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BOOK 755 PAGE 595

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

REAL ESTATE EXCISE TAX

STATE OF WASHINGTON)

County of Skamania)

FEB 20 1996

PAID exempt

SKAMANIA COUNTY TREASURER

I, Stevenson Harris, residing at woodinville WA ~~14622 NE 188 pl~~ ____, first being duly sworn, depose and say that:

1. Carmen Harris died testate in St Joseph Hospitale on March 24, 1986.

2. At the time of ~~his~~/her death, Carmen Harris was a widow/~~widower~~. His/~~her~~ spouse, Mayer R. Harris, died in Prindel Washington, on Jan 17, 1952

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Carmen Ranson Harris are Mayor Ransum Harris Jr. / Stevenson Wright Harris. The deceased, Z Todd, 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 forebearance 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 Prindel, Washington, located at Prindel Washington, and described as parcel # 0105 11 00 0500 00 TCA 32 Taxpayor 21550.

8. I, by my signature hereto, agree to indemnify and hold harmless SKAMANIA COUNTY TITLE from 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 26 day of Jan, 1996.

Stevenson Harris

SUBSCRIBED and SWORN TO before me this 26 day of Jan, 1996

JOYCE A. JONES NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 1-22-97

Joyce A. Jones

NOTARY PUBLIC FOR WASHINGTON

My Commission Expires: 1/22/97

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed
Mailed

Gary H. Martin, Skamania County Assessor
Date 2/20/96 Parcel # 2-05-11-0-0-0500-00

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 155 PAGE 596

Washington State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
County of Clarke
City or Town of Wern
Registration Dist. No. R-1 No. St Joseph Hospital St., ______ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Record No. 79
Registered No. 645

Length of residence in city or town where death occurred ' yrs. ______ mos. 2 ds. How long in U. S. if of foreign birth? ______ yrs. ______ mos. ______ ds.

2. FULL NAME Carman Harris 620
(a) Residence: No. Prindle Wash St., ______ Ward. (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mayn R. Harris
6. DATE OF BIRTH (month, day, and year) June 4-1907
7. AGE Years 28 Months 9 Days 20 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cape Horn Wash

FATHER
13. NAME Emory F Stevenson
14. BIRTHPLACE (city or town) (State or country) Washington

MOTHER
15. MAIDEN NAME Ida M. Hartland
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT Mayn R. Harris
(Address) Prindle Wash
18. BURIAL, CREMATION, OR REMOVAL
Place Camas Cemetery Date Mar 29, 1936
19. UNDERTAKER W. Swank
(Address) Camas Wash
20. FILED 4/1, 1936 C. [illegible] M.D. per C. K. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 24, 1936
22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1936 to Mar. 24, 1936
I last saw her alive on Mar 24, 1936, death is said to have occurred on the date stated above, at 10 P.m. 690

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
Septic Cerebro Spinal Meningitis	3/22/36

Contributory causes of importance not related to principal cause:

Cause	Date of onset
Suppurating Otitis Media, Right	3/15-16 1936

Name of operation Lance Ear drum Date of 3/20-36
What test confirmed diagnosis? Sp. puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ______ Date of injury ______, 19__
Where did injury occur? ______ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ______
Nature of injury ______
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ______
(Signed) W. Cline, M.D.
(Address) Camas Wn

S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency 10562.

FILED FOR RECORD
SKAMANIA CO. WASH.
BY Stevenson Harris
FEB 20 11 32 AM '96
P. Lowry
AUDITOR
GARY M. OLSON

THE SEAL OF THE STATE OF WASHINGTON 1889

Gary H. Martin, Skamania County Assessor
Date 02/20/96 Parcel # 01 05 11 1 0 0500 00

DOH 01-003 (8/95)

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.

492876
CERTIFIED
TERESA J. JENNINGS
STATE REGISTRAR OF VITAL RECORDS
JAN 23 1996
DO NOT DESTROY

OFFICIAL DOCUMENT OF THE STATE OF WASHINGTON

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