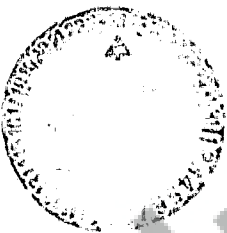


AFFIDAVIT OF SURVIVING SPOUSE
AS TO COMMUNITY PROPERTY

BESSIE J. WOODMANSEE, being first duly sworn on oath, deposes and states that she is the surviving spouse of Wayne Woodmansee who died intestate on the 29th day of July, 1976, in Portland, Oregon, as indicated by the attached certified copy of death certificate and that prior to his death we resided together at 1839 S.E. Exeter Drive, Portland, Oregon, and that no children or grandchildren survived him and that the only real property in the State of Washington that he had an interest in was one parcel in Skamania County, Washington, described as follows:



All that portion of the Southeast Quarter of the Southeast Quarter of Section 26, T4 North, Range 7 E.W.M., lying northeasterly of the center of the channel of Wind River; save and except that portion thereof lying North and East of the road crossing the above described property and known as Wind River Road.

in which we owned an undivided one-half interest as joint tenants with right of survivorship and not as tenants in common and that the value of our undivided one-half interest in the above property is \$2,500.00 and there is no inheritance tax due the State of Washington and there has not been a probate filed in the State of Oregon or any other state nor is one anticipated that there were no debts owing as of the date of his death and that the expenses of his last illness were covered by the Kaiser Medical Plan and all of the funeral expenses have been paid.

BESSIE J. WOODMANSEE

SUBSCRIBED and SWORN to before me this 28th day of

September 1976.

Notary Public in and for the State of Washington, residing at Vancouver.

3876

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

76-011934

CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED - NAME Wayne		2. DATE OF DEATH (month, day, year) July 29, 1976	
3. RACE (White, Negro, American Indian, etc.) White		4. SEX Male	
5. COUNTY OF DEATH Multnomah		6. CITY, TOWN, OR LOCATION OF DEATH Portland	
7. STATE OF BIRTH Indiana		8. DATE OF BIRTH (month, day, year) October 10, 1902	
9. SOCIAL SECURITY NUMBER 542-38-6445 A		10. HOSPITAL OR OTHER INSTITUTION - NAME Bess Woodmansee	
11. RESIDENCE - STATE Oregon		12. CITY, TOWN, OR LOCATION Portland	
13. COUNTY Clackamas		14. STREET AND NUMBER OF RES. 1575 S. E. Foster Drive	
15. FATHER (if known) Franklin Woodmansee		16. MOTHER (if known) Jenny Strube	
17. SPOUSE (if known) Bess Woodmansee-Wife		18. INFORMANT (Name, address, and relationship to deceased) Mrs. Bess Woodmansee-Wife	
PART I. DEATH (CAUSE CAUSED BY) (ENTER ONLY ONE CAUSE FOR LINE 100)			
1. Immediate Cause Intracerebral hemorrhage 2. Intermediate Cause Hypertension 3. Remote Cause Atherosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS			
1. ACCIDENT 2. DATE OF INJURY 3. HOUR 4. WHEN INJURY OCCURRED 5. INJURY AT WORK 6. PLACE OF INJURY 7. LOCATION 8. CERTIFICATION 9. PRESENTING PHYSICIAN 10. MAILING ADDRESS - PHYSICIAN 11. CLINICAL INFORMATION 12. FUNERAL DIRECTOR 13. DATE RECEIVED BY LOCAL REGISTRAR 14. DATE RECEIVED BY STATE REGISTRAR			

DATE ISSUED AUGUST 27 1976

STATE OF OREGON, COUNTY OF MULTNOMAH

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR



NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION