

12327

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

118848

CERTIFICATE OF DEATH

146-8 BOOK 144 PAGE 728

1 NAME FIRST MIDDLE LAST Alice Marion KITE		2 SEX female		3 DEATH DATE MO DAY YR Dec. 12, 1983		4 COUNTY OF DEATH Clark	
5 RACE WHITE BLACK AM IN AD 3 AGE LAST BIRTH DAY (YR) white 70		6 INTERVIEW YEAR 1983		7 DATE MO DAY YR Jan. 23, 1913		8 STATE FILE NUMBER 146-8	
9 CITY TOWN OR LOCATION OF DEATH Vancouver		10 PLACE OF DEATH Clark		11 PLACE OF DEATH Clark		12 RECEIVED EMERGENCY CARE no	
13 CITY TOWN OR LOCATION OF DEATH Vancouver		14 PLACE OF DEATH Clark		15 PLACE OF DEATH Clark		16 RECEIVED EMERGENCY CARE no	
17 SOCIAL SECURITY NO [REDACTED]		18 MARRIED NEVER MARRIED married		19 MARRIED NEVER MARRIED married		20 RECEIVED EMERGENCY CARE no	
21 USUAL OCCUPATION medical record librarian		22 USUAL OCCUPATION medical record librarian		23 USUAL OCCUPATION medical record librarian		24 RECEIVED EMERGENCY CARE no	
25 CITY TOWN OR LOCATION Skamania		26 CITY TOWN OR LOCATION Skamania		27 CITY TOWN OR LOCATION Skamania		28 RECEIVED EMERGENCY CARE no	
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93 CITY TOWN OR LOCATION Skamania		94 CITY TOWN OR LOCATION Skamania		95 CITY TOWN OR LOCATION Skamania		96 RECEIVED EMERGENCY CARE no	
97 CITY TOWN OR LOCATION Skamania		98 CITY TOWN OR LOCATION Skamania		99 CITY TOWN OR LOCATION Skamania		100 RECEIVED EMERGENCY CARE no	

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Ira Kite*

MAR 4 2 55 PM '94

AUDITOR
GARY M. OLSON

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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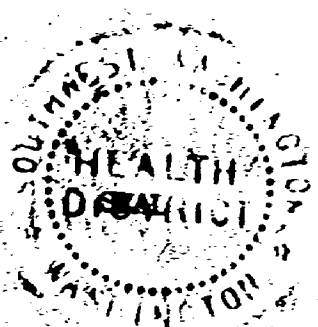
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Glenda J. Kimmel, Skamania County Assessor
By *[Signature]* Parcel # 02 06 38 14 0500 00
34-94

THIS IS TO CERTIFY that the foregoing is a true copy (Photographic) of a record of 16457
file with the Southwest Washington Health District, Vancouver, WA



DEC 16 1983

RICHARD W. BILLS, M.D.
District Health Officer

REAL ESTATE EXCISE TAX

MAR 04 1994

PAID *[Signature]*

SKAMANIA COUNTY TREASURER

By *[Signature]*

LAST WILL AND TESTAMENT

OF

BOOK 141 PAGE 729

ALICE M. KITE

I, ALICE M. KITE, a resident of the County of Skamania, State of Washington, being of sound and disposing mind and memory, and acting herein free of the duress, fraud, or undue influence of any person whomsoever, do make, publish and declare this to be my LAST WILL AND TESTAMENT, hereby revoking any and all other Wills by me heretofore made.

W I T N E S S E T H :

I

I direct that my personal representative pay my just debts and obligations as soon as practicable following my death.

II

My husband is IRA R. KITE, and I have three children, namely, LOUISE M. KITE, CHARLES A. KITE and RICHARD M. KITE. There are no issue of deceased children.

III

My husband and I are parties to a Community Property Agreement as provided by the statutes of the State of Washington. I intend that said Community Property Agreement shall be fully effective, but if such agreement shall be insufficient for any reason to transfer my entire estate to my husband, then I do hereby devise and bequeath unto my husband, IRA R. KITE, all of my estate and property of whatsoever nature and wheresoever situated, such devise and bequest being contingent solely upon his surviving me. My husband is executing his Last Will and Testament this date containing similar provisions as herein provided, but it is fully understood that our said Wills are not executed pursuant to a binding agreement, and either of us shall be fully free to revoke or amend our Wills in any particular, either before or after the death of either of us.

REAL ESTATE EXCISE TAX

Alice M. Kite

MILLER & LAHMANN
ATTORNEYS AT LAW
339 N. E. 5TH AVE.

CANAS, WASHINGTON 99007

AREA CODE 509 - TELEPHONE 334-2886

PAID

MAR 04 1994

016457

SKAMANIA COUNTY

00 0250 00 / 4 0500 00
Skamania County Assessor
Parcel # 2063474
24-74

In the event my husband shall fail to survive me, then I devise and bequeath my entire estate and property of whatsoever nature and wheresoever situated unto my children as above named and identified, in equal shares, or unto the issue of any of them that may fail to survive me by representation.

V

I nominate my husband, IRA R. KITE, as the executor of this my Last Will and Testament if an administration is required if he survives me. If my husband shall not serve for any reason, shall decline or cease to serve, then I nominate the said CHARLES A. KITE as my executor. I waive the requirement of bond for my personal representatives as herein named and direct that to the extent permitted by law my estate shall be administered and distributed pursuant to this Will without the intervention of the court as provided by the statutes of the State of Washington. I grant to my said personal representatives full authority to sell or otherwise liquidate all or any portion of my estate as may be deemed advisable to effect the settlement and distribution of the same as herein provided, and further grant to my said personal representatives full authority to distribute my personal possessions and effects among the beneficiaries named herein.

IN WITNESS WHEREOF, I have hereunto set my hand and published and declared this my LAST WILL AND TESTAMENT, on this 3rd day of October, 1979, in the presence of the undersigned persons whom I have requested to act as witnesses hereto.

Alice M. Kite
Alice M. Kite

The foregoing instrument, consisting of three pages, including the following one, was at the date thereof by ALICE M. KITE, the

Page 3

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testatrix named herein, signed, sealed and published as and declared by her to be her LAST WILL AND TESTAMENT, in the presence of us, who at her request and in her presence, and in the presence of each other, and who being of sound and disposing mind and memory, and was not acting under the duress, fraud, or undue influence of any person, have subscribed our names as witnesses thereto.

Robert J. [Signature]
Residing at Washougal, Washington

Phyllis M. [Signature]
Residing at Washougal, Washington

Alvin M. Kitz