

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON)
County of Skamania)

FILED FOR RECORD
SKAMANIA CO. WASH.

BY Evelyn Kalman
Nov 7 11 27 AM '94

G. Lowry
AUDITOR

GARY H. OLSON
BOOK 146 PAGE 907

1. 121000 Evelyn M KALMAN residing at 5574 SE OAK ST
PORTLAND, OR 97215, first being duly sworn, depose and say that:

1. GEORGE W. KALMAN died testate in Portland,
Oregon on Jan 9, 1986.

2. At the time of his/her death, _____ was a
widow/widower. His/Her spouse, _____, died in
_____, _____, on _____, 19____.

3. The sole surviving heirs at law and beneficiaries of the
Last Will and Testament of George W KALMAN are Evelyn
M KALMAN.

The deceased, _____, left no children or children
of children who predeceased him/her other than those named herein.

4. The expenses of the last illness and burial of George W
KALMAN and all other claims against the decedent's
estate have been settled and paid.

5. There are no Federal Estate taxes due or Washington inheritance
taxes due.

6. The purpose of this affidavit is to induce Skamania County Title
COMPANY to accept such affidavit in forbearance of a demand made by
said title insurance company to probate the decedent's estate.

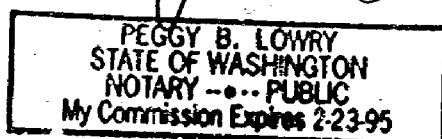
7. At the time of decedent's death, decedent owned property in
Northwoods, SKAMANIA Co., located at Northwoods
_____, and described as a Cabin.

8. I, by my signature hereto, agree to indemnify and hold harmless
SKAMANIA COUNTY TITLE from any and all liability, obligations, expenses,
legal fees or litigation costs which it may incur as a result of a
falsity or inaccuracy of any statement contained in this affidavit.

DATED this 7th day of November, 1994.

BY: Evelyn M Kalman

SUBSCRIBED and SWORN TO before me this 7th day of November, 1994.



Peggy B. Lowry
NOTARY PUBLIC FOR WASHINGTON
My Commission Expires 2/23/95

Registered ☒
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Glenn L. Kimmel, Skamania County Auditor
By: [Signature] Parcel # 96-000101

BOOK 146 PAGE 908

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| Local File Number | | DECEASED NAME | | | | State File Number | |
|---|--|---|--|---|--|--|--|
| First | | Middle | | Last | | Date of Death (month, day, year) | |
| 1 | | 2 | | 3 | | 4 | |
| RACE (Specify) | | SEX | | AGE - LAST BIRTHDAY (years) | | DATE OF BIRTH (month, day, year) | |
| 1 White | | 1 Male | | 36 63 | | 2 January 9, 1986 | |
| CITY, TOWN OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION - NAME (And number, give street and number) | | 5 UNDER 1 year (Specify year, month, day) | | 6 UNDER 1 day (Specify hour, minute) | |
| 1 Portland | | 2 Providence Medical Center | | 7 10 | | 8 11 | |
| STATE OF BIRTH (If not U.S.A. name country) | | CITIZEN OF WHAT COUNTRY | | 8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 9 COUNTY OF DEATH | |
| 3 Wisconsin | | 4 USA | | 9 Married | | 10 Multnomah | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Type and of work done during most of working life, even if retired) | | 11 SPOUSE (If married, widowed) | | 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) | |
| 13 311-14-6967 | | 14 Teacher 156842 | | 11 Evelyn | | 12 Yes | |
| RESIDENCE - STATE | | COUNTY | | CITY, TOWN, OR LOCATION | | 15 KIND OF BUSINESS OR INDUSTRY | |
| 15 Oregon | | 16 Multnomah | | 17 Portland | | 18 Portland Public School | |
| FATHER NAME | | MOTHER NAME | | STREET AND NUMBER OR R.F.D. ZIP | | 19 City Limits (Specify Yes or No) | |
| 19 William | | 20 Kalman | | 21 5574 S. E. Oak St. 97215 | | 22 Yes | |
| 23 BURNAL CREMATION, REMOVAL, MAINE (Specify) | | CEMETERY OR CREMATORY NAME | | INFORMANT - NAME and relationship to deceased | | 24 | |
| 24 Burial | | 25 Riverview Cemetery | | 26 Evelyn Kalman - Wife | | 27 | |
| FURNERAL SERVICE LICENSE (Specify) | | NAME AND ADDRESS OF FACILITY | | LOCATION City or town State | | 28 | |
| 29 | | 30 Hennessey, Goetsch & McGee 210 N.W. 17th Portland, Oregon 97213 | | 29 Portland | | 30 Oregon | |
| To be completed by Certifying Agency Only | | 31 NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | DATE SIGNED (Month, Day, Year) | | HOUR OF DEATH | |
| 32 | | 33 Dr. Peter J. Kane, MD 510 N. E. 49th Portland, Oregon 97213 | | 216 9 Jan 86 | | 216 3:30 A.M. | |
| DATE RECEIVED BY REGISTRAR (Month, Day, Year) | | REGISTRAR | | 220 (Specify) | | 221 | |
| 222 JAN 13 1986 | | 223 | | 224 | | 225 | |
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | 24 | | 25 | | 26 | |
| (a) Acute cerebral aneurysm | | (b) Acute myocardial infarction | | (c) Sudden death | | Interval between onset and death | |
| DUE TO OR AS A CONSEQUENCE OF | | DUE TO OR AS A CONSEQUENCE OF | | DUE TO OR AS A CONSEQUENCE OF | | Interval between onset and death | |
| 27 | | 28 | | 29 | | 30 | |
| PART II OTHER SIGNIFICANT CONDITIONS - Condition contributing to death but not related to cause given in PART I (a) | | AUTOPSY (Specify Yes or No) | | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) | | 31 | |
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STATE OF OREGON
COUNTY OF MULTNOMAH

ORIGINAL-VITAL STATISTICS COPY
Date

JAN 15 1986

45-2 REV. 10-61

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

17031

SEAL

REAL ESTATE EXCISE TAX

NOV 07 1994

PAID £

SKAMANIA COUNTY TREASURER

Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

CS-42/615

Elisenda J. Kimmei, Stanislaus County Assessor
Parcel # 96-000101