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BOOK 155 PAGE 595

DECLARATION OF HEIRSHIP, INHERITANCE, DOMESTIC AND INDEMNITY AGREEMENT
HEAD ESTATE EXCISE TAX

STATE OF WASHINGTON)

FEB 20 1996

County of SKAMANIA)

PAID Exempt

1. STEVENSON HARRIS, SKAMANIA COUNTY TREASURER

Woodinville WA

14622 NE 180th

, first being duly sworn, depose and say that:

1. Carmen Harris died testate in ST Joseph Hospital on March 24, 1956

2. At the time of her death, Carmen Harris was a widow/widower. His/Her spouse, Mayer R. Harris, died in Prindle 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. / Steven son Wright Harris. The deceased, B. T. 20, 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 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 Prindle Washington, located at Prindle Washington, and described as page 1# 0105111000500000 TCA 32 Taxpayer 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.



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

 Notary Public for Washington
 My Commission Expires: 12/22/97

 Date 2/20/96
 Page 1 of 1
 Printed 2/20/96

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 155 PAGE 596

PLACE OF DEATH Washington State Board of Health

County of Clarke

City or Town of Mesa

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration Dist. No. R-1

No. St. Joseph Hospital

St., _____

Ward _____

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.

FULL NAME Carmen Harris 620

(a) Residence: No. Prindle St. Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of Mayn R. Harris (or) WIFE of _____

7. DATE OF BIRTH (month, day, and year) June 4-1907

8. AGE Years 28 Months 7 Days 20 If LESS than 1 day, _____ hrs. _____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

11. Date deceased last worked at this occupation (month and year) _____ 12. Total time (years) spent in this occupation _____

13. BIRTHPLACE (city or town) Cape Horn (State or country) Alaska

14. NAME Emory F. Stevenson

15. BIRTHPLACE (city or town) Washington (State or country) _____

16. MAIDEN NAME Ida M. Hantland

17. BIRTHPLACE (city or town) Kansas (State or country) _____

18. INFORMANT Mayn R. Harris (Address) Prindle St.

19. BURIAL, CREMATION, OR REMOVAL Place Carmen's family Date Mar 29, 1936

20. UNDERTAKER M. Swank (Address) 360 1st St.

21. FILED 4/1 1936 Clarke St. Joseph Hospital Prindle St. Registrar _____

U. S. No. 285-1081. Approved as to Form by Dept. of Efficiency, 1928.

MEDICAL CERTIFICATE OF DEATH

11. DATE OF DEATH (month, day, and year) Mar 24, 1936

12. 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 10-00 a.m.

The principal cause of death and related causes of importance in order of causation as follows: _____ Date of onset _____

Septic Otitis Media

Meningitis 3/22/36

Contributory causes of importance not related to principal cause: Suppurating Otitis 3/15-16

Media Right 1936

Name of operation Removal of middle ear Date 3-20-36

What test confirmed diagnosis? Pathologic there is no autopsy 70

13. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

14. Was disease or injury in any way related to occupation of deceased? 70 If so, specify _____ (Address) Clarke St. Joseph Hospital



FILED FOR RECORD
SKAMAHIA CO. WASH.
BY Stevenson Harris

FEB 20 11 32 AM '96
O. Olsson
AUDITOR
GARY H. OLSON

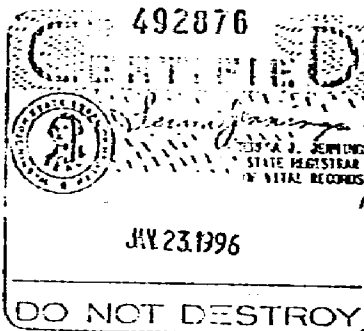
Gary H. Martin, Skamania County Assessor
Date 03/29/96 Parcel # 01 05 11 10050000

DOH 61-003 (8/95)

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.



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