

FILED FOR RECORD
SKAMANIA CO, WASH
BY *Diana Christopher*

MAR 8 10 34 AM '96

P. Lowry
AUDITOR

124743

AFFIDAVIT OF HEIRSHIP GARY E. OLSON

BOOK 155 PAGE 900

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAMANIA)

DIANA K. CHRISTOPHER (a married woman, as her separate estate), being first duly sworn, on oath deposes and says:

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

PARCEL NO. 1:

The Southwest Quarter of the Northwest Quarter of the Northwest Quarter of Section 3, Township 3 North, Range 8 East of the Willamette Meridian, situated in Skamania County, Washington.

TOGETHER WITH the 1982 TAMAR 56/24 mobile home, VIN #IDA060053, WA License #009374, situated thereon.

PARCEL NO. 2:

See Exhibit A attached hereto and incorporated herein. Less land sold per deeds recorded.

PARCEL NO. 3:

A parcel of land located in the Northwest quarter of the southwest quarter of Section 21, Township 6 North, Range 8 East of the Willamette Meridian, Skamania County, Washington, described as follows:

Lot 1 of the DAVID VENES SHORT PLAT recorded in Book 3 of Short Plats on Page 154, Skamania County Records, a Re-plat of Lot 1 of the WAYNE LANNINGHAM SHORT PLAT as recorded in Book 1 of short Plats on page 74, Skamania County records.

17940

the REAL ESTATE EXCISE TAX

MAR 08 1996

PAID 22 Sept
of 1964
KANSAS COUNTY TREASURER

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed
Mailed

[illegible]

and concerning the personal property described in Exhibit B attached hereto and incorporated herein. The statements set forth in this Affidavit are representations of fact and may be relied upon by all parties dealing with the above-described real and personal property.

2. The real property described as Parcel No. 1 above was conveyed to my parents, Richard W. Christopher and Elda M. Christopher, husband and wife, by a Statutory Warranty Deed recorded on July 23, 1975 in Book 69, Page 258, records of Skamania County, Washington.

3. The real property described as Parcel No. 2 above was conveyed to my said parents as joint tenants as to an undivided one-half interest, and to Clarence E. Mershon and Colleen L. Mershon, husband and wife, joint tenants as to an undivided one-half interest. The conveyance was by a Statutory Warranty Deed recorded October 10, 1975 in Book 69, Page 806, records of Skamania County, Washington.

4. The real property described as Parcel No. 3 above is subject to a Deed of Trust recorded on August 25, 1971 in Book 145, Page 517, records of Skamania County, Washington, naming as beneficiaries Richard W. Christopher [sic], a widower, and Diana K. Christopher, a married person as her separate estate, joint tenants with rights of survivorship.

5. I am the only child of Richard W. Christopher and Elda M. Christopher, and neither of my said parents had any other children, natural or adopted, living or deceased.

6. My mother, Elda May Christopher, died on February 9, 1989, a resident of Skamania County, Washington. A certified copy of her Certificate of Death is attached hereto as Exhibit C and incorporated herein. On March 10, 1989, the Community Property Agreement of Richard W. Christopher & Elda M. Christopher was recorded in Book 113, Page 220, records of Skamania County, Washington. No other administration of the estate of Elda M. Christopher was conducted.

7. My father, Richard W. Christopher, died testate on February 7, 1996, a resident of Skamania County, Washington. A certified copy of his Certificate of Death is attached hereto as Exhibit D and incorporated herein.

8. A copy of my father's Last Will and Testament was filed with the Clerk of the Superior Court of Skamania County, Washington on March 7, 1996 under Cause No. 96-4-00005-1. That Will recites that I am the only child of Richard W. Christopher. That Will further provides that, if my mother fails to survive my father by thirty days, his property will pass to me. I am also named as the executor of the Will, in the alternative to my mother. I do not intend to conduct a probate of my father's estate.

9. Based on the foregoing, I allege that the interest of Richard W. Christopher and the interest of Elda M. Christopher, if any, in the real property described as Parcel No. 1 and Parcel No. 2 above, and all of the items of personal property set out in Exhibit B, are the property of myself, Diana Kay Christopher, a married woman as her separate estate. I further allege that the beneficial interest in the Deed of Trust of record as to Parcel No.

3 above is the property of myself, Diana K. Christopher, a married woman as her separate estate, as the joint tenant with right of survivorship of Richard W. Christopher.

Diana K. Christopher
Diana K. Christopher

SIGNED and sworn to before me this 7th day of March, 1996
by Diana K. Christopher.



Anita R. Smith
Name Anita R. Smith
NOTARY PUBLIC in and for
the State of Washington
My commission expires 7/10/99

Unofficial Copy

Transwestern Title Insurance Co

Name Mr. Clarence E. Hershon et al.
 Address 1220 N.E. 196th Street
 City and State Portland, Oregon 97230

REGISTERED
 INDEXED: DEL
 INDEXED: T
 RECORDED:
 COMPARED:

1/15/54 PROVIDED FOR RECORDS USE,
 COUNTY OF SKAGHANIA
 I HEREBY CERTIFY THAT THE WITHIN
 INSTRUMENT OF WRITING, FILED BY
R. J. Schumacher
 OF Transwestern Title
 AT 9:00 A.M. 10-10-75
 WAS RECORDED IN BOOK 68
 OF Sheet AT PAGE 904
 RECORDER OF SKAGHANIA COUNTY, WASH.
W. J. T. T. T.
 COUNTY AUDITOR
E. M. M.

Statutory Warranty Deed

81072

BOOK 755 PAGE 904

THE GRANTOR ROBERT C. MONROE and MARY ALICE MONROE, husband and wife; and
 KARL A. ARNDS, a married man
 for and in consideration of TWENTY FOUR THOUSAND AND NO/100 - - -

in hand paid, conveys and warrants to CLARENCE E. HERSHON and COLLEEN L. HERSHON, husband
 and wife as joint tenants, as to an undivided 1/2 interest; RICHARD W. CHRISTOPHER
 and ELIXA A. CHRISTOPHER, his wife, as joint tenants, as to an undivided 1/2 interest
 the following described real estate, situated in the County of SKAGHANIA
 Washington:

A tract of land located in the Northeast quarter of the Northwest quarter and
 in the Northwest quarter of the Northeast quarter of Section 8, Township 3 North,
 Range 8 East W.M., described as follows:

Beginning at the intersection of the centerline of County Road No. 2053,
 designated as the Bear Creek Road with the West line of the Northeast quarter
 of the Northwest quarter of the said Section 8, said point being approximately
 52 feet North of the Southwest corner of the Northeast quarter of the Northwest
 quarter of the said Section 8; thence in a Northeasterly direction following
 the centerline of said road to its intersection with the North line of the
 said Section 8, said point being approximately 210 feet East of the quarter
 corner on the North line of the said Section 8; thence West along the North
 line of the said Section 8 to the Northwest corner of the Northeast quarter
 of the Northwest quarter of the said Section 8; thence South to the point of
 beginning.

No. 3609

TRANSACTION EXCISE TAX

OCT 10 1975

Amount Paid \$240.00

By Robert C. Monroe

Skaghanian County Treasurer

Dated this 12th

September

, 19 75

Karl A. Arnds

Robert C. Monroe

Mary Alice Monroe

CALIFORNIA
 STATE OF WASHINGTON
 County of LOS ANGELES



On this day personally appeared Karl A. Arnds, Robert C. Monroe and Mary Alice Monroe
 to me known to be the individuals described in and who executed the within and foregoing instrument, and
 acknowledged that they signed the same as their free and voluntary act and deed, for the
 uses and purposes therein mentioned.

GIVEN under my hand and official seal this 10th day of October, 1975

OFFICIAL SEAL

Sarah L. Tuite
 Clerk Public for and for the State of Washington, C21-45PH
 residing at Los Angeles, California

EXHIBIT A

EXHIBIT B

Personal Property and other Property Interests

1. 1982 TAMAR 56/24 mobile home VIN #IDA060053, WA License #*009374.
2. 1978 G/TRK Chevrolet Luv Pickup, VIN #CLN1488268753, WA License #94880T.
3. 1992 Buick CEN4D, VIN #1G4AH54NON6451526, WA License 973FKR.
4. Lienholder's interest in 1986 Broadmore /14 mobile home, VIN #IDFL1AF381308828, WA License +45680 (Registered owners: Tony J. and Brandy J. Hollenberry).
5. Possible Beneficiary's interest in a Deed of Trust dated November 16, 1991 from Charlotte K. Crain, secured by Lot 1 of Christopher Short Plat, Recorded at Book 3, Page 202 of Short Plats, Skamania County, Washington. Instrument may have been unrecorded. Indebtedness was paid in full at time of death.

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

LOCAL FILE NUMBER

CERTIFICATE OF DEATH BOOK 755 PAGE 906

1 NAME - FIRST, MIDDLE, LAST ELDA MAY CHRISTOPHER		2 SEX F	3 DEATH DATE (Mo., Day, Yr.) 02-09-89	146	STATE FILE NUMBER
4 AGE LAST BIRTHDAY (Yrs.) 71	5 UNDER 1 YEAR MO. DAYS HOURS 05-27-17	6 UNDER 1 DAY HOURS MINS. 05-27-17	7 BIRTHDATE (Mo., Day, Yr.) 05-27-17	8 BIRTH STATE (if not in USA give country) OREGON	9 CITIZEN OF WHAT COUNTRY? USA
11 CITY, TOWN OR LOCATION OF DEATH CARSON, WASHINGTON			12 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EXAMING ROOM/PTN 4. HOSP. 5. IN NAT. HOME 6. OTHER PLACE MP 1.34L BEAR CREEK RD CARSON, WA		13 "SMOKING IN LAST 15 YEARS" (Yes/No) UNKNOWN
14 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) MARRIED		15 SURVIVING SPOUSE (if wife, give maiden name) RICHARD W. CHRISTOPHER		16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) NO	17 SOCIAL SECURITY NO. 646-18-3997
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) SECRETARY		19 KIND OF BUSINESS OR INDUSTRY CIVIL SERVICE		22 RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc. (Specify)) WHITE	
23 RESIDENCE - NUMBER AND STREET MP 1.34L BEAR CREEK ROAD		24 CITY/TOWN OR LOCATION CARSON	25 INSIDE CITY LIMITS? (Yes/No) NO	26 COUNTY SKAMANIA	27 STATE WASHINGTON
28 FATHER'S NAME - FIRST, MIDDLE, LAST GEORGE MERSHON		29 MOTHER'S NAME - FIRST, MIDDLE, MARRIED SURNAME LAURA WILSON		29 ZIP CODE 98610	
31 INFORMANT - NAME RICHARD W. CHRISTOPHER		32 MARRIAGE ADDRESS MP 1.34L BEAR CREEK ROAD CARSON WA 98610			
33 BURIAL, CREMATION, REINTERMENT, OTHER (Specify) BURIAL		34 DATE (Mo., Day, Yr.) 02-14-89	35 CEMETERY/CREMATORY - NAME Douglass Cemetery		
36 FISCAL DIRECTOR SIGNATURE <i>[Signature]</i>		37 NAME OF FACILITY BATEMAN CARROLL FUNERAL		38 ADDRESS OF FACILITY 520 W POWELL GRESHAM OR	
<p>TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN</p> <p>40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE, AS STATED X</p> <p>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, AS STATED <i>[Signature]</i></p>					
42 DATE SIGNED (Mo., Day, Yr.)		43 HOUR OF DEATH (24 Hrs.)		44 DATE SIGNED (Mo., Day, Yr.)	
45 NAME AND TITLE OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or Print)		46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)		47 PHONOUNCED DEAD (Mo., Day, Yr.)	
48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)		49 HOUR OF DEATH (24 Hrs.)		50 HOUR PHONOUNCED DEAD (24 Hrs.)	
51 IMMEDIATE CAUSE (Final disease or condition resulting in death, sequentially list conditions, if any, leading to immediate cause, either UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		52 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)	
54 ACC. SUICIDE, HO. UNDET. OR PENDING INVEST (Specify) Natural Causes		55 INJURY DATE (Mo., Day, Yr.)		56 HOUR OF INJURY (24 Hrs.)	
57 INJURY AT WORK? (Yes/No)		58 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)		59 DESCRIBE HOW INJURY OCCURRED	
60 LOCATION - STREET OR RFD NO., CITY/TOWN, STATE		61 REGISTRAR SIGNATURE <i>[Signature]</i>			
62 DATE RECEIVED (Mo., Day, Yr.) Feb. 14, 1989		63 DATE RECEIVED (Mo., Day, Yr.) Feb. 14, 1989			

EXHIBIT C

SOUTHWEST WASHINGTON HEALTH DISTRICT

Karen Steingart, M.D.

Karen R. Steingart, M.D.
District Health Officer

DSHS 6-641A (11/85)



CERTIFICATION OF VITAL RECORD

197198
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
136-
BOOK 155 PAGE 907

Local File Number

State File Number

1. DECEASED'S NAME First: Richard Middle: W Last: CHRISTOPHER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) February 7, 1996
4. SOCIAL SECURITY NUMBER 542-18-0460		5a. AGE-Last Birthday (Year) 80	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Minneapolis, MN		7. DATE OF BIRTH (Month, Day, Year) November 26, 1915	
8. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) Bishop Morris Care Center		11. CITY, T. W. N. OR LOCATION OF DEATH Portland	
12. COUNTY OF DEATH Multnomah		13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Electrician	
14. KIND OF BUSINESS/INDUSTRY Construction/Heavy Equipment		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
16. RESIDENCE - STATE Washington		17. COUNTY Skamania	
18. CITY, T. W. N. OR LOCATION Carson		19. STREET AND NUMBER 1341 Bearcreek Rd.	
20. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. ZIP CODE 98610	
22. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		23. RACE American Indian, Black, White, etc. (Specify) White	
24. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary Second (9-12) College (1-4 or 5+) 12		25. INFORMANT - NAME and relationship to deceased Diana Christopher--Daughter	
26. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Douglass Cemetery		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Troutdale, OR	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Paul Butcher		29. LICENSE NUMBER (Of Licensee) 3073	
30. DATE FILED (Month, Day, Year) FEB 12 1996		31. REGISTRAR'S SIGNATURE Gary L. Oxman	
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		33. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
34. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
35. TIME OF DEATH 10:00 A.M.		36. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) Richard Parker			
38. DATE SIGNED (Month, Day, Year) 2-8-96			
39. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Richard Parker, MD, 1130 NW 22 Ste 640 Portland, OR 97210			
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
41. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)			
(a) Metastatic colorectal carcinoma (Liver mets)		Interval between onset and death Weeks	
(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	
42. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Chronic renal failure (diagnosis)			
43. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal intervention <input type="checkbox"/> Other		44. DATE OF INJURY (Month, Day, Year)	
45. TIME OF INJURY M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		46. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
47. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		48. DESCRIBE HOW INJURY OCCURRED	
49. LOCATION (Street and Number or Rural Route Number, City or Town, State)		50. AUTOPTIC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
51. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		52. RESERV. FOR REGISTRAR'S USE	

EXHIBIT D

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED:

FEB 12 1996

GARY L. OXMAN, M.D.
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

