

127163

BOOK 162 PAGE 49

SKAMANIA CO, TITLE

JAN 22 12 35 PM '97

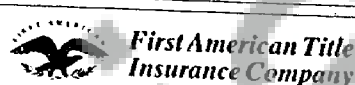
O'Sawry
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name Tince Kauskalis
Address 582 Skamania Landing Road
City/State Skamania, WA 98648
SCR 20610

Document Title(s): (or transactions contained therein)

1. DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE
2. AND INDEMNITY AGREEMENT
- 3.
- 4.



Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. ANSIS KAUSKALIS
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. TINCE KAUSKALIS
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

A tract of land in the Southeast Quarter of the Northwest Quarter and Northeast Quarter of the Southwest Quarter all in Section 33, Township 2 North, Range 6 East, of the Willamette Meridian.

REAL ESTATE EXCISE TAX

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

02-06-33-0-0-1201-00
02-06-34-1-4-5000-00

JAN 22 1997

PAID *exempt*
Gary Olson, Deputy
SKAMANIA COUNTY TREASURER

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

Gary M. Martin, Skamania County Assessor

Date 1-22-97 Parcel # 02-06-33-1201

2-6-34-1-4-5000

Reg. No. 10
Indexed, Eir
Advised
Filed
Noted

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON)
County of SKAMANIA)

1, TINCE KAUSKALIS, residing at _____,
_____, first being duly sworn, depose and say that:

1. ANGIS KAUSKALIS died testate in 12-21-87
on _____, 19____.

2. At the time of his/her death, was a widow/widower his/her spouse, died: 09/19/2000

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of ANIS KAUSKALIS are TINCE KAUSKALIS

The deceased, ANSIS KAUSKALIS, 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 ANSIS
KAUSKALIS 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 SKAMANIA COUNTY, WASHINGTON, located at _____, and described as 02-06-34-1-4-5000-00 AND 02-06-33-0-6-1201-00.

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. REAL ESTATE EXCISE TAX


 this 1-21-97 day of JANUARY, 1997. 18553
me Lauskalis
 and SWORN TO before me this 21ST day of JANUARY, 1997. JAN 22 1997
PAID exempt
Wynn, Deputy
SKAMANIA COUNTY TREASURER

Debi J. Barnum DEBI J. BARNUM
NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: MAY 6, 1998

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

12-76
LOCAL FILE NUMBER
146-8

CERTIFICATE OF DEATH BOOK 162 PAGE 51

1 NAME FIRST MIDDLE LAST: ANSIS KAUSKALIS
2 SEX: M
3 DEATH DATE (MO DAY YR): 12/21/87
4 RACE (WHITE, BLACK, AM INO, ETC (SPECIFY)): WHITE
5 AGE LAST BIRTH DAY (YRS): 65
6 US BIRTH DATE (MO DAY YR): 2/1/22
7 COUNTY OF DEATH: CLARK
8 CITY, TOWN OR LOCATION OF DEATH: CAMAS
9 PLACE OF DEATH: HIGHLAND TERRACE NURSING HOME
10 HOME 2 (NATURAL, PORT, SEVERO, AND DAY, PM, 43 HOSP, 44 OTHER PLACE):
11 RECEIVED EMERGENCY CARE: NO
12 RECEIVED EMERGENCY CARE: YES NO
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY): LATVIA
14 CITIZEN OF WHAT COUNTRY: LATVIA
15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: MARRIED
16 SPOUSE'S NAME (GIVEN NAME): TINCIE
17 WAS DECEDENT EVER IN US ARMED FORCES (YES/NO): NO
18 SOCIAL SECURITY NO: [REDACTED]
19 USAL OCCUPATION (GIVE A NO OF WORK DONE DURING MOST OF DECEDENT'S LIFE EVEN IF RETIRED): CARPENTER
20 AND OF BUSINESS OR INDUSTRY: CONSTRUCTION
21 RESIDENCE NUMBER AND STREET: M.P.O. 55 R SKAMANIA LANDING SKAMANIA
22 CITY/TOWN OR LOCATION: NO
23 INSIDE CITY LIMITS (YES/NO): NO
24 COUNTY: SKAMANIA
25 STATE: WASHINGTON
26 FATHER NAME FIRST MIDDLE LAST: [REDACTED]
27 MOTHER MARRIED NAME FIRST MIDDLE LAST: [REDACTED]
28 INFORMANT NAME: TINCIE KAUSKALIS
29 MARRIAGE ADDRESS: M.P.O. 55R SKAMANIA LANDING-SKAMANIA, WASHINGTON 98648
30 BURIAL CREMATION REMOVAL OTHER (SPECIFY): BURIAL
31 DATE (MO DAY YR): 12/28/87
32 CEMETERY CREMATORY NAME: LINCOLN MEMORIAL PARK
33 LOCATION CITY TOWN STATE: PORTLAND, OREGON
34 FUNERAL DIRECTOR SIGNATURE: [Signature]
35 NAME OF FACILITY: LINCOLN WILLAMETTE FUNR. HM.
36 ADDRESS OF FACILITY: P.O. BOX 66396 PORTLAND, OR. 97266
37 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: [Signature] MD
38 DATE SIGNED (MO DAY YR): 12/23/87
39 HOUR OF DEATH (24 HRS): 0738
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):
41 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT): B. C. Anderson, M.D. Kaiser Rockwood Clinic, 19500 S. E. Stark, Gresham, OR 97030
42 IMMEDIATE CAUSE: Cardiorespiratory arrest
43 INTERVAL BETWEEN ONSET AND DEATH: mins
44 DUE TO OR AS A CONSEQUENCE OF: Stroke (behavior problem)
45 INTERVAL BETWEEN ONSET AND DEATH: yrs
46 DUE TO OR AS A CONSEQUENCE OF:
47 INTERVAL BETWEEN ONSET AND DEATH:
48 OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE):
49 AUTOPSY (YES/NO): NO
50 WAS CASE REFERRED TO MEDICAL EXAMINER OR PATHOLOGIST (YES/NO):
51 ACC. SUCCE. HOMIC. UNDER OR PENDING INVEST. (SPECIFY):
52 INJURY DATE (MO DAY YR):
53 HOUR OF INJURY (24 HRS):
54 DESCRIBE HOW INJURY OCCURRED:
55 INJURY AT WORK (YES/NO):
56 PLACE OF INJURY: AT HOME FARM STREET FACTORY OFFICE BLDG ETC (SPECIFY):
57 LOCATION STREET OR RD NO. CITY TOWN STATE:
58 REGISTRAR SIGNATURE: Karen Steingart, MD
59 DATE RECEIVED (MO DAY YR): DEC 29 1987
60 ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE:
FOR STATE REGISTRAR USE ONLY:
THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.
DSHS 9-841A (11-85)

LAST WILL AND TESTAMENT

OF

ANSIS KAUSKALIS

KNOW ALL MEN BY THESE PRESENTS, that I, ANSIS KAUSKALIS, being of sound and disposing mind and memory and not acting under duress, fraud, menace or undue influence of any person whomsoever, do hereby make, publish and declare this to be my Last Will and Testament, that is to say:

FIRST: I hereby revoke all Wills or Codicils heretofore made by me.

SECOND: I hereby direct that all of my just debts, obligations, expenses of last illness, funeral and burial expenses, costs and expenses of administration, inheritance, income and other taxes, if any, be paid as soon as possible after my demise.

THIRD: All the rest, residue and remainder of my property, whether real, personal or mixed, wheresoever situated, I hereby give, devise and bequeath to my wife, TINCE KAUSKALIS.

FOURTH: In the event my wife predeceases me or we die in a common disaster, or within sixty days of each other, in that event, I give, devise and bequeath all of the real property and house at Skamania Landing, Skamania County, Washington unto my son, JURIS IMANTS KAUSKALIS. All of the rest, residue and remainder of my estate, of whatsoever nature or wheresoever situated, hereafter referred to as my residuary estate, I give, devise and bequeath unto my children, JURIS IMANTS KAUSKALIS, ANITA ILZE RICHARDSON and MARA CHAMBLISS as follows:

JURIS IMANTS KAUSKALIS	one-half interest
ANITA ILZE RICHARDSON	one-fourth interest
MARA CHAMBLISS	one-fourth interest

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

BOOK 162 PAGE 53

FIFTH: I hereby appoint my said wife, TINCE KAUSKALIS as Personal Representative of this, my Last Will and Testament, to serve without bond. In the event of her death, resignation, disability, or refusal to act, I hereby appoint my daughter, MARA CHAMBLISS as Personal Representative also to serve without bond.

IN WITNESS WHEREOF, I have hereunto set my hand at Portland, Oregon on this 7th day of November, 1972.

Ansis Kauskalis
ANSIS KAUSKALIS

ATTESTED BY:

Janice J. Walger
Barth E. Johnson

STATE OF OREGON)
County of Multnomah) ss

We, the undersigned, being duly sworn, each for myself,
say:

On the date of the foregoing Will, in our presence, and
each of us were caused to read the
same and declared it to be his Will; whereupon, at his request and
in his presence, and in the presence of each other, we attested the
Will by signing our names thereto.

To the best of my knowledge and belief, the testator
was, at that time, of sound mind and over the age of twenty-one years

Keith E. Johnson

Janice L. Walby

Subscribed and sworn to before me this 7 day of
November, 1972.

Paula L. Langer
Notary Public for Oregon
My Commission expires: 8-25-75

