

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Kielpinski & Assoc*

FEB 22 4 50 PM '96

P. J. Olsson
AUDITOR
GARY M. OLSON

AFFIDAVIT OF HEIRSHIP

STATE OF WASHINGTON)
County of Skamania) ss.

The undersigned, being first duly sworn, on oath deposes and states:

1. This Affidavit provides information for the record regarding the following described real property located in Skamania County, Washington:

Commencing at the Northeast Section corner to Section 2, Township 2 North, Range 7 East, W.M.; thence South 0° 01' East 1308.98 feet; thence South 89° 32' 25" West 1421.26 feet, more or less, to the true point of beginning which is on the West right of way boundary line of the Red Bluff County Road; thence South 89° 32' 25" West 222.00 feet; thence South 196.98 feet; thence East 237.00 feet to said right of way boundary line; thence Northerly along said right of way boundary line 200 feet; more or less, to the true point of beginning; said parcel of land containing 1.94 acres, more or less.

The statements set forth in this Affidavit are representations of fact and may be relied upon by all parties dealing with the above-described property.

2. Clinton Lee and Lorna A. Lee were married on September 29, 1929. There were four children as issue of this marriage, namely:

17918

REAL ESTATE EXCISE TAX

FEB 23 1996

Affidavit of Heirship
Page 1

PAID *Exempt*
W. J. Olsson, Auditor
SKAMANIA COUNTY TREASURER

Registered
Indexed, Dir
Indirect
Filmed
Filed

KIELPINSKI & ASSOCIATES
A PROFESSIONAL SERVICE CORPORATION
ATTORNEYS AT LAW
43 Cascade Avenue Suite 110 P.O. Box 310
Skamania, Washington 98648
Telephone: (509) 427-5665
Fax: (509) 427-7618

Gary M. Olsson, Skamania County Auditor
Page 2-22-96 Filed 2-27-2-1-1200

Alva Delores Rankin, who resides in Stevenson, Washington;

Betty Jean Olsen, who resides in McMinnville, Oregon;

Bertha Mae Bell, who resides in Stevenson, Washington; and

Richard Lynn Lee, who resides in Battleground, Washington.

All of said children are of legal age.

3. By deed dated April 22, 1975 and recorded in Book 68, Page 788, Auditor's File No. 19121, records of Skamania County, Washington, R.M. Hegewald and Helen B. Hegewald, husband and wife, conveyed the above-described property to "Lorna A. Lee". Clinton Lee and Lorna A. Lee were husband and wife at the time of said conveyance.

4. Lorna A. Lee died on March 2, 1976, a resident of Skamania County, Washington. A copy of her death certificate is attached hereto and incorporated herein. No will or probate of the estate of Lorna A. Lee was ever filed.

5. By deed dated December 3, 1980 and recorded in Book 79, Page 40, Auditor's File No. 91713, records of Skamania County, Washington, Clinton R. Lee, a single person, conveyed the above-described property to "Bertha Mae Bell, a married person, as her separate property".

6. Clinton Lee died on September 21, 1981, a resident of

Skamania County, Washington. A certified copy of his death certificate is attached hereto and incorporated herein. No will or probate of the estate of Clinton Lee was ever filed.

7. By deed dated November 29, 1989 and recorded in Book 11, Page 864, Auditor's File No. 108319, records of Skamania County, Washington, Bertha Mae Bell, a married person, conveyed the above-described property to "Randall or Alva Rankin, husband and wife, as their separate property".

8. Each of the undersigned, being all of the children and heirs at law of Clinton R. Lee and Lorna A. Lee, husband and wife, alleges and affirms that title to the above-described property is vested in Randall Duane Rankin and Alva Delores Rankin, husband and wife.

Alva Delores Rankin
ALVA DELORES RANKIN

SIGNED AND SWORN to before me this 13th day of February, 1996 by Alva Delores Rankin.

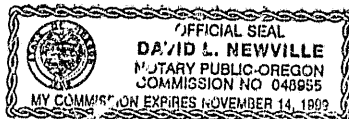


Donna Reash
_____, Notary
Public in and for the State
of Washington.

Commission expires: 8-15-99

Betty Jean Olsen
BETTY JEAN OLSEN

SIGNED AND SWORN to before me this 15 day of February, 1996 by Betty Jean Olsen.



David L. Newville, Notary
Public in and for the State
of Washington. Oregon
Commission expires: 11-14-99

Bertha Mae Bell
BERTHA MAE BELL

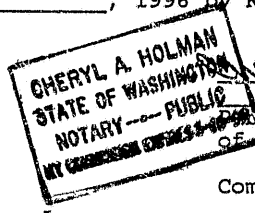
SIGNED AND SWORN to before me this 12th day of February, 1996 by Bertha Mae Bell.



Donna R. Bush, Notary
Public in and for the State
of Washington.
Commission expires: 8-15-99

Richard Lynn Lee
RICHARD LYNN LEE

SIGNED AND SWORN to before me this 5 day of
January, 1996 by Richard Lynn Lee.



Cheryl A. Holman, Notary
Public in and for the State
of Washington.
Commission expires: 3-5-99

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 155 PAGE 669

18-D

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER		NAME - FIRST, MIDDLE, LAST		2. SEX	3. DEATH DATE (MO DAY YR)	146-81 22452	
Clinton Richard LEE		M	21 Sep 1981				
1. RACE (WHITE, BLACK, AM IND, S, etc.)		7. UNDER 1 YEAR		8. BIRTHDATE (MO DAY YR)		9. COUNTY OF DEATH	
White		MOS: DAYS HOURS MINS		07 Jul 1910 Skamania			
10. CITY, TOWN OR LOCATION OF DEATH				11. PLACE OF DEATH - CHECK TYPE OF PLACE THEN GIVE ADDRESS OR INST NAME			
Stevenson				Home - 127 Roosevelt			
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY)		14. CITIZEN OF WHAT COUNTRY		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		16. SPOUSE (IF WIFE GIVE MAIDEN NAME)	
Missouri		USA		Widowed		THOMAS Lorna A. Lee	
17. SOCIAL SECURITY NO		18. U.S. TAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)		19. KIND OF BUSINESS OR INDUSTRY		20. RECEIVED EMERGENCY CARE AMBULANCE, FIRE, FIRE, PARAMED?	
543-12-5783		Laborer		Retired		Yes	
21. RESIDENCE - NUMBER AND STREET		22. CITY/TOWN OR LOCATION		23. INSIDE CITY LIMITS (YES/NO)		24. COUNTY	
127 Roosevelt		Stevenson		Yes		Skamania	
25. FATHER - NAME FIRST, MIDDLE, LAST		26. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST		27. STATE		28. STATE	
John Wesley Lee		BEARD Bertha Viola Lee		Washington		Washington	
29. INFORMANT - NAME		30. MAILING ADDRESS		31. STREET OR RFD NO.		32. CITY OR TOWN	
Bertha M. Bell		Stevenson, Washington 98648					
33. BURIAL, CREMATION, etc.		34. DATE (MO DAY YR)		35. CEMETERY/CREMATORY - NAME		36. LOCATION - CITY/TOWN, STATE	
Burial		25 Sep 1981		Idlewild Cemetery		Hood River, Oregon	
37. FUNERAL DIRECTOR		38. NAME OF FACILITY		39. ADDRESS OF FACILITY			
GARDNER FUNERAL HOME, INC.		White Salmon, Wash.					
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED				41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.			
SIGNATURE				SIGNATURE			
X				CORONER			
38. DATE SIGNED (MO DAY YR)				39. HOUR OF DEATH (24 HRS)			
				September 24, 1981			
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				41. PRONOUNCED DEAD (MO DAY YR)			
				September 21, 1981			
42. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)				43. HOUR PRONOUNCED DEAD (24 HRS)			
Robert K. Leick Skamania County Courthouse Stevenson, Wash. 98648				11:50 A.M.			
44. IMMEDIATE CAUSE				45. INTERVAL BETWEEN ONSET AND DEATH			
(A) CHRONIC ALCOHOLISM				Unknown			
(B) DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH			
(C) DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH			
46. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE				47. AUTOPSY? (YES/NO)			
				No			
48. AGE, SEX, RACE, HON, UNDET., OR				49. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)			
Natural				Yes			
50. INJURY AT WORK? (YES/NO)				51. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (SPECIFY)			
No				Residence			
52. INJURY DATE (MO DAY YR)				53. HOUR OF INJURY (24 HRS)			
Sept. 21, 1981				Approx.			
54. DESCRIBE HOW INJURY OCCURRED				55. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE			
				127 Roosevelt Ave., Stevenson, WA 98648			
56. REGISTRAR SIGNATURE				57. DATE RECEIVED (MO DAY YR)			
X				Sept. 30, 1981			
58. STATE				59. DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:			
ITEM				DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:			

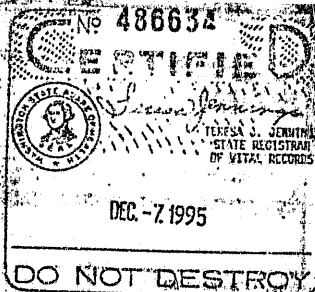


DOHS 0-150 (REV. 1-80)

DOH (1-003 (7/84)

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 98507-0709



CC475326

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2-D

LOCAL FILE NUMBER 7

STATE FILE NUMBER

ORIGINAL RECORDS
WHERE LOCATED
LEVER, IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RECORDS BEFORE
ABANDONMENT

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED — NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
Lorna		Alva		Lee				female	March 2, 1976	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE (LAST BIRTHDAY)		UNDER 1 YEAR		1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
White		67		MOS		DAYS		Sept. 29, 1908		Skamania
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		RESIDENCE:						
Stevenson		Rt. 1, Box 60								
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
Washington		U.S.A.		married		Clinton Richard Lee				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY						
543-12-4281		home maker								
RESIDENCE — STATE		COUNTY		CITY, TOWN, OR LOCATION		HOSPITAL CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER		
Washington		Skamania		Stevenson		no		Rt. 1, Box 60		
FATHER — NAME		FIRST		MIDDLE		LAST		MOTHER — MAIDEN NAME		
Newton						Thomas				
INFORMANT — NAME		MAILING ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP						
Jasper Bell		Stevenson, Washington 98648								
PART I DEATH WAS CAUSED BY		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary Occlusion										Un-Determined
(b) —										
(c) —										
PART II OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE LISTED IN PART I								AUTOPSY
										YES OR NO
										no
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY		MONTH		DAY		YEAR		HOW INJURY OCCURRED
Nat. Causes		March 2, 1976		Approx.						Coronary Occlusion
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, STATE				
No		Home		Ryan-Allen Road,		Stevenson, WA				
CERTIFICATION —		MONTH		DAY		YEAR		AND LAST SAW HIM/LIVE ON		DID YOU KNOW THE DEATH OCCURRED AT THE PLACE, FOR THE BODY LEFT DEATH
PHYSICIAN		10		21		1976		DATE		DATE
ATTENDED THE DECEASED FROM										
CERTIFICATION — CORONER		ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED		HOURS OF DEATH		THE DECEASED WAS		DEATH		DATE SIGNED
Robert K. Leick		Approximately		March 2		1976		10:21		March 2, 1976
MAILING ADDRESS (CITY, STATE, ZIP)		CITY OR TOWN		STATE		ZIP				
Courthouse Bldg., Stevenson, Washington		Stevenson		Washington		98648				
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OF CREMATORY NAME		LOCATION		CITY OR TOWN		STATE		
burial		Idlewild Cemetery		Hood River, Oregon						
DATE (MONTH, DAY, YEAR)		FUNERAL HOME NAME AND ADDRESS		CITY OR TOWN		STATE		ZIP		
March 8, 1976		Funerary Home - P. O. Box		Stevenson		Wash.		98648		
FUNERAL DIRECTOR — SIGNATURE		REGISTRAR — SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR						
Anneth H. Larkin		D. Rosenback		MAR 8 1976						

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

Dachampaigne
Dachampaigne, M.D., M.P.H.
District Health Officer

SEAL MAR 8 1976

D. Rosenback
(Lerk)ge

BOOK 155 PAGE 670

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT