

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT
124622

STATE OF WASHINGTON)
COUNTY OF SKAMANIA)

BOOK 155 PAGE 593

1. STEVENSON HARRIS, residing at WOOD LINDVILL 4 A1
14622 NE 180th, first being duly sworn, depose and say that:

1 Major Ransom Harris Sr died testate in Prindle Wash,
P2 on JAN 19, 1952.

2. At the time of his/~~her~~ death, Major Ransom Harris was a
~~widower~~/widower. His/~~her~~ spouse, Charles Harris, died in St Joseph
Hospital, on MAY 24, 1936.

3. The sole surviving heirs at law and beneficiaries of the Last Will and
Testament of Major Ransom Harris Major Ransom Harris Jr and
Stevenson Wright Harris
The deceased, M. R. Harris, left no children or children of
children who predeceased him/her other than those named herein.

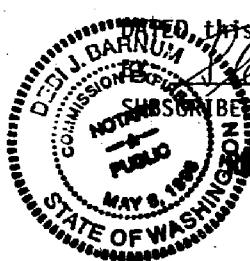
4. The expenses of the last illness and burial of PAID
Full and all other claims against the decedent's estate have
been settled and paid.

5. There are no Federal state 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 forebearance 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
Prindle, located at _____, and
described as 010511000500

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



DATED this 20 day of Feb, 1996.

Stevenson Harris
SUBSCRIBED and SWORN TO before me this 20th day of FEBRUARY, 1996.

REAL ESTATE EXCISE TAX

Debi J. Barnum DEBI J. BARNUM

NOTARY PUBLIC FOR WASHINGTON

MY COMMISSION EXPIRES: MAY 6, 1998

FEB 20 1996

PAID example
SW

SKAMANIA COUNTY TREASURER

17909

Gary H. Martin, Skamania County Assessor
Date 02/20/96 Parcel # 010511000500

Req. Served
Indexed, ☒
Indirect ☒
Filed ☒
Mailed ☒

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 155 PAGE 594

WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION
CERTIFICATE OF DEATH

1320

REG. DIST. NO. <u>13-1</u>		STATE FILE NO.	
REGISTRAR'S NO. <u>15</u>			
1. PLACE OF DEATH a. COUNTY <u>Skamania</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Wash.</u> b. COUNTY <u>Skamania</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Prindle, Washougal Rt. 2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Prindle</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET (If rural, give location) <u>Washougal Rd. 1/2 mile S. of Prindle</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At his home</u>		e. DATE OF DEATH a. (Month) <u>Jan</u> b. (Day) <u>19</u> c. (Year) <u>1952</u>	
3. NAME OF DECEASED a. (First) <u>Mayor</u> b. (Middle) <u>Ransom</u> c. (Last) <u>Harris Sr.</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH a. (Month) <u>Dec</u> b. (Day) <u>14</u> c. (Year) <u>1895</u>
9. AGE (In years, months, days, hours, min.) <u>57</u>	10a. OCCUPATION (If deceased was engaged in work done during most of working life, even if retired) <u>Logger</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Logging</u>	11. BIRTHPLACE (State or foreign country) <u>Oklahoma City Okla</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Oliver Harris</u>	
14. MOTHER'S MAIDEN NAME <u>Not known</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW One</u>	
16. SOCIAL SECURITY NO. <u>544-02-9256</u>		17. INFORMANT <u>Mayor Ransom Harris Jr.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart failure, nephrosis, etc. It means the disease, injury, or complication which caused death." I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) <u>Stroke</u> Due to (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.			
23. SIGNATURE <u>Ransom Harris Jr.</u>		23b. ADDRESS <u>Skamania, Wash</u>	
23c. DATE SIGNED <u>1/21/52</u>			
24. BURIAL, CREMATION, OR DISPOSITION (Specify)	24b. DATE <u>Jan 23/52</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Washougal</u>
DATE RECD BY LOCAL HEALTH DEPT. <u>1-20-52</u>		REGISTRAR'S SIGNATURE <u>Gary M. Olson</u>	
FEDERAL DIRECTOR'S SIGNATURE <u>Gary M. Olson</u>		FEDERAL DIRECTOR'S ADDRESS <u>Washington, D.C.</u>	



FILED FOR RECORD
SKAMANIA CO, WASH
BY Stinson Harris

FEB 20 11:28 AM '56

AUDITOR
GARY M. OLSON

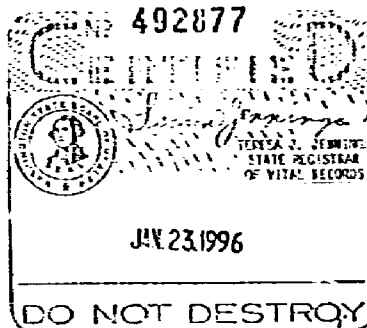
Gary M. Olson, Skamania County Auditor
Date 2/20/56 Per 0105110500 00

DOH 01-003 (8/55)

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

This is a legal document.
Complete in ink and do not alter.



DD079229

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY
 ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES FEE NUMBER		INITIALS		DATE		AFFIDAVIT NUMBER	
STATE OFFICE USE ONLY				STATE OFFICE USE ONLY			
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER		for			
2. NAME		3. DATE OF EVENT		4. PLACE OF EVENT (City and County)			
5. FATHER'S FULL NAME (If Birth) HUSBAND (If Marriage Dissolution)		6. MOTHER'S FULL MAIDEN NAME (If Birth) WIFE (If Marriage Dissolution)					
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:							
THE RECORD NOW SHOWS:				THE TRUE FACT IS:			
7.				8.			
9.				10.			
11.				12.			
13.				14.			
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.			
PHONE NUMBER:							
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.							
16. SIGNATURE		17. DATE		18. ADDRESS			

DCH 110-007 (Rev. 8/95)

All vital records are registered as received. Charges must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
- All changes must be established by documentary proof submitted with the affidavit.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
- Examples of documents of proof:

Baptismal Certificate	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record (DD-214)	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	Passport
- Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

Death Certificates

- Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

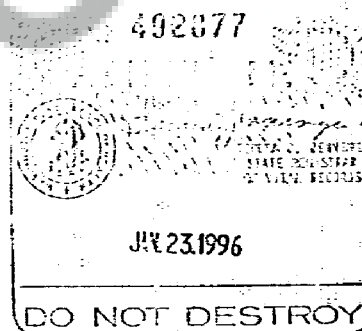
Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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 Complete in ink and do not alter.



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