

130873

Return Address:

Deanna Nading
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BOOK 174 PAGE 528

FILED FOR RECORD
SKAMANIA CO. WASH
BY Deanna Nading
MAR 18 4 19 PM '98
AUDITOR
GARY M. OLSON

Please Print or Type Information.

| | |
|---|--|
| Document Title(s) or transactions contained therein: 1. Declaration of Heirship 2. Death Certificate 3. 4. | |
| GRANTOR(S) (Last name, first, then first name and initials) 1. Nading, Deanna 2. Nading, Clifford 3. 4. <input type="checkbox"/> Additional Names on page _____ of document. | Gary H. Martin, Skamania County Assessor Date 3/18/1998 Parcel # 3-8-17-4-3100 Lot 24 |
| GRANTEE(S) (Last name, first, then first name and initials) 1. The Public 2. Nading, Deanna 3. 4. <input type="checkbox"/> Additional Names on page _____ of document. | REAL ESTATE EXCISE TAX 19380 MAR 19 1998 PAID <u>Exempt</u> W. J. NIXON, Deputy SKAMANIA COUNTY TREASURER |
| LEGAL DESCRIPTION (Abbreviated, i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) Lot 24 Carson Valley Park <input type="checkbox"/> Complete legal on page 3 of document. | |
| REFERENCE NUMBER(S) Of Documents assigned or released: <input type="checkbox"/> Additional numbers on page _____ of document. | |
| ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER <input type="checkbox"/> Property Tax Parcel ID is not yet assigned. <input type="checkbox"/> Additional parcel #'s on page _____ of document. | |
| The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information. | |

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON)
County of Skamania)

I, Deanna, Jeff, & Marlene Nading, residing at Carson

Washington, first being duly sworn, depose and say that:

1. Clifford Lane Nading died testate in Carson

Washington _____ on _____ Nov. 23 _____, 19 93 _____

[illegible]

XX

[illegible]

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Clifford Lane Nading are _____

~~Deanna, Jeff, & Marlene Nading~~

The deceased, Clifford Lane Nading, 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 Clifford
Lane Nading 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 Skamania County, Washington, located at 11 Alpine Rd.
Carson, Washington, and described as 03-08-17-4-0-3100-00

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 30th day of SEPTEMBER, 1996

BY: Det. J. P. [Signature] **NOTARY** 5/10/10

SUBSCRIBED and SWORN TO before me 30th day of SEPT, 1941

SUBSCRIBED and SWORN
Deanna G. Nading
Marlene Nading Touchan
off nodm

Debi J. Barnum DEBI J. BARNUM
 NOTARY PUBLIC FOR WASHINGTON
 My Commission Expires: MAY 16, 1998

| STATE OF WASHINGTON DEPARTMENT OF HEALTH | | | | | | | | | | | | | | |
|---|--|--|--|---|---|---|--|--|---|---|---|--|--|--|
| LOCAL FILE NUMBER | | | | | CERTIFICATE OF DEATH | | | | | STATE FILE NUMBER | | | | |
| 1. NAME First Middle Last Clifford Lane NADING | | | | | 2. SEX (M / F) Male | | 3. DEATH DATE (Mo, Day, Yr) November 23 1993 | | | | | | | |
| 4. AGE LAST BIRTH DAY (Yr) 40 | | 5. UNDER 1 YEAR MoS DAYS HOURS 40 | | 6. UNDER 1 DAY MoS DAYS HOURS 40 | | 7. BIRTH DATE (Mo, Day, Yr) Dec 13 1952 | | 8. BIRTH PLACE (City, State or Foreign Country) Carlsbad NM | | 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No | | 10. COUNTY OF DEATH Skamania | | |
| 11. CITY, TOWN OR LOCATION OF DEATH Carson | | | | | 12. PLACE OF DEATH—BE BOX # OR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME MP 1.35 Metzger | | | | | 13. BACKING IN LAST 15 YEARS? (Yes / No) No | | | | |
| 14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married | | | 15. SPOUSE (If wife, give maiden name) Deanna Wehner | | | 16. SOCIAL SECURITY NO. 568 80 8945 | | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) Postgraduate (17-24) 12 | | | | | | |
| 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Laborer | | | 19. KIND OF BUSINESS OR INDUSTRY Labor Union | | | 20. Was decedent of Hispanic origin or descent? (Ancestry) (Specify Yes / No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: Am Ind/White | | | 21. RACE (Specify) Am Ind/White | | | | | |
| 22. RESIDENCE—NUMBER AND STREET MP 1.35 Metzger Rd | | | 23. CITY/TOWN OR LOCATION Carson | | 24. INSIDE CITY LIMITS? (Yes / No) No | | 25. COUNTY Skamania | | 26. LENGTH OF RES. IN CO. 9 yrs | | 27. ZIP CODE Washington 98610 | | | |
| 28. FATHER'S NAME—FIRST, MIDDLE, LAST Virgil -Nading | | | | | 29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Evelyn - Buner | | | | | 30. ADDRESS OF FACILITY POB 390 WHITE SALMON WA 98672 | | | | |
| 31. MAILING ADDRESS POB 688 Carson WA 98610 | | | | | 32. BIRTH DATE (Mo, Day, Yr) Nov 27 1993 | | | 33. CEMETERY/CREMATORY—NAME Wind River Cemetery | | | 34. LOCATION—CITY/TOWN, STATE Carson WA | | | |
| 35. FUNERAL DIRECTOR'S SIGNATURE <i>R. K. Leick</i> | | | | | 36. NAME OF FACILITY GARDNER FUNERAL HOME, INC | | | 37. ADDRESS OF FACILITY POB 390 WHITE SALMON WA 98672 | | | | | | |
| 38. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>R. K. Leick</i> Coroner | | | | | | | | | | 39. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>R. K. Leick</i> Coroner | | | | |
| 40. DATE SIGNED (Mo, Day, Yr) December 6, 1993 | | | | | 41. HOUR OF DEATH (24 Hrs.) Between 0830 and 1228 | | | | | 42. HOUR OF DEATH (24 Hrs.) Between 0830 and 1228 | | | | |
| 43. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA | | | | | 44. HOUR OF DEATH (24 Hrs.) Between 0830 and 1228 | | | | | 45. HOUR OF DEATH (24 Hrs.) Between 0830 and 1228 | | | | |
| 46. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) ASPHYXIATION BY INHALATION OF AUTO EXHAUST AND CARBON MONOXIDE | | | | | | | | | | 47. MECHANISM OF DEATH Underdetermined | | | | |
| 48. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEAVY FALL, ETC. LIST ONLY ONE CAUSE ON EACH LINE. Signatures only last conditions. If any, leading to immediate cause. Enter underlying cause (Disease or injury which initiated events resulting in death) LAST. | | | | | | | | | | 49. INTERVAL BETWEEN ONSET AND DEATH Underdetermined | | | | |
| 50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Given Above) | | | | | | | | | | 51. INTERVAL BETWEEN ONSET AND DEATH Underdetermined | | | | |
| 52. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) UNDETERMINED | | | | | 53. INJURY DATE (Mo, Day, Yr) 11/23/93 | | | | | 54. HOUR OF INJURY (24 Hrs.) Between 0830 & 1228 | | | | |
| 55. INJURY AT WORK? (Yes / No) No | | | | | 56. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, ETC. (Specify) Res. @ MP 1.35 Metzger, Carson, WA 98610 | | | | | 57. DESCRIBE HOW INJURY OCCURRED Enclosed garage w/vehicle (jeep) running/exhaust fumes | | | | |
| 58. RECORD AMENDMENT (Regular use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE <i>[Signature]</i> | | | | | 59. DATE RECEIVED (Mo, Day, Yr) Dec 07, 1993 | | | | | 60. SIGNATURE OF PHYSICIAN <i>[Signature]</i> | | | | |

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-150)

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LEGAL DESCRIPTION

LOT 24, CARSON VALLEY PARK ACCORDING TO THE RECORDED PLAT THEREOF
RECORDED IN BOOK "A" OF PLATS, PAGE 148 IN THE COUNTY OF
SKAMANIA, STATE OF WASHINGTON.