

BOOK 192 PAGE 70

135922

FILED 1-16-99
SKAMANIA COUNTY
F.Y. Kielpinski

AUG 4 2 59 PM '99
ANNUAL

GARY H. OLSON

REAL ESTATE EXCISE TAX
20339

AFTER RECORDING MAIL TO:

Kielpinski & Woodrich
P.O. Box 510
Stevenson WA 98648
(509) 427-5665

AUG 4 1999
PAID Exempt
an

SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained therein:

Affidavit of Heirship

RECEIVED
RECORDED
INDEXED
FILED
SEARCHED
SERIALIZED
INDEXED
FILED

Grantor(s): [Last name first, then first name and initials]

Klima, Marjorie Louise

Grantee(s): [Last name first, then first name and initials]

Klima, Edward F.

Abbreviated Legal Description: [i.e., lot/block/plat or
sec/twp/range/1/4]

Lot 3, Section 27, Township 2 North, Range 6

Reference Number(s) of Documents Assigned or Released:
[Bk/Pg/Aud#]

Book 3, pages 95 and 96

Assessor's Property Tax Parcel/Account Number(s):

2-6-27-4-105 *ND 4/99*

**AFFIDAVIT OF HEIRSHIP
REGARDING
MARJORIE LOUISE KLIMA**

I, EDWARD F. KLIMA, being first duly sworn, on oath, deposes and says:

1. I am the husband of MARJORIE LOUISE KLIMA, whose Social Security Number is 562-40-3039, who died on May 15, 1995, being at the time of her death a resident of the County of Skamania, State of Washington, her residence being located at 92 High Point Rd., Stevenson, Washington 98648.
2. MARJORIE LOUISE KLIMA died intestate, a resident of Skamania County, Washington leaving property in Skamania County, Washington, subject to probate. No will has been found.
3. At the date of her death, MARJORIE LOUISE KLIMA was survived by her husband, EDWARD F. KLIMA, whom is of legal age. Decedent had two children of a previous marriage namely, DARCY PRICE and SHANNON VIDAUARETTA. There are no other legal heirs of said MARJORIE LOUISE KLIMA, living or deceased.
4. Under the law of Descent and Distribution, RCW 11.04.015 (a), all community assets owned by MARJORIE LOUISE KLIMA, become the property of her husband EDWARD F. KLIMA.
5. The estate of MARJORIE LOUISE KLIMA, included the following described assets, to-wit:

(a) Real property located in Skamania County, Washington, more particularly described as follows:

Lot 3, LANDERHOLM SHORT PLAT, according to the Plat thereof, recorded in Book 3, Pages 95 and 96, Skamania County Short Plat Records, being a portion of the North half of the Southeast quarter of Section 27, Township 2 North, Range 6 East of the Willamette Meridian.

Gary H. Martin, Skamania County Assessor

Date 8/4/77 Parcel # 22 06 27 4 00105 00

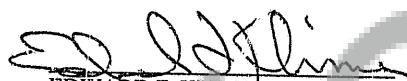
All of which is the property of said EDWARD F. KLIMA under the law of descent and distribution, RCW 11.04.015.

6. EDWARD F. KLIMA has no intention of probating said Estate; there exist an absence of unpaid creditor's claims, all known claims of the decedent, including expenses of last illness and funeral, having been heretofore paid or provided for; the property of the decedent being easily identifiable and all of the persons interested therein having agreed as to the distribution of the same; and, the personal property owned by the Decedent, including items of personal and sentimental value, having been given to her husband and others prior to her death.
7. More than forty (40) days have elapsed since the date of death of the decedent MARJORIE LOUISE KLIMA. No application or petition for appointment of a Personal Representative is pending or has been granted in any jurisdiction, it being the intent of the heir of the decedent not to probate said estate by reason of the circumstances enumerated in the preceding paragraph.
8. There is no federal inheritance tax payable on this estate as said estate is within the amount provided for exemptions providing for payment of inheritance tax payable on this Estate.
9. This Affidavit is made for the purpose of inducing third persons to rely on the contents herein and the representations made relative to the no-probate estate of said MARJORIE LOUISE KLIMA, Deceased. Affiant and each of the signatories hereto covenant to indemnify

BOOK 192 PAGE 73

and hold harmless anyone relying upon these representations against a contrary state of fact.

10. At the date of this Affidavit, affiant's legal address is shown beneath her signature.

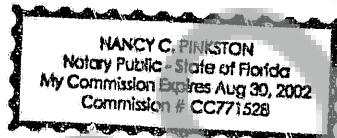


EDWARD F. KLIMA

STATE OF FLORIDA)
COUNTY OF MARTIN) ss.
)

I certify that I know or have satisfactory evidence that EDWARD F. KLIMA signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated this July 27, 1999, 1999.



Nancy C. Pinkston
NOTARY PUBLIC in and for
the State of FLORIDA
My commission expires 8-30-2002

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health
CERTIFICATE OF DEATH

BOOK 146 PAGE 114

14	LOCAL FILE NUMBER	STATE FILE NUMBER		
1. NAME Marjorie Louise KLIMA		2. SEX (M / F) F	3. DEATH DATE (Mo. Day, Yr) May 15, 1995	
4. AGE LAST BIRTH 61	5. UNDER 1 YEAR MOS DAYS HOURS 08/29/33	6. UNDER 1 DAY MINS	7. BIRTHDATE (Mo. Day Yr)	8. BIRTHPLACE (City, State or Foreign Country) Struthers, OH
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/No) NO		10. COUNTY OF DEATH Skamania		
11. CITY, TOWN OR LOCATION OF DEATH Skamania		12. PLACE OF DEATH (Check box or place then give address or institution name) X 1 HOME 2 IN TRANSIT 3 IN ERG 4 OUT PAT 5 HOSP 6 MURKIN 7 OTHER PLACE 92 High Point Road		
13. SMOKING (at LAST 15 YEARS) (Yes / No) yes				
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (4 wife, give maiden name) Dr. Edward Klima		
16. SOCIAL SECURITY NO 562-40-3039		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary, Secondary (H.S.) College (3-4 or 5+)		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Beautician/Homemaker		19. KIND OF BUSINESS OR INDUSTRY Own Home		
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify		21. RACE (Specify) White		
22. RESIDENCE—NUMBER AND STREET 92 High Point Road		23. CITY/TOWN, OR LOCATION Skamania	24. INSIDE CITY LIMITED (Y/N) No	25A. COUNTY Skamania
			25B. LENGTH OF RES IN CO 2yrs	26. STATE WA
			27. ZIP CODE 98648	
28. FATHER'S NAME—FIRST, MIDDLE, LAST William Shanley Caldwell		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Margaret Anna Mathey		
30. INFORMANT NAME Dr. Edward Klima		31. MAILING ADDRESS 92 High Point Road		
32. BURIAL/CREMATION Cremation		33. DATE (Mo. Day, Yr) 0517/95		
34. CEMETERY/CREMATORIUM NAME Park Hill Crematory		35. LOCATION—CITY/TOWN, STATE Vancouver, WA		
36. FURNISH DIRECTOR SIGNATURE X John R. Rastall		37. NAME OF FACILITY Affordable Cremation Service		
38. ADDRESS OF FACILITY 3205 S.E. 39th Avenue/Portland, OR 97202		39. CORONER FILE NUMBER 98664		
TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
40. 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 X John R. Rastall		41. HOUR OF DEATH (24 Hrs) 2010		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) John R. Rastall, MD, 700 N.E. 87th Avenue, Vancouver, WA 98664		43. ON THE BASIS OF EXAMINATIONS 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 X		
44. DATE SIGNED (Mo. Day, Yr) 5/17/95		45. HOUR OF DEATH (24 Hrs)		
46. PRONOUNCED DEAD (Mo. Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)		
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)		49. MEDICAL EXAMINER OR CORONER FILE NUMBER 98664		
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
51. IMMEDIATE CAUSE (Final disease or condition causing death) DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (the cause or injury which initiated events resulting in death) LAST.		52. DUE TO, OR AS A CONSEQUENCE OF: A. cirrhosis, Jaundice B. DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. DUE TO, OR AS A CONSEQUENCE OF:		
53. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:		54. AUTOPSY? (Yes / No) No		
55. INJURY DATE (Mo. Day, Yr)		56. HOUR OF INJURY (Mo. Day, Yr) 24 hrs		
57. INJURY AT WORK? (Yes / No)		58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		
59. RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY EVIDENCE		60. REVIEWED BY	61. REGISTERED INVESTIGATOR	62. DATE RECEIVED (Mo. Day, Yr) MAY 17 1995
FOR INSTRUCTIONS SEE BACK AND HANDBOOK				
THIS IS A CERTIFIED COPY OF THE RECORDS ON FILE AT THE DIVISION OF MEDICAL EXAMINERS FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.				