124623

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17910
REAL ESTATE EXCISE TAX
FEB 20 1996
PAID exempt
JW
SKAMANIA COUNTY TREASURER

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON)
)
County of Skamania)

I, Stevenson Harris, residing at ~~14622 NE 180pl~~ Woodinville WA, first being duly sworn, depose and say that:

1. Carmen Harris died testate in St Joseph Hospitale on March 24, 1996.

2. At the time of ~~his~~/her death, Carmen Harris was a widow/~~widower~~. His/~~her~~ spouse, Mayer R. Harris, died in Prindel Washington, on JAN 19, 1952.

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Carmen / Ransom Harris are Mayor Ransom Harris Jr. / Stevenson Wright Harris. The deceased, B Two, 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 in Full 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 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 Prindel, Washington, located at Prindel Washington, and described as Parcel # 01051100050000 TCA 32 Taxpayor 21550.

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 26 day of JAN, 1996.

Stevenson Harris

SUBSCRIBED and SWORN TO before me this 26 day of JAN, 1996

Joyce A. Jones
NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: 1/22/97

JOYCE A. JONES
NOTARY PUBLIC
STATE OF WASHINGTON
MY COMMISSION EXPIRES 12-22-97

Registered
Indexed, Dir
Indirect
Filmed
Mailed

Parcel # 01051100050000
Date 2/20/96
by ... Skamania County Assessor

[redacted]

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 155 PAGE 596

Washington State Board of Health

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
County of Clarke
City or Town of Vancouver
Registration Dist. No. R-1 No. St Joseph Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Record No.
Registered No. 645

2. FULL NAME Carman Harris 620
(a) Residence: No. Prindle Wash St., Ward. (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married	21. DATE OF DEATH (month, day, and year) Mar 24, 1936
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mayn R. Harris	22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1936, to Mar. 24, 1936; I last saw her alive on Mar 24, 1936, death is said to have occurred on the date stated above, at 10 o'clock a.m.
6. DATE OF BIRTH (month, day, and year) June 4-1907	The principal cause of death and related causes of importance in order of onset were as follows: Date of onset
7. AGE Years 28 Months 9 Days 20 If LESS than 1 day, hrs. or min.	Septic Cerebro Spinal Meningitis 3/22/36
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) Cape Horn Wash	Contributory causes of importance not related to principal cause: Suppurating Otitis Media, Right 3/1/1936
13. NAME Emory F. Stevenson	Name of operation Lance Ear Drum Date 3/20-36
14. BIRTHPLACE (city or town) (State or country) Washington	What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME Ida M. Hartland	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) (State or country) Kansas	Where did injury occur? (Specify city or town, county, and State)
17. INFORMANT Mayn R. Harris (Address) Prindle Wash	Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION, OR REMOVAL Place Camas County Date Mar 29, 1936	Manner of injury. Nature of injury
19. UNDERTAKER W. Swank (Address) Camas Wash	24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
20. FILED 4/1, 1936 C. Decker, Health M.D. per C.R. Registrar.	(Signed) W. C. [illegible] M.D. (Address) Camas Wn

F. No. 205—1931. Approved as to Form by Dept. of Efficiency. 1932.

FILED FOR RECORD
SKAMANIA CO. WASH.
BY Stevenson Harris
FEB 20 11 32 AM '96
P Lowry
AUDITOR
GARY H. OLSON

THE SEAL OF THE STATE OF WASHINGTON 1889

Gary H. Martin, Skamania County Assessor
Date 02/20/96 Parcel # 02 05 11 10050000

DOH 01-003 (8/95)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

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.

492876
CERTIFIED
TERESA J. JENNINGS
STATE REGISTRAR
OF VITAL RECORDS
JUL 23 1996
DO NOT DESTROY

DD079228