

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

126892

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STATE OF WASHINGTON)
COUNTY OF Skamania)

I, Lillian H. Jones, residing at Scappoose
Oregon, first being duly sworn, depose and say that:

1. Jacob T. Jones died testate in Scappoose

Oregon on October 4, 1996.

2. At the time of his/her death, ----- was a
widow/widower. His/Her spouse, -----, died in
-----, on -----, 19---.

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Jacob T. Jones are Lillian H. Jones, wife, Thomas R Jones, son, Thomas B. Jones, grandson, Michael W. Jones, grandson

The deceased, Jacob T. Jones, 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 Jacob T. Jones and all other claims against the decedent's estate have been settled and paid.

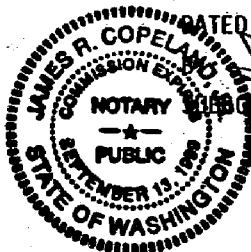
5. There are no Federal Estate taxes due or Washington inheritance taxes due.

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, Wash., located at -----, and described as Lot 15, Lot 16, Lot 17, Block 2 original Town of Cooks, Skamania County, Wash.

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.

☒ Indexed, Cir
☒ Indirect
☐ Filmed
☐ Mailed



DATED this 10 day of December, 1996.

Lillian H. Jones
SUBSCRIBED and SWORN TO before me this 10 day of December, 1996.

REAL ESTATE EXCISE TAX
18478

DEC 10 1996

PAID exempt
Varma, Deputy
SKAMANIA COUNTY TREASURER

James R. Copeland
NOTARY PUBLIC FOR WASHINGTON
MY COMMISSION EXPIRES: September 13, 1999

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In the Name of God -- Amen

KNOW ALL MEN, That I Jacob Thayne Jones

a resident of and domiciled in 32700 Dutch Canyon Road, Scappoose,
in the State of Oregon, of the age of sixty nine (69) years, being of sound and
disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomso-
ever, do make, publish and declare this my last will and testament in manner and form following, to-wit:

FIRST, I direct that all my just and unsecured debts and funeral expenses be duly paid and satisfied as soon
as conveniently can be done after my decease.

SECOND, My only heirs at law are my beloved wife, Lillian Hope Jones,
my son Thomas Raymond Jones, who resides in Portland, Oregon, my
grandson Thomas Beynon Jones, who resides in Portland, Oregon, and my
grandson Michael William Jones, who resides in Bremerton, Washington.

THIRD, All the rest, residue and remainder of my estate of whatsoever
kind or nature, whether real or personal, wheresoever situated, I give,
devise and bequeath to my wife Lillian Hope Jones.

FOURTH, In the event that my wife predeceases me, I give devise and
bequeath all the rest, residue and remainder of my estate, real or
personal wheresoever situated unto my son Thomas Raymond Jones, my
grandson Thomas Beynon Jones, my grandson Michael William Jones, and
my beloved's wife son Michael Frederick Spengler, who resides in
Westminster, Colorado, share and share alike.

FIFTH, I nominate and appoint my wife Lillian Hope Jones, to be
executor of this, My Last Will and Testament, and direct that she not
be required to give bond, and in the event that she predeceases me or
is otherwise unable to serve, I nominate my son Thomas Raymond Jones
and my grandson Thomas Beynon Jones as co-executors, and they likewise
not required to give bond.

Gary H. Martin, Multnomah County Assessor
Date: 12/10/94, Record: 5-9-99-2-1-800

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FILED FOR RECORD
SKAGHANIA CO. WASH
BY Lillian Jones

Dec 10 12 26 PM '96

O. Laury
AUDITOR
GARY H. OLSON

AND LASTLY, I nominate, constitute and appoint

to be the execut of this, my will and the personal representative of my estate,

hereby revoking all other wills by me heretofore made and declaring this, and no other, to be my last will and testament.

IN WITNESS WHEREOF, I have hereunto set my hand, on this day of January
in the year of Our Lord One Thousand Nine Hundred and ninty two (1992)

Witnesses:

Daniel W. State
Port Had, OR 97215
Residence.

Jacob T. Jones

Dorothy A. McDermott
West One Bank - Scappoose Or
Residence.

The said Jacob Thayne Jones declared the foregoing instrument to be his/her last will and testament and acknowledged aloud to each of the undersigned in the hearing and presence of each that the signature previously made on said will was his/hers, whereupon each of the undersigned at his/her request attested said will by signing our respective names thereto as witnesses.

Daniel W. State
Dorothy A. McDermott

Last Will
and
Testament
of

Jacob Thayne Jones

(FORM No. 1402)

Dated

STEVENS LAW PUB. CO., PORTLAND, ORE.

CERTIFICATION OF VITAL RECORD									
OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS					135				
224646 ID TAG NO. 167 Local File Number					State File Number				
1. DECEDENT'S NAME First: Jacob Last: JONES		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) October 3, 1996		4. SOCIAL SECURITY NUMBER 74		5. BIRTHPLACE (City and State or Foreign) South Greenfield NY June 3, 1922	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> No		7. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)		8. CITY, TOWN, OR LOCATION OF DEATH Scappoose		9. COUNTY OF DEATH Columbia		10. FACILITY NAME (If not institution, give street and number) 32700 Dutch Canyon Road	
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use initials) Cattle Farmer		12. RACE OF BUSINESS-INDUSTRY Agriculture		13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		14. SPOUSE (If Married, Widowed, Divorced) (Specify) Lillian Jones		15. STREET AND NUMBER 32700 Dutch Canyon Road	
16. RESIDENCE - STATE Oregon		17. COUNTY Columbia		18. CITY, TOWN, OR LOCATION Scappoose		19. RACE American, Indian, Black, White, etc. (Specify) White		20. DECEDENT'S EDUCATION (Specify only highest grade completed) +1	
21. FATHER - NAME first middle last Joseph L. Jones		22. MOTHER - NAME first middle maiden Anna E. Long		23. INFORMANT - NAME and relationship to decedent Lillian Jones - Wife		24. LOCATION - City or Town, State Warren, OR		25. DO HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON MAKING REQUEST <i>Charles A. Parks</i>		27. LICENSE NUMBER 3294		28. NAME, ADDRESS AND ZIP OF FACILITY Columbia Funeral Home, Inc 681 Columbia Blvd St Helena OR 97051		29. REGISTRAR'S SIGNATURE <i>Ethelmae Jordan</i>		30. REGISTRAR Registrar	
31. DATE FILED (Month, Day, Year) October 14, 1996		32. DATE OF DEATH (Month, Day, Year) October 3, 1996		33. TIME OF DEATH (Month, Day, Year) 2:15 A		34. DATE SIGNED (Month, Day, Year) 10/14/96		35. COUNTY Columbia	
36. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) David Wegan, MD 5050 NE Hoyt Suite 256 Portland OR 97232		37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING (Type or Print)		38. RACEDATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (I) AND (II) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.		39. INTERVAL BETWEEN ONSET AND DEATH		40. INTERVAL BETWEEN ONSET AND DEATH	
41. PART I 1. Medication 2. Peptic Ulcer Disease		42. PART II 1. Peptic Ulcer Disease		43. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		44. DATE OF INJURY (Month, Day, Year)		45. TIME OF INJURY	
46. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)		47. LOCATION (Street and Number or Rural Route Number, City or Town, State)		48. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		50. YES YES findings considered a determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE COLUMBIA COUNTY REGISTRAR.

DATE ISSUED: October 14, 1996

ETHELMAE JORDAN
COLUMBIA COUNTY REGISTRAR
COLUMBIA COUNTY, OREGON

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003343

REAL ESTATE EXCISE TAX
18478

DEC 10 1996

PAID exempt
168,000.00
SKAMANIA COUNTY TREASURER