

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

124622

STATE OF WASHINGTON )

BOOK 155 PAGE 593

COUNTY OF SKAMANIA)

I, STEVENSON HARRIS, residing at 14622 NE 180th  
Woodinville WA, first being duly sworn, depose and say that:

1. Mayor Ransom Harris died testate in Prindle Wash.,  
PR on JAN 19, 1932.

2. At the time of his/~~her~~ death, Mayor Ransom Harris was a  
~~widow~~/widower. His/~~her~~ spouse, Carroll Harris, died in St Joseph  
Hospital, on March 24, 1936.

3. The sole surviving heirs at law and beneficiaries of the Last Will and  
 Testament of Mayor Ransom Harris Mayor Ransom Harris Jr and  
Stevenson Wright Harris  
 The deceased, M. R. Harris, left no children or children of  
 children who predeceased him/her other than those named herein.

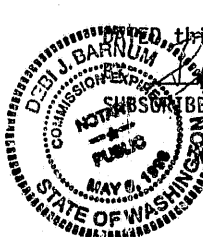
4. The expenses of the last illness and burial of PAID  
in full and all other claims against the decedent's estate have  
 been settled and paid.

5. There are no Federal Estate taxes due or Washington inheritance taxes  
 due.

6. The purpose of this affidavit is to induce Skamania County Title Company  
 to accept such affidavit in forbearance of a demand made by said title  
 insurance company to probate the decedent's estate.

7. At the time of decedent's death, decedent owned property in \_\_\_\_\_,  
Prindle, located at \_\_\_\_\_, and  
 described as 010511000500

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



WITNESSED, this 20 day of Feb, 1996.

Stevenson Harris  
 SUBSCRIBED and SWORN TO before me this 20th day of FEBRUARY, 1996.

REAL ESTATE EXCISE TAX

Deb J. Barnum DEB J BARNUM  
 NOTARY PUBLIC FOR WASHINGTON

MY COMMISSION EXPIRES: MAY 6, 1998

FEB 20 1996

PAID: example

SKAMANIA COUNTY TREASURER

17909

3/15/96  
 Indexed, Dir ☒  
 Indirect ☒  
 Filmed ☒  
 Mailed ☒

Gary H. Martin, Skamania County Assessor  
 Date 02/20/96 Parcel # 010511000500



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

BOOK 155 PAGE 594

WASHINGTON STATE DEPARTMENT OF HEALTH  
PUBLIC HEALTH STATISTICS SECTION  
CERTIFICATE OF DEATH

1320

REG. DIST. NO. R-1  
REGISTRAR'S NO. 15

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY <u>Skamania</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Wash</u> b. COUNTY <u>Skamania</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Prindle Washougal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Prindle</u>	
c. LENGTH OF STAY (in this place) <u>2 40 yrs</u>		d. STREET (If rural, give location) <u>Washougal St. # 2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>At his home</u>		e. ADDRESS <u>Washougal St. # 2</u>	
3. NAME OF a. (First) <u>Mayor</u> b. (Middle) <u>Ransom</u> c. (Last) <u>Harris Sr.</u>		4. DATE OF DEATH a. (Month) <u>Jan</u> b. (Day) <u>19</u> c. (Year) <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH a. (Month) <u>Dec</u> b. (Day) <u>14</u> c. (Year) <u>1895</u>
10a. OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Logger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Logging</u>	
13. FATHER'S NAME <u>Orter Harris</u>		14. MOTHER'S MAIDEN NAME <u>Not known</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes, WW one</u>		16. SOCIAL SECURITY NO. <u>544-02-0156</u>	
17. INFORMANT <u>Mayor Ransom Harris Jr.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) <u>Stroke</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Suicide</u>	
21b. PLACE OF INJURY (a. In or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) <u>Jan 19 1952</u>		21e. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Raymond C. Crowe</u>		23b. ADDRESS <u>Skamania, Wash</u>	
23c. DATE SIGNED <u>1/21/52</u>		24a. BIRTH, CREMATION, BURIAL, OR OTHER	
24b. DATE <u>Jan 23/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Camas</u>	
24d. LOCATION (City, town, or county) (State) <u>Wash</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Red E. Staller</u>	
24f. ADDRESS <u>Camas, Wash</u>		24g. DATE <u>1-23-52</u>	



FILED FOR RECORD  
SKAMANIA CO, WASH  
BY Stevenson Harris

FEB 20 11 28 AM '96

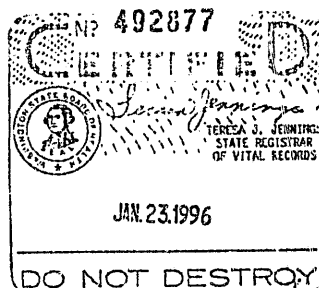
Olson  
AUDITOR  
GARY M. OLSON

Gary M. Olson, Skamania County Auditor  
Date 2/20/96 Parcel # 010511050000

Please send the proof(s) and this form/certificate to:

Attn: Corrections  
Center for Health Statistics  
1112 Quince Street South  
P.O. Box 9709  
Olympia, WA 98507-9709

This is a legal document.  
Complete in ink, and do not alter.



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