125643

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FILED FOR RECORD
SKAMANIA CO. TITLE
BY

Jul 2 1 42 PM '96
AUDITOR
GARY M. OLSON

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF ~~WASHINGTON~~ California)
)
County of Los Angeles)

I, Helen B. Smith, residing at San Gabriel, CA, first being duly sworn, depose and say that:

1. Holly Phillips died testate in _____, Washington on _____, 19____.

2. ~~[redacted]~~ widow/widower/his/her spouse, _____ died ~~[redacted]~~ on ~~[redacted]~~, 19~~[redacted]~~.

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Holly Phillips are Helen B. Smith. The deceased, Holly Phillips, 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 Holly Phillips 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 Skamania County, Washington, located at Cabin #27 Northwestern Lake, and described as _____.

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.

19-10-2-427
7-2-96

REAL ESTATE EXCISE TAX
18163
JUL 02 1996
PAID exempt
SKAMANIA COUNTY TREASURER

DATED this 12 day of June, 1996.

BY: X Helen B Smith
Helen B. Smith

SUBSCRIBED and SWORN TO before me this 12 day of June, 1996.

PUSHPA V. BIRLA
COMMISSION #1088019
Notary Public - California
LOS ANGELES COUNTY
My Commission Expires
FEB. 16, 2000

Payment ✓
Indexed ✓
Indirect ✓
Filmed
Mailed

Pushpa V. Birla
NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: _____

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

232 LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146 STATE FILE NUMBER

1. Name	HOLLY JOAN SALTARELLI-PHILLIPS	
2. Sex	Female	
3. Death date	February 12, 1994	
4. Age last birthday	16	
7. Birthdate	Dec. 26, 1977	
8. Birthplace	Renton, Wash.	
9. Was decedent ever in U.S. Armed Forces?	No	
10. County of death	Clark	
11. City, town or location of death	Camas	
12. Place of death	100 Yds. S. of 252nd Ave. on Delp Rd.	
13. Smoking in last 15 years	No	
14. Marital status	Never Married	
15. Surviving spouse		
16. Social security no.	[redacted]	
17. Decedent's education	9	
18. Usual occupation	Student	
19. Kind of business or industry	High School	
20. Was decedent of Hispanic origin?	No	
21. Race	White	
22. Residence	2010 N. W. Sierra Lane	
23. City/town or location	Camas	
24. Inside city limits	Yes	
25a. County	Clark	
25b. Length of residence in county	13 Yrs	
26. State	Wash.	
27. Zip code	98607	
28. Father's name	Larry L. Saltarelli	
29. Mother's name	Joan Smith	
30. Informant	Larry L. Saltarelli-Father	
31. Mailing address	230 S. W. 164th St., Seattle, Washington 98166	
32. Burial, cremation, removal, other	Cremation	
33. Date	Feb. 17, 1994	
34. Cemetery/crematory	Park Hill Crematory	
35. Location	Vancouver, Washington	
36. Funeral director signature	X [signature]	
37. Name of facility	Straub's Funeral Home	
38. Address of facility	325 N. E. 3rd Ave. Camas, WA 98607	

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
40. Date signed	
41. Hour of death	
42. Name and title of attending physician if other than certifier	

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 [signature]
44. Date signed	February 15, 1994
45. Hour of death	2035
46. Pronounced dead	February 12, 1994
47. Hour pronounced dead	2035
48. Name and address of certifier	Anthony L. Lopez Deputy Coroner P.O. Box 5000 Vancouver, Wa. 98668
49. ME/Coroner file number	94-093

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

Immediate cause	a Positional Asphyxia	
Due to, or as a consequence of	b Motor vehicle accident, one vehicle, driver	
Due to, or as a consequence of	c	
Due to, or as a consequence of	d	

51. Other significant conditions	
52. Autopsy	Yes
53. Was case referred to medical examiner or coroner	Yes
54. Acc. suicide, hom., undet.	Accident
55. Injury date	Feb. 12, 1994
56. Hour of injury	2035
57. Describe how injury occurred	One vehicle accident pinned in vehicle.
58. Injury at work	No
59. Place of injury	Street
60. Location	Delp Rd. south of 252nd Ave. Camas, WA
61. Record amendment	
62. Registrar	[signature]
63. Date received	FEB 17 1994

310-2-4-27

THE SEAL OF THE STATE OF WASHINGTON 1889

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DOH 03-003

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.

CERTIFIED

REAL ESTATE EXCISE TAX
18163

JUL 02 1996
PAID [signature]
[signature] Deputy
SKAMANIA COUNTY TREASURER

JUN 21 1996

[signature]
Dr. Karen Steingart
Health District Officer
S.W. Wash Health Dist.

DD181828