIVIL OCCUPATION LIBRARIAN		24 KIND OF BUSINESS OR INDUSTRY Skamania		20 KIND OF BUSINESS OR INDUSTRY Skamania			
MP 0.03 Walnut Lane		25 CITY/TOWN OR LOCATION Skamania		26 CITY/TOWN OR LOCATION Skamania		27 MOTHER'S MAIDEN NAME FIRST, MIDDLE, LAST Folva Mittlesedt		28 CITY/TOWN OR LOCATION Skamania			
GEORGE EDWARD MILLER		29 MAILING ADDRESS MP 0.03 Walnut Lane		30 MAILING ADDRESS MP 0.03 Walnut Lane		31 STREET OR REFT NO Skamania, WA 98548		32 STREET OR REFT NO Skamania, WA 98548			
Ira R. Kite		33 BURIAL CEMETERY Chapel of the Chimes		34 BURIAL CEMETERY Chapel of the Chimes		35 LOCATION CITY/TWN/STATE Portland, OR		36 LOCATION CITY/TWN/STATE Portland, OR			
37 BURIAL CEMETERY REMAINS OTHER THAN BURIED		38 DATE OF DEATH Dec. 13, 1983		39 NAME OF FACILITY Memorial Gard. Funeral Ch.		40 SIGNATURE AND TITLE GARY M. OLSON		41 ON THE FAIR OF EXAMINATION AND OR INVESTIGATION THAT DEATH OCCURRED AT THE SAME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED Signature and Title			
42 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN X TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND CAUSE(S) STATED		43 HOUR OF DEATH 5:55 a.m.		44 SIGNATURE AND TITLE Dr. Andrew Glass		45 HOUR OF DEATH 5:55 a.m.		46 SIGNATURE AND TITLE GARY M. OLSON			
47 SIGNATURE AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN		48 SIGNATURE AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN		49 SIGNATURE AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN		50 SIGNATURE AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN		51 SIGNATURE AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN			
Dr. Andrew Glass		2211 E. 45th Plain Vanc, WA		Dr. Andrew Glass		Dr. Andrew Glass		Dr. Andrew Glass			
IMMEDIATE CAUSES DUE TO OR AS A CONSEQUENCE OF TAX TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN INJURY NO INJURY									
OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE(S) IN ABOVE		52 INJURY DATE AND DAY 701 EAST SMITH		53 INJURY DATE AND DAY 701 EAST SMITH		54 INJURY DATE AND DAY 701 EAST SMITH		55 INJURY DATE AND DAY 701 EAST SMITH			
56 PLACE OF INJURY OFFICE, HOME, ETC., VANCH		57 PLACE OF INJURY OFFICE, HOME, ETC., VANCH		58 DESCRIBE HOW INJURY OCCURRED NO		59 DESCRIBE HOW INJURY OCCURRED NO		60 DESCRIBE HOW INJURY OCCURRED NO			
INCURABLE DISEASE OR INJURY NO		61 LOCATION STREET OR RD. NO. CITY/TOWN STATE 701 EAST SMITH		62 LOCATION STREET OR RD. NO. CITY/TOWN STATE 701 EAST SMITH		63 LOCATION STREET OR RD. NO. CITY/TOWN STATE 701 EAST SMITH		64 LOCATION STREET OR RD. NO. CITY/TOWN STATE 701 EAST SMITH			
NATURAL NATURE NO		65 DOCUMENTARY EVIDENCE REVIEWED BY: DATE		66 DOCUMENTARY EVIDENCE REVIEWED BY: DATE		67 DOCUMENTARY EVIDENCE REVIEWED BY: DATE		68 DOCUMENTARY EVIDENCE REVIEWED BY: DATE			

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THIS IS TO CERTIFY that the foregoing is a true copy (Photographic) of a record on file with the Southwest Washington Health District, Vancouver, WA

REAL ESTATE EXCISE TAX

DEC 1 6 1968

RICHARD W. BILLS, M.D.
District Health Officer

MAP/04 100

OKANOGAN COUNTY, WASHINGTON

~~Reg. Stamps~~

LAST WILL AND TESTAMENT

OF

BOOK 141 PAGE 727

ALICE M. KITE

I, ALICE M. KITE, a resident of the County of Skamania, State of Washington, being of sound and disposing mind and memory, and acting herein free of the duress, fraud, or undue influence of any person whomsoever, do make, publish and declare this to be my LAST WILL AND TESTAMENT, hereby revoking any and all other Wills by me heretofore made.

W I T N E S S E T

I direct that my personal representative pay my just debts and obligations as soon as practicable following my death.

II

My husband is IRA R. KITE, and I have three children, namely, LOUISE M. KITE, CHARLES A. KITE and RICHARD H. KITE. There are no issue of deceased children.

III

My husband and I are parties to a Community Property Agreement as provided by the statutes of the State of Washington. I intend that said Community Property Agreement shall be fully effective, but if such agreement shall be insufficient for any reason to transfer my entire estate to my husband, then I do hereby devise and bequeath unto my husband, IRA R. KITE, all of my estate and property of whatsoever nature and wheresoever situated, such devise and bequest being contingent solely upon his surviving me. My husband is executing his Last Will and Testament this date containing similar provisions as herein provided, but it is fully understood that our said Wills are not executed pursuant to a binding agreement, and either of us shall be fully free to revoke or amend our Wills in any particular, either before or after the death of either of us.

REAL ESTATE EXCISE TAX

MILLER & LORRAINE
ATTORNEYS AT LAW
305 M. & 11TH AVE.
OAKAR, WASHINGTON 98007
ATA CODE 828 - TELEPHONE 022-5200

MAP 04 1934

Paid Exempt

01645

In the event my husband shall fail to survive me, then I devise and bequeath my entire estate and property of whatsoever nature and wheresoever situated unto my children as above named and identified, in equal shares, or unto the issue of any of them that may fail to survive me by representation.

I nominate my husband, IRA E. KITE, as the executor of this my Last Will and Testament if an administration is required if he survives me. If my husband shall not serve for any reason, shall decline or cease to serve, then I nominate the said CHARLES A. KITE as my executor. I waive the requirement of bond for my personal representatives as herein named and direct that to the extent permitted by law my estate shall be administered and distributed pursuant to this Will without the intervention of the court as provided by the statutes of the State of Washington. I grant to my said personal representatives full authority to sell or otherwise liquidate all or any portion of my estate as may be deemed advisable to effect the settlement and distribution of the same as herein provided, and further grant to my said personal representatives full authority to distribute my personal possessions and effects among the beneficiaries named herein.

IN WITNESS WHEREOF, I have hereunto set my hand and published and declared this my LAST WILL AND TESTAMENT, on this 2nd day of October, 1979, in the presence of the undersigned persons whom I have requested to act as witnesses hereto.

Alison M. Kite
Alison M. Kite

The foregoing instrument, consisting of three pages, including the following one, was at the date thereof by ALISON M. KITE, the

testatrix named herein, signed, sealed and published as and declared by her to be her LAST WILL AND TESTAMENT, in the presence of us, who at her request and in her presence, and in the presence of each other, and who being of sound and disposing mind and memory, and was not acting under the duress, fraud, or undue influence of any person, have subscribed our names as witnesses thereto.

R. C.
Residing at Washougal, Washington

Thelma M. Larson
Residing at Washougal, Washington