FILED FOR RECORD
SKAMANIA CO. WASH
BY Kielpinski & Assoc.

Nov 8 2 43 PM '95
P Lowry
AUDITOR
GARY M. OLSON

123737

AFFIDAVIT OF HEIRSHIP

BOOK 153 PAGE 423

STATE OF WASHINGTON)
} ss.
COUNTY OF SKAMANIA)

KENNETH C. COLE, being first duly sworn, on oath deposes and says:

1. This Affidavit provides information for the record regarding the following described real property situated in the City of North Bonneville, Skamania County, State of Washington:

> Lot 17, Block 4, Plat of Relocated North Bonneville recorded in Book B of Plats, Page 10, under Skamania County File No. 83466; also recorded in Book B of Plats, Page 26, under Skamania County File No. 84429, records of Skamania County, Washington

and concerning the personal property described in Exhibit A attached hereto and incorporated herein. The statements set forth in this Affidavit are representations of fact and may be relied upon by all parties dealing with the above-described real and personal property.

2. By a Quit Claim Deed recorded on December 1, 1994 under Auditor's File No. 121169 in Book 147 at Page 274, the above-described real property was deeded by Mabel Mary Cole individually to Mabel Mary Cole as Trustee of the Irrevocable Living Trust of Mabel Mary Cole (herein "the irrevocable trust"). The irrevocable trust was recorded with the Auditor of Skamania County, Washington on December 1, 1995 under Auditor's File No. 121170 in Book 147 at Page 275.

17734
REAL ESTATE EXCISE TAX
NOV - 8 1995
PAID Exempt
Deputy
SKAMANIA COUNTY TREASURER

Reg'd Stored
Indexed, Dir
Indirect
Filmed
Mailed

Gary M. Marvin, Skamania County Assessor
Date 11-8-95 Parcel # 03-07-14-4-1-1700

3. The irrevocable trust provides, in pertinent part, as follows:

ARTICLE VI.
Distributions from the Trust Estate

***

6.2 Upon Trustor's death, Trustee shall pay from the trust estate the expenses of Trustor's last illness, funeral and burial, debts and any applicable death taxes. The residue of the trust shall be distributed to **KENNETH C. COLE** and **RAMONA M. MORROW**, in equal shares, free of trust if they are living at the time of Trustor's death. If Kenneth C. Cole is not living at the time of Trustor's death, his share of the trust shall be distributed to **MARY ANN DUNCAN-COLE.** If Ramona M. Morrow is not living at the time of Trustor's death, her share of the trust shall be distributed to **STANLEY F. MORROW.** In the event that none of the above-named beneficiaries are living at the time of Trustor's death, the residue of the trust estate shall be distributed in equal shares to Trustor's heirs under the laws of the State of Washington.

4. MABEL MARY COLE, my mother, died on October 11, 1995. A certified copy of her death certificate is attached hereto and recorded herewith. All of the expenses of her last illness, funeral and burial costs, debts and any applicable death taxes have been paid or will be provided for out of the proceeds of the trust estate.

5. RAMONA M. MORROW, my sister, died on February 28, 1995. A copy of her death certificate is attached hereto and recorded herewith. I am informed by her husband, Stanley F. Morrow, and on that information and belief allege that all of the expenses of the last illness of Ramona M. Morrow, funeral and burial costs, debts and any applicable death taxes have been paid.

6. Based on the foregoing, I allege that the real property described above, and all of the items of personal property set out

in Exhibit A, are the property of myself, KENNETH C. COLE, as a married man in my separate capacity, and STANLEY F. MORROW, a single man, in equal shares.

Kenneth C. Cole
KENNETH C. COLE

JAN C. KIELPINSKI NOTARY PUBLIC STATE OF WASHINGTON 4-28-98

SIGNED and sworn to before me this 8th day of November, 1995 by Kenneth C. Cole.

Jan C. Kielpinski
JAN C. KIELPINSKI
NOTARY PUBLIC in and for
the State of Washington
My commission expires 4/28/98

BOOK 153 PAGE 426

RIVERVIEW SAVINGS:

BOOK 147 PAGE 280

Account:	Names	Type	Amount	Matures
3902364	mk	Q	7,983.88	8/25/94
3902595	mr	mo.	7,141.39	4/29/95
3902260	mr	mo.	5,000.00	10/10/95
3902053	mrk	mo.	10,000.00	7/5/95
3901143	mk	mo.	8,000.00	11/6/95
3902156	mk	mo.	10,000.00	12/21/95
3902708	mkr	mo.	7,000.00	3/8/97
3902259	mk	mo.	5,000.00	10/10/95
3902358	mr	c.ac.	6,315.03	2/14/96
3901141	mr	mo.	8,000.00	11/6/95
3902671	mkr	mo.	10,000.00	1/21/95
3902013	mkr	mo.	7,005.14	10/4/95
3902057	mk	c.ca.	6,317.83	2/14/96
3903568	mr	mo.	10,014.42	12/24/95

WASHINGTON MUTUAL:

4633-5	mrk	mo.	10,000.00	9/27/95
5625-1	mrk	c.ac.	10,087.49	9/22/95
146-6002-0	mr	mo.	14,504.29	1/14/95
146-6001-2	mk	mo.	14,504.29	1/14/95
146-6001-4	mr	c.ac.	4,057.67	savings
146-1005627	mr	mo.	4,043.55	?

FIRST INDEPENDENT:

21-016556				
21-000-336	mkr	c.ac.	5,000.00	12/20/95
21-016531	mkr	c.ac.	4,061.39	11/27/95
21-000336				

EXHIBIT A

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

Washington State Department of Health

BOOK 153 PAGE 427

CERTIFICATE OF DEATH

35
LOCAL FILE NUMBER

146
STATE FILE NUMBER

1. NAME (First, Middle, Last): Mabel Mary COLE
2. SEX (M/F): female
3. DEATH DATE (Mo Day Yr): Oct 11 1995
4. AGE LAST BIRTHDAY (Years): 88
5. UNDER 1 YEAR (Mos, Days):
6. UNDER 1 DAY (Hours, Mins):
7. BIRTHDATE (Mo Day Yr): May 5 1907
8. BIRTHPLACE (City, State or Foreign Country): Cogswell ND
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): No
10. COUNTY OF DEATH: Clark
11. CITY, TOWN OR LOCATION OF DEATH: Vancouver
12. PLACE OF DEATH (Check box for place then give address or institution name) 1 ( ) HOME 2 ( ) IN TRANSPORT 3 ( ) EMERG. ROOM/OUTPATIENT 4 (X) HOSP 5 ( ) NURSING HOME 6 ( ) OTHER PLACE: SW Washington Medical Center
13. SMOKING IN LAST 15 YEARS? (Yes/No): no
14. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widowed
15. SURVIVING SPOUSE (If wife, give maiden name): none
16. SOCIAL SECURITY NO: [redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): College (1-4 or 5+): 2
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Postal Clerk
19. KIND OF BUSINESS OR INDUSTRY: US Post Office
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: No
21. RACE (Specify): White
22. RESIDENCE - NUMBER AND STREET: 510 Columbia
23. CITY/TOWN OR LOCATION: North Bonneville
24. INSIDE CITY LIMITS? (Yes/No): Yes
25A. COUNTY: Skamania
25B. LENGTH OF RES IN CO: 57 yrs
26. STATE: Washington
27. ZIP CODE: 98639
28. FATHER'S NAME - FIRST, MIDDLE, LAST: John - Bopp
29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: Julia - Orth
30. INFORMANT - NAME: Kenneth Cole
31. MAILING ADDRESS (Street or RFD No, City or Town, State, Zip): POB 173 N. Bonneville WA 98639
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33. DATE (Mo Day Yr): 10/16/95
34. CEMETERY/CREMATORY - NAME: Carson Cemetery
35. LOCATION - CITY/TOWN, STATE: Carson WA
36. FUNERAL DIRECTOR SIGNATURE: X R. P. Duincky
37. NAME OF FACILITY: GARDNER FUNERAL HOME INC.
38. ADDRESS OF FACILITY: POB 390 WHITE SALMON WA 98672

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. 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: X Sanford Md Plant
40. DATE SIGNED (Mo Day Yr): 10/17/95
41. HOUR OF DEATH (24 Hrs): 0820
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: X
44. DATE SIGNED (Mo Day Yr):
45. HOUR OF DEATH (24 Hrs):
46. PRONOUNCED DEAD (Mo Day Yr):
47. HOUR PRONOUNCED DEAD (24 Hrs):
48. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Sanford Plant, M.D. 700 NE 87th Vancouver, WA 98664
49. ME/CORONER FILE NUMBER:

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death) DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST

	Cause	INTERVAL BETWEEN ONSET AND DEATH
A.	Fever	
B. DUE TO OR AS A CONSEQUENCE OF	Pelvis & humerus Fracture	
C. DUE TO OR AS A CONSEQUENCE OF		
D. DUE TO OR AS A CONSEQUENCE OF		

51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: COPD, Breast cancer
52. AUTOPSY? (Yes/No): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): No
54. ACC, SUICIDE, HOM, UNDET OR PENDING INVEST (Specify):
55. INJURY DATE (Mo Day Yr):
56. HOUR OF INJURY (24 Hrs):
57. DESCRIBE HOW INJURY OCCURRED:
58. INJURY AT WORK? (Yes/No):
59. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (Specify):
60. LOCATION (STREET OR RFD NO, CITY/TOWN, STATE):
61. RECORD AMENDMENT (Registrar use only) ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62. REGISTRAR SIGNATURE: X Kathleen Eitenjant, MD
63. DATE RECEIVED (Mo Day Yr): 10-20-95

DOH 01-003 (7/94)

Date 11-8-95 Parcel # 2-2-19-1-1-1700

STATE OF WASHINGTON DEPARTMENT OF HEALTH

BOOK 153 PAGE 427

Health

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

Local File Number: 35

State File Number: 146

Field	Entry
1. Name (First, Middle, Last)	Mabel Mary COLE
2. Sex (M/F)	female
3. Death Date (Mo, Day, Yr)	Oct 11 1995
4. Age Last Birthday	88
5. Under 1 Year (Mos, Days)	
6. Under 1 Day (Hours, Mins)	
7. Birthdate (Mo, Day, Yr)	May 5 1907
8. Birthplace (City, State or Foreign Country)	Cogswell ND
9. Was Decedent Ever in U.S. Armed Forces? (Yes/No)	no
10. County of Death	Clark
11. City, Town or Location of Death	Vancouver
12. Place of Death (Check box for place, then give address or institution name)	SW Washington Medical Center
13. Smoking in Last 15 Years? (Yes/No)	no
14. Marital Status (Married, Never Married, Widowed, Divorced (Specify))	Widowed
15. Surviving Spouse (If wife, give maiden name)	none
16. Social Security No.	[redacted]
17. Decedent's Education (Specify only highest grade completed): Elementary/Secondary (0-12) / College (1-4 or 5+)	College: 2
18. Usual Occupation (Give kind of work done during most of working life. DO NOT USE RETIRED)	Postal Clerk
19. Kind of Business or Industry	US Post Office
20. Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify	No
21. Race (Specify)	White
22. Residence – Number and Street	510 Columbia
23. City/Town or Location	North Bonneville
24. Inside City Limits? (Yes/No)	Yes
25A. County	Skamania
25B. Length of Res. in Co.	57 yrs
26. State	Washington
27. Zip Code	98639
28. Father's Name – First, Middle, Last	John - Bopp
29. Mother's Name – First, Middle, Maiden Surname	Julia - Orth
30. Informant – Name	Kenneth Cole
31. Mailing Address (Street or RFD No., City or Town, State, Zip)	POB 173 N. Bonneville WA 98639
32. Burial, Cremation, Other (Specify)	Burial
33. Date (Mo, Day, Yr)	10/16/95
34. Cemetery/Crematory – Name	Carson Cemetery
35. Location – City/Town, State	Carson WA
36. Funeral Director Signature	X [signature]
37. Name of Facility	GARDNER FUNERAL HOME INC.
38. Address of Facility	POB 390 WHITE SALMON WA 98672

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. 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: X Sanford Plant

40. Date Signed (Mo, Day, Yr): 10/17/95

41. Hour of Death (24 Hrs): 0820

42. Name and Title of Attending Physician if Other Than Certifier (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED

Signature and Title: X

44. Date Signed (Mo, Day, Yr):

45. Hour of Death (24 Hrs):

46. Pronounced Dead (Mo, Day, Yr):

47. Hour Pronounced Dead (24 Hrs):

48. Name and Address of Certifier – Physician, Medical Examiner or Coroner (Type or Print): Sanford Plant, M.D. 700 NE 87th Vancouver, WA 98664

49. ME/Coroner File Number:

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH

	Cause	Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) a.	Fever	
Due to or as a consequence of b.	Pelvis & humerus fracture	
Due to or as a consequence of c.		
Due to or as a consequence of d.		

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST

51. Other Significant Conditions – Conditions contributing to death but not resulting in the underlying cause given above: COPD, breast cancer

52. Autopsy? (Yes/No): No

53. Was Case Referred to Medical Examiner or Coroner? (Yes/No): No

54. Acc., Suicide, Hom., Undet. or Pending Invest. (Specify):

55. Injury Date (Mo, Day, Yr):

56. Hour of Injury (24 Hrs):

57. Describe How Injury Occurred:

58. Injury at Work? (Yes/No):

59. Place of Injury – At Home, Farm, Street, Factory, Office Bldg, Etc. (Specify):

60. Location (Street or RFD No., City/Town, State):

61. Record Amendment (Register use only): Item / Documentary Evidence / Reviewed By / Date

62. Registrar Signature: X [signature], MD

63. Date Received (Mo, Day, Yr): 10-20-95

DOH 01-003 (7/94)

Date 11-8-95 Form 8 3-7-19-4-1-1900

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

BOOK 153 PAGE 428

TYPE OR PRINT IN PERMANENT BLACK INK

Health

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 2011

STATE FILE NUMBER 146

Field	Entry
1. Name (First, Middle, Last)	RAMONA MAE MORROW
2. Sex	Female
3. Death date (Mo, Day, Yr)	February 28, 1993
4. Age last birthday	64
7. Birthdate	August 2, 1930
8. Birthplace	Fergus Falls, Minnesota
9. Was decedent ever in U.S. Armed Forces?	No
10. County of death	King
11. City, town, or location of death	Seattle
12. Place of death / Facility name	Group Health Central Hospital
13. Inside city limits	No
14. Marital status	Married
15. Surviving spouse	Stanley Francis Morrow
16. Social Security number	[redacted]
17. Decedent's education (College)	2
18. Usual occupation	Homemaker
19. Kind of business or industry	Own Home
20. Was decedent of Hispanic origin?	No
21. Race	White
22. Residence — number and street	12656 10th Ave. South
23. City/town or location	Seattle
24. Inside city limits	No
25. County	King
26. Length of time at residence in county	40 Yrs
27. State	Washington
28. Zip code	98168
29. Father's name	Harold - Cole
30. Mother's name	Mabel - Bopp
31. Informant	Stanley F. Morrow
32. Mailing address	12656 10th Ave. South, Seattle, Washington 98168
33. Burial, cremation, removal, other	Burial
34. Date	March 4, 1995
35. Cemetery or crematory — name	Gethsemane Cemetery
36. Location	Federal Way, Washington
37. Funeral director signature	Harold E. Wood
38. Name and address of facility	Yahn and Son Funeral Home, P.O. Box 7, Auburn, Washington 98071

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. 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: X [signature]

Date signed: 3/1/95

Hour of death: 04:05

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

Signature and title: X

Name and address of certifier: Andrew K. Dunn M.D., 140 S.W. 146th, Burien, Washington 98166

ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.

a. Respiratory failure & sepsis

b. Due to, or as a consequence of: pneumonia, arthritis, pleural effusions

c. Due to, or as a consequence of: Ovarian carcinoma

d. Due to, or as a consequence of:

Autopsy: No

Was case referred to medical examiner or coroner: No

Amendment accepted 2-9-95 / 1100

Signature of local registrar: Thomas M. Justo

Date received: MAR 6 1995

DOH 115-300 (Rev 7/91)

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT