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BOOK 755 PAGE 595

DECLARATION OF HEIRSHIP, INHERITANCE, DOMESTIC TITLE AND INDEMNITY AGREEMENT
REAL ESTATE EXCISE TAXSTATE OF WASHINGTON)
County of SKAMANIA)

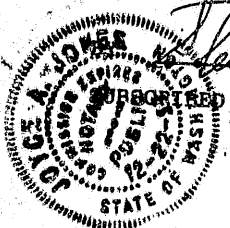
FEB 20 1996

PAID exemptI, STEVENSON HARRIS, SKAMANIA COUNTY TREASURER, residing at woodville wa 14622 NE 183rd, first being duly sworn, depose and say that:

1. Carmen Harris died testate in St Joseph Hospital 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 Prindell Washington, on JAN 19, 1952.
3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Carmen / Ransom Harris are MAYOR RANSOM HARRIS JR. / STEVENSON HARRIS. The deceased, 3 TGD, 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 Prindell Washington, located at Prindell Washington, and described as pxce/H 010511100 0506 06 TCA 32 TEXPAYER 2150.
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 Harrisand SWORN TO before me this 26 day of JAN, 1996

Registered	☒
Indexed, Dir	☒
Indirect	☒
Filed	☒
Mailed	☒



A. Jones
NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: 12/22/97

Count of Skamania, Skamania County Assessor
Date 2/20/96 Parcel # 010511100050000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 155 PAGE 596

1. PLACE OF DEATH Washington State Board of Health
County of Clarke City or Town of Wana
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registration Dist. No. R-1 No. St. Joseph Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U. S. if of foreign birth? 2 yrs. 2 mos. 2 ds.
2. FULL NAME Carman Harris 620
(a) Residence: No. Prindle St., Ward. (If nonresident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mayr R. Harris
7. DATE OF BIRTH (month, day, and year) June 4-1907
8. AGE Years 28 Months 7 Days 20 If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
11. Date deceased last worked at this occupation (month and year) Mar 29, 1936 12. Total time (years) spent in this occupation
13. BIRTHPLACE (city or town) (State or country) Cape Horn Alaska
14. NAME Emory F. Stevenson
15. BIRTHPLACE (city or town) (State or country) Washington
16. MAIDEN NAME Ida M. Hamland
17. BIRTHPLACE (city or town) (State or country) Kansas
18. INFORMANT Mayr R. Harris
(Address) Prindle St.
19. BURLAL, CREMATION, OR REMOVAL Place Clarke County Date Mar 29, 1936
20. UNDERTAKER W. Swank
(Address) Clarke County
21. FILED 47 1936 Deputy Registrar
S. P. No. 825-1921. Approved as to Form by Dept. of Efficiency 10522.

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 8:40 to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance in order of sequence are as follows: Septic Osebro Spinal Meningitis 3/22/36
Contributory causes of importance not related to principal cause: Suppurating Otitis 3/15/36
Medial Right 1/19/36
Name of operation Pain Exp. Drain Date of 3/20-36
What test confirmed diagnosis? Sm. punctate there an autopsy? 70
23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. Date of injury. 12
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. Swank (Address) Clarke Co.



FILED FOR RECORD
SKAMANIA CO. WASH.
BY Stevenson Harris

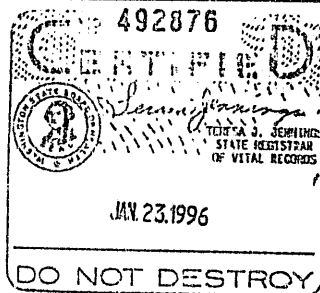
FEB 20 11 32 AM '96
O'Leary
AUDITOR
GARY M. OLSON

Gary H. Martin, Skamania County Assessor
Date 02/20/96. Parcel #010511/10050000

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.



OFFICIAL DOCUMENT OF
THE STATE OF WASHINGTON

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