

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY *William K. Lacey*

OCT 14 2 51 PM '94  
*P. Shony*  
AUDITOR  
GARY M. OLSON

AFFIDAVIT OF HEIRSHIP

STATE OF OREGON )  
COUNTY OF BENTON ) SS.  
**120828**

BOOK 146 PAGE 465

IRENE B. HUFFORD, being first duly sworn, deposes and says:

That affiant is the lawful surviving spouse of SAM G. HUFFORD, also known as SAMSON GRAHAM HUFFORD, who died on February 12, 1993, at County of ~~Multnomah~~, State of Oregon. A copy of the death certificate is attached.  
*Washington JBA*

That affiant has herein below identified each and all of the heirs at law of decedent, including but not limited to his children, adopted children, and the issue of any predeceased child or adopted child.

That the heirs at law of decedent are (list all of the heirs at law):

FULL NAME:	AGE:	RELATIONSHIP TO DECEDENT:
1. SUSAN H. POOLE <i>Hufford</i>	adult	Daughter
2. NANCY JOANNA HUFFORD	adult	Daughter

That affiant knows of her own knowledge, and so states, that each and all of the obligations against the estate of said decedent (including, but not limited to: all debts of the decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable have been paid in full, except as follows: none.

Affiant states that the total value of the decedent's estate at date of death, including all real and personal property and community property of decedent and decedent's surviving spouse was approximately \$ 1,200,000. including real property located in Skamania County, Washington, legally described as follows: See Exhibit "A" attached and incorporated herein by this reference.

Affiant further states that decedent left a will leaving all of his estate to affiant as the surviving spouse, and that decedent's estate is not being probated. That State and/or Federal succession or inheritance taxes are not payable.

That this affidavit is made for the purpose of removing decedent's name from title

Registered ☒  
Indexed, Dir ☒  
Indirect ☒  
Filed ☐  
Mailed ☐

Gloria J. Kimmel, Skamania County Assessor  
By: *UL* Parcel # 2-6-26-4-2300  
2-6-35-101

to said real property.

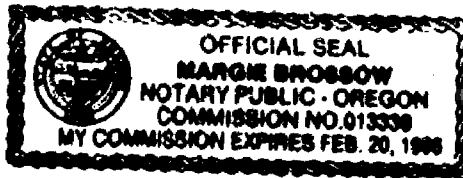
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DATED Sept. 21, 1994

Irene B. Hufford  
IRENE B. HUFFORD, AFFIANT  
122 E. 37th Street  
Vancouver, WA 98663

SUBSCRIBED and SWORN TO before me this 21 day of Sept. 1994, by IRENE B. HUFFORD.

Margie Brossow  
NOTARY PUBLIC FOR OREGON  
Residing at Benton County  
My commission expires: FEBRUARY 20, 1996



16977  
REAL ESTATE EXCISE TAX

OCT 14 1994  
PAID exempt  
221  
SKAMANIA COUNTY TREASURER

EXHIBIT "A"

## Parcel No. 1:

All of the Northeast quarter of Section 35, Township 2 North, Range 6 East of the Willamette Meridian which lies north of the Spokane, Portland and Seattle Railway Company's right of way as the same is marked and established across said land; EXCEPT those portions thereof heretofore conveyed.

## Parcel No. 2:

The Southwest quarter of the Southeast quarter of Section 26, Township 2 North, Range 6 East of the Willamette Meridian; EXCEPT those portions thereof heretofore conveyed.

## Parcel No.3:

A tract of land in the Southeast Quarter of the Southeast Quarter of Section 26, Township 2 North, Range 6 East of the Willamette Meridian, more particularly described as follows:

Beginning at a point 68.5 feet, more or less, North of the Southeast corner of the Southwest Quarter of the Southeast Quarter of said Section 26, said point being on the Northerly right of way line of State Road No. 14, as presently constructed and located; thence North along the East line on the Southwest Quarter of the Southeast Quarter of said Section 26, a distance of 300 feet, more or less; thence East 30 feet; thence South parallel with the East line on the Southwest Quarter of the Southeast Quarter of said Section 26, a distance of 286.4 feet; thence East 50 feet; thence South 30 feet; thence East 311.5 feet; thence in a Southeasterly direction 400 feet, more or less, to the North line of State Road No. 14, as presently constructed and located; thence in a Southwesterly direction along the North line of State Road No. 14, to the Point of Beginning.

SUBJECT TO the Rights of the Public in and to that portion lying within State Highway and Road.

SUBJECT TO an Easement for Utilities including the terms and provisions thereof recorded February 20, 1941 in Auditor's File No. 29931.

SUBJECT TO an Easement for Electric Power Lines including the terms and provisions thereof recorded July 6, 1942 in Book 29, Page 169.

CERTIFICATE OF VITAL RECORD

OREGON HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS

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131939  
10. TAG NO.

322

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

93-003718

State File Number

1. DECEASED'S NAME Last: <b>Sanson</b> Middle: <b>Graham</b> First: <b>HUFFORD</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>February 12, 1993</b>
4. SPECIAL INQUIRY NUMBER (If any, last 4 digits) <b>77</b>	5. UNDER 1 YEAR Weeks: <b>77</b> Days: <b>0</b>	6. UNDER 1 YEAR Weeks: <b>0</b> Days: <b>0</b>	7. PLACE OF DEATH (City and State or Foreign) <b>Portland, Oregon</b>
8. DATE OF BIRTH (Month, Day, Year) <b>February 4, 1916</b>			
9. PLACE OF BIRTH (City and State or Foreign) <b>Portland, Oregon</b>			
10. MARRIAGE STATUS (Married, Single, Widowed, Divorced, Separated) <b>Married</b>			
11. NAME OF SPOUSE (Last, First, Middle) <b>Irene</b>			
12. ADDRESS AND NUMBER <b>9885 S.W. Regal Drive</b>			
13. CITY, TOWN, OR LOCATION OF DEATH <b>Portland</b>			
14. COUNTY OF DEATH <b>Washington</b>			
15. DECEASED'S USUAL OCCUPATION (During last 12 months) <b>Executive Vice-President</b>			
16. NAME OF EMPLOYER (During last 12 months) <b>MS Medical Foundation</b>			
17. METHOD OF DEATH (Natural, Accidental, Suicide, Homicide, Unknown) <b>Natural</b>			
18. PLACE OF DEATH (City and State or Foreign) <b>Portland, Oregon</b>			
19. SIGNATURE OF DECEASED (If known) <b>Donald R. Crabtree</b>			
20. SIGNATURE OF PHYSICIAN (If known) <b>James S. Bennett</b>			
21. DATE OF DEATH (Month, Day, Year) <b>FEB 20 1993</b>			
22. SIGNATURE OF DECEASED'S REPRESENTATIVE (If known) <b>James S. Bennett</b>			
23. DATE OF DEATH (Month, Day, Year) <b>2-23-93</b>			
24. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) <b>Jon Collins M.D. 4855 S.W. Western Avenue Beaverton, Oregon 97005</b>			
25. NAME OF ATTENDING PHYSICIAN (If known, type or print) <b>Jon Collins M.D.</b>			
26. CAUSE OF DEATH (Type or Print) <b>Probable cardiac arrhythmia</b>			
27. MANNER OF DEATH (Type or Print) <b>Cardiomyopathy, undetermined origin</b>			
28. OTHER SIGNIFICANT CONDITIONS (Type or Print) <b>Acute myocardial infarction, bleeding from diverticulitis</b>			
29. DATE OF DEATH (Month, Day, Year) <b>February 12, 1993</b>			
30. PLACE OF DEATH (City and State or Foreign) <b>Portland, Oregon</b>			
31. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>Portland, Oregon</b>			

ORIGINAL - VITAL STATISTICS COPY  
I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED: **DEC 27 1993**

**Edward J. Johnson**  
EDWARD J. JOHNSON  
STATE REGISTRAR

747280