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FILED
SEAL
FY Kielpinski

AUG 4 2 59 PM '99

AMUSE
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 - 2 1999

PAID *Exempt*

SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained therein:

Affidavit of Heirship

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/4/4]

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

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

Book 3, pages 95 and 96

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

2-6-27-4-105 *204-99*

**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 VIDAUAARETTA. 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 8-4-99 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

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

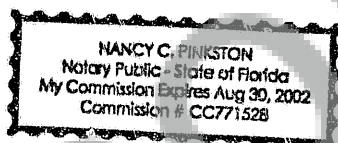
10. At the date of this Affidavit, affiant's legal address is shown beneath her signature.

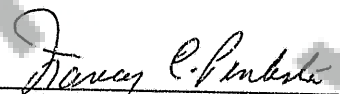

EDWARD F. KLIMA

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.




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									
LOCAL FILE NUMBER 14									
STATE FILE NUMBER BOYK 162-84474									
1. NAME First Middle Last Marjorie Louise KLIMA			2. SEX (M / F) F		3. DEATH DATE (Mo., Day, Yr.) May 15, 1995				
4. AGE LAST BIRTH DAY (Yrs) 61		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY MOS HOURS MINS		7. BIRTHDATE (Mo., Day, Yr.) 08/29/33		8. BIRTHPLACE (City, State or Foreign Country) Struthers, OH	
9. WAS DECEDENT 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 (DO BOX FOR PLACE, THEN GIVE ADDRESS OR INSTITUTION NAME) 92 High Point Road				13. SMOKING IN LAST 15 YEARS? (Yes/No) yes	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Dr. Edward Klima			16. SOCIAL SECURITY NO. 562-40-3039		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (13-16 or 17)		
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 LIMITS? (Yes/No) Yes		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		CITY OR TOWN Skamania		STATE WA		ZIP 98648
32. BURIAL/CREMATION Removal, Other (Specify) Cremation		33. DATE (Mo., Day, Yr.) 05/17/95		34. CEMETERY/CREMATORIUM—NAME Park Hill Crematory			35. LOCATION—CITY/TOWN, STATE Vancouver, WA		
36. FUNERAL DIRECTOR SIGNATURE X [Signature]		37. NAME OF FACILITY Affordable Cremation Service			38. ADDRESS OF FACILITY 3205 S.E. 39th Avenue/Portland, OR 97202				
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN					TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
39. 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 [Signature] 40. DATE SIGNED (Mo., Day, Yr.) 5/17/95					43. 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 X [Signature] 44. DATE SIGNED (Mo., Day, Yr.) 5/17/95				
41. HOUR OF DEATH (24 Hrs.) 2010					45. 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					46. PRONOUNCED DEAD (Mo., Day, Yr.) 47. HOUR PRONOUNCED DEAD (24 Hrs.) 48. MEDICORNER FILE NUMBER				
49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) John R. Rastall, MD, 700 N.E. 87th Avenue, Vancouver, WA 98664									
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:									
IMMEDIATE CAUSE (Final disease or condition resulting in death) A. cirrhosis, Jaundice 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 one or injury which initiated events resulting in death) LAST. B. DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. DUE TO, OR AS A CONSEQUENCE OF: 51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: 52. AUTOPSY? (Yes/No) No 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes									
54. A.D. SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr.)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED			
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION—STREET OR RD NO., CITY/TOWN, STATE					
61. RECORD AMENDMENT (Registrar use only) ITEM DOCKET REVIEWED BY DATE		62. REGISTRAR SIGNATURE X [Signature]		63. DATE RECEIVED (Mo., Day, Yr.) MAY 17 1995					

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-006 (Rev 7/91) (formerly DSHS 9-150) DOH 01-003 (5/92)

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