

SCR 19296

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT  
122052

BOOK 149 PAGE 270

STATE OF WASHINGTON )  
County of Skamania )

I, Carla L. Brown, residing at Stevenson, WA

, first being duly sworn, depose and say that:

1. Edith M. Brown died testate in Mutnomah County,  
Oregon on January 11, 1995.

2. At the time of ~~his~~/her death, Edith M. Brown was a  
widow/~~widow~~. His/Her spouse, Charles L. Brown, died in  
SKAMANIA COUNTY, on Aug. 16, 1984.

3. The sole surviving heirs at law and beneficiaries of the  
Last Will and Testament of Edith M. Brown are  
Carla L. Brown, Helen Klahm and Ann M. Cook (deceased)

The deceased, Edith M. Brown, 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 Edith M. Brown  
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

Skamania County, Washington, located at MP 7.49L Loop Road  
Stevenson, WA, and described as

See Attached Exhibit "A"

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 12<sup>th</sup> day of APRIL

BY: Carla Brown

SUBSCRIBED and sworn to before me this 12<sup>th</sup>, 1995

Signature ☒  
Indexed, Dir ☒  
Indirect ☒  
Filed ☒  
Noted ☒



Deb J. Barnum DEB J. BARNUM  
NOTARY PUBLIC FOR WASHINGTON  
My Commission Expires: MAY 6, 1998

17280

APR 13 1995

PAID 5

SKAMANIA COUNTY TREASURER

A Tract of Land in the Henry Shepard D.L.C. in Section 36, Township 3 North, Range 7½ East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point which is 161.4 feet South and 125.8 feet East of a monument marking the intersection of the North line of the said Henry Shepard D. L. C. with the West line of the said Section 36; thence South 86° 58' East 66 feet; thence South 12° 28' minutes West 121.8 feet; thence in a Northwesterly direction following the county road known and designated as Strawberry Road to the point of beginning.

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY SKAMANIA CO. TITLE

APR 13 12 12 PM '95

*Garry*  
AUDITOR  
GARY M. OLSON

COPY

BOOK 149 PAGE 272

LAST WILL AND TESTAMENT

of

EDITH BROWN

I, EDITH BROWN, residing in Stevenson, Skamania County, State of Washington, declare the following provisions to be my last will and testament:

ARTICLE I  
Revocation of Prior Wills

I hereby revoke all wills and codicils previously made by me.

ARTICLE II  
Identification of Family

I hereby declare that I am a widow woman and that my immediate family now consists of my daughter, ANN M. COOK, and my daughter, CARLA L. BROWN. Except as provided in this will, I make no provisions for any of my children who survive me, nor for the descendants of any such child who does not survive me.

ARTICLE III  
Specific Devises and Bequests

A. I hereby give and bequeath to my grandson, BILL CHARLES BROWN, my old Victoria Phonograph and records.

B. I give, devise and bequeath to my sister, HELEN KLAHM, a life estate in the following described real property, together with all furniture and furnishings therein, with the remainder to my daughter, CARLA L. BROWN:

A tract of land located in the Henry Shepard D.L.C., in Section 36, Township 3 North, Range 7 1/2 E.W.M., described as follows:

Beginning at a point which is 161.4 feet south and 125.8 feet east of a monument marking the intersection of the north line of the said Henry Shepard D.L.C. with the west line of the said Section 36; thence south 86 degrees, 58 minutes east 66 feet; thence south 12 degrees, 58 minutes west 192.9 feet; thence north 83 degrees, 28 minutes west 121.8 feet; thence in a northwesterly direction following the county road known and designated as Strawberry Road, to the point of beginning.

C. I hereby give and bequeath to my daughter, ANN M. COOK, the sum of One Dollar (\$1.00).

D. All of the rest, residue and remainder of my estate, whether real, personal, or mixed, wheresoever situated and owned by me at the time of my demise, I give, devise and bequeath to my daughter, CARLA L. BROWN.

Edith M. Brown  
Testatrix

- Page One of Three Pages

COPY

BOOK 149 PAGE 273

Robert K. Lunt  
Subscribing Witness

Residing at Stevenson

Rosalind M. Davis  
Subscribing Witness

Residing at Stevenson

STATE OF WASHINGTON )  
County of Skamania )

ss. AFFIDAVIT OF SUBSCRIBING WITNESSES

The undersigned, of lawful age and competent to testify, being duly sworn, each of himself/herself, testifies as follows:

The foregoing document, consisting of three (3) pages, this being the third page, was executed in our presence by the testatrix on the date it bears.

The testatrix declared the document to be her Last Will and Testament and requested us to sign the same as witnesses. At the request of and in the presence of the testatrix, and in the presence of the Notary Public and each other, the other witness and I subscribed our names as witnesses hereto.

At the time of executing the document, the testatrix and both witnesses were of the age of majority and the testatrix appeared to be of sound and disposing mind and not acting under duress, menace, fraud, undue influence, or misrepresentation.

Robert K. Lunt  
Subscribing Witness  
Rosalind M. Davis  
Subscribing Witness

SUBSCRIBED AND SWORN to before me this 14<sup>th</sup> day of January, 1987.

Shirley A. Lunt  
Notary Public in and for the State of Washington, residing at Stevenson



X Edith M. Brown - Page Three of Three Pages  
Testatrix

COPY

BOOK 149 PAGE 274

ARTICLE IV  
Appointment of Personal Representative

I hereby nominate and appoint my daughter, CARLA L. BROWN, as personal representative of this my last will, to act as such without bond and without the intervention of any court, except as may be required under the laws of the State of Washington in the case of nonintervention wills. My personal representative shall have, as is necessary for the administration of my estate, full power to sell, convey and encumber, without notice or confirmation, any assets of my estate, real or personal, at such prices and terms as to her may seem just; to advance funds and borrow money, secured or unsecured, from any source; to mortgage or pledge estate property; to select any part of the estate in satisfaction of any partition or distribution hereunder, in kind, in money or both.

ARTICLE V  
Taxes

I direct that all estate, inheritance and succession taxes, if any assessed by reason of my death, whether attributable to property passing under this will or outside of it, shall be paid out of the residue of my estate disposed of by this will without apportionment, deduction or reimbursement therefor, and without adjustment thereof among the residuary beneficiaries.

ARTICLE VI  
Validity

A. If a court of competent jurisdiction rules invalid or unenforceable any of the provisions hereof, each such provision shall be disregarded, but the remainder of this instrument shall be given full force and effect. All questions pertaining to the validity, interpretation, construction and administration of this instrument shall be determined in accordance with the laws of the State of Washington.

B. Should any person mentioned in this will, or any person not mentioned in this will, endeavor by legal process or otherwise to change or alter the terms or conditions of this will, I hereby direct that in such event, such person or persons be each paid the sum of One Dollar (\$1.00) in full settlement of their claims to my estate.

ARTICLE VII  
Witness Affidavits

I request that the attesting witnesses to my will make an affidavit before a Notary Public stating such facts as they would be required to testify to a court to prove such will.

IN WITNESS WHEREOF, I have hereunto set my hand and published and declared this my Last Will and Testament on this 14<sup>th</sup> day of January, 1988, in the presence of Robert K. Lamb and Robert M. Davis, said persons being requested to act as witnesses.

Edith M. Brown  
Testatrix



# CERTIFICATION OF VITAL RECORD

180751  
10 120 120

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

BOOK 144 PAGE 225

COPY

1. DECEASED'S NAME <b>Edith Marie BROWN</b>		2. SEX <b>Female</b>		3. DATE OF DEATH (Month, Day, Year) <b>January 11, 1995</b>	
4. DECEASED'S SOCIAL SECURITY NUMBER <b>469-26-6931</b>		5. AGE (Month, Day, Year) <b>71</b>		6. DATE OF BIRTH (Month, Day, Year) <b>December 10, 1923</b>	
7. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		8. PLACE OF DEATH (Place only) <b>Victor, SD</b>		9. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
10. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		11. PLACE OF DEATH (Place only) <b>Victor, SD</b>		12. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
13. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		14. PLACE OF DEATH (Place only) <b>Victor, SD</b>		15. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
16. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		17. PLACE OF DEATH (Place only) <b>Victor, SD</b>		18. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
19. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		20. PLACE OF DEATH (Place only) <b>Victor, SD</b>		21. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
22. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		23. PLACE OF DEATH (Place only) <b>Victor, SD</b>		24. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
25. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		26. PLACE OF DEATH (Place only) <b>Victor, SD</b>		27. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
28. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		29. PLACE OF DEATH (Place only) <b>Victor, SD</b>		30. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
31. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		32. PLACE OF DEATH (Place only) <b>Victor, SD</b>		33. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
34. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		35. PLACE OF DEATH (Place only) <b>Victor, SD</b>		36. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
37. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		38. PLACE OF DEATH (Place only) <b>Victor, SD</b>		39. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
40. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		41. PLACE OF DEATH (Place only) <b>Victor, SD</b>		42. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
43. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		44. PLACE OF DEATH (Place only) <b>Victor, SD</b>		45. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
46. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		47. PLACE OF DEATH (Place only) <b>Victor, SD</b>		48. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
49. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		50. PLACE OF DEATH (Place only) <b>Victor, SD</b>		51. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
52. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		53. PLACE OF DEATH (Place only) <b>Victor, SD</b>		54. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
55. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		56. PLACE OF DEATH (Place only) <b>Victor, SD</b>		57. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
58. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		59. PLACE OF DEATH (Place only) <b>Victor, SD</b>		60. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
61. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		62. PLACE OF DEATH (Place only) <b>Victor, SD</b>		63. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
64. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		65. PLACE OF DEATH (Place only) <b>Victor, SD</b>		66. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
67. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		68. PLACE OF DEATH (Place only) <b>Victor, SD</b>		69. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
70. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		71. PLACE OF DEATH (Place only) <b>Victor, SD</b>		72. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
73. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		74. PLACE OF DEATH (Place only) <b>Victor, SD</b>		75. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
76. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		77. PLACE OF DEATH (Place only) <b>Victor, SD</b>		78. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
79. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		80. PLACE OF DEATH (Place only) <b>Victor, SD</b>		81. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
82. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		83. PLACE OF DEATH (Place only) <b>Victor, SD</b>		84. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
85. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		86. PLACE OF DEATH (Place only) <b>Victor, SD</b>		87. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
88. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		89. PLACE OF DEATH (Place only) <b>Victor, SD</b>		90. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
91. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		92. PLACE OF DEATH (Place only) <b>Victor, SD</b>		93. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
94. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		95. PLACE OF DEATH (Place only) <b>Victor, SD</b>		96. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
97. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		98. PLACE OF DEATH (Place only) <b>Victor, SD</b>		99. PLACE OF DEATH (City and State) <b>Victor, SD</b>	
100. DECEASED'S US ARMY SERVICE NUMBER <b>None</b>		101. PLACE OF DEATH (Place only) <b>Victor, SD</b>		102. PLACE OF DEATH (City and State) <b>Victor, SD</b>	



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REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR

JAN 17 1995

DATE ISSUED:

GARY L. ORRIS, M.D.  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON

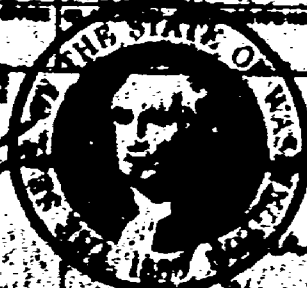


# STATE OF WASHINGTON DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER

BOOK 149 PAGE 276

1 NAME First: <b>Ann</b> Last: <b>Marie</b> Middle: <b>COOK</b>		2 SEX (M / F) <b>Female</b>	3 DEATH DATE (Mo, Day, Yr) <b>Jan. 22, 1993</b>
4 AGE LAST BIRTHDAY (Yr / Mo / Day) <b>35</b>	5 UNDER 1 YEAR a. 1-12 MONTHS b. 13-24 MONTHS c. 25-36 MONTHS d. 37-48 MONTHS e. 49-60 MONTHS f. 61-72 MONTHS g. 73-84 MONTHS h. 85-96 MONTHS i. 97-108 MONTHS j. 109-120 MONTHS	6 BIRTH DATE (Mo, Day, Yr) <b>8/26/1957</b>	7 BIRTH PLACE (City, State & Foreign Country) <b>Vancouver, WA</b>
8 CITY, TOWN OR LOCATION OF DEATH <b>White Salmon</b>		9 DECEASED EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>	10 COUNTY OF DEATH <b>Klickitat</b>
11 PLACE OF DEATH (If not for place then give address or institution name) <b>Skyline Hospital</b>		12 DECEASED IN LAST 12 MONTHS (Yes / No) <b>Yes</b>	
13 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	14 SURVIVING SPOUSE (If not give maiden name) <b>Jeffery Neal Cook</b>	15 SOCIAL SECURITY NO. <b>537-72-2144</b>	16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary (5-8) _____ High School (9-12) <b>5</b>
17 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Teacher</b>	18 KIND OF BUSINESS OR INDUSTRY <b>Education</b>	19 Was Decedent of Hispanic origin or descent? (Specify race, Puerto Rican, etc.) (Yes / No) Specify <b>No</b>	20 RACE (Specify) <b>White / Am. Indian</b>
21 RESIDENCE NUMBER AND STREET <b>7.49L Loop Road</b>	22 CITY, TOWN OR LOCATION <b>Stevenson</b>	23 STATE <b>WA</b>	24 ZIP CODE <b>98648</b>
25 INTERVIEWER NAME <b>Charles L. Brown</b>		26 INTERVIEWER ADDRESS <b>Edith M. Klahn</b>	
27 DECEASED NAME <b>Edith Brown</b>		28 DECEASED ADDRESS <b>7.49L Loop Road, Stevenson, WA 98648</b>	
29 DEATH CERTIFICATE (Specify) <b>Burial</b>	30 DATE (Mo, Day, Yr) <b>1/26/93</b>	31 CEMETERY/INTERMENT PLACE <b>Wind River Cemetery</b>	32 LOCATION—CITY, TOWN OR STATE <b>Carson, WA</b>
33 FUNERAL HOME (Specify) <b>GARDNER FUNERAL HOME, INC.</b>	34 NAME OF FUNERAL HOME <b>GARDNER FUNERAL HOME, INC.</b>	35 ADDRESS OF FUNERAL HOME <b>Box 390, White Salmon, WA 98672</b>	
TO BE COMPLETED ONLY BY SURVIVORS PRESENT			
36 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 <i>[Signature]</i> <b>X</b>		37 ON THE BASIS OF EXAMINATION AND INFORMATION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <b>X</b>	
38 DATE SIGNED (Mo, Day, Yr) <b>1/25/93</b>	39 HOUR OF SIGNED (Mo, Day, Yr) <b>0605</b>	40 DATE SIGNED (Mo, Day, Yr) <b>1/25/93</b>	41 HOUR OF SIGNED (Mo, Day, Yr) <b>0605</b>
42 NAME AND TITLE OF ATTENDING PHYSICIAN OR OTHER TRained PERSON (Type or Print) <b>Gregory D. Zuck, M.D., Box 1519, White Salmon, WA 98672</b>		43 MEDICINE FILE NUMBER	
44 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH			
45 UNDERLYING CAUSE (This should be condition resulting in death) <b>Adenocarcinoma, widespread, unknown primary</b>			
46 DO NOT CHECK THE MODE OF DEATH, SUCH AS CHOKING OR RESPIRATORY ARREST, ETC., OR ANY PHASE, LIST ONLY ONE CAUSE ON EACH LINE. Separately for conditions, if any, leading to immediate death. Give special note cause (trauma or injury which led to death) resulting in death LAST		47 INTERVAL BETWEEN ONSET AND DEATH <b>7 months</b>	
48 DUE TO OR AS A CONSEQUENCE OF		49 INTERVAL BETWEEN ONSET AND DEATH	
49 DUE TO OR AS A CONSEQUENCE OF		50 INTERVAL BETWEEN ONSET AND DEATH	
50 DUE TO OR AS A CONSEQUENCE OF		51 INTERVAL BETWEEN ONSET AND DEATH	
52 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECORDED IN THE UNDERLYING CAUSE BOX, ABOVE			
53 ACC. SOURCE, HOME, STREET OR FARMING (Specify)		54 DEATH DATE (Mo, Day, Yr) <b>1/25/93</b>	55 HOUR OF DEATH (Mo, Day, Yr) <b>0605</b>
56 DEATH AT WORK? (Yes / No) <b>No</b>		57 DEATH REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>	
58 PLACE OF DEATH—AT HOME, FARM, STREET, FARMHOUSE, OFFICE, BLIND ETC. (Specify)		59 DEATH REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>	
60 RECORD INFORMATION (Specify) a. Date received (Mo, Day, Yr) b. Name of person receiving c. Name of person receiving		61 DATE RECEIVED (Mo, Day, Yr) <b>JAN 25 1993</b>	



*Stonjart, and*