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BOOK 163 PAGE 338

SKAMANIA CO. WASH
BY Ross Rakow

MAR 13 4 30 PM '97

Olson
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Ross R. Rakow
Address 117 E. Main Street
City/State Goldendale, WA 98620

Document Title(s): (or transactions contained therein)
1. DECLARATION RESPECTING HEIRSHIP
2.
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. Shurtz, Rosa I.

2.
3.
4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. Shurtz, Rosa I.

2.
3.
4.

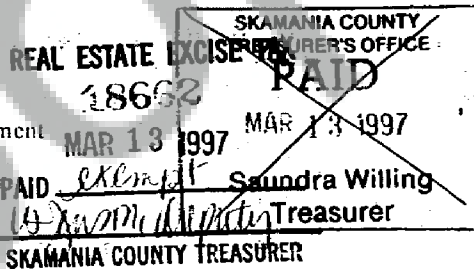
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
A parcel in the SE of 25-3-7E, W.M.

☐ Complete legal description is on page 3 of document

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

03072540030200



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.

FILED
INDEXED
SERIALIZED
FILED
MAR 13 1997
FBI - SEATTLE

Return to: Rakow, 117 East Main St. Goldendale, Wa. 98620

DECLARATION RESPECTING HEIRSHIP
(Benjamin Sheldon Shurtz, Deceased)
Soc. Sec. # [REDACTED]

Identity of Declarant: I, Rosa Shurtz, do hereby declare under the penalties of perjury under the laws of the State of Washington that the following facts are true.

I am of the age of majority; I am in all ways competent to give testimony in any court; and I set forth the following facts of my own personal knowledge unless the contrary clearly appears.

My Address is:

My 310 W. Collins
Goldendale, Wa. 98620
Tele-509-773-4775

I am the surviving spouse of the decedent having been married to decedent on September 22nd, 1930 continuously living as husband and wife without legal separation to the date of his death.

Identity of Decedent: Decedent Benjamin Sheldon Shurtz was of the age of 84 years at the time of his death. He died on January 9th, 1997 at his home in Goldendale, Washington being at that time a resident of, Klickitat County, State of Washington. Decedent's social security number was 518-09-8356

Death Certificate: I attach hereto a true and correct copy of decedent's death certificate the original of which has been duly filed.

Marriage: Declarant and decedent were husband and wife at all times since the date of their marriage September 22nd, 1930.

Descendants: Declarant and decedent had children born to them during their marriage all of whom are now adults. Decedent had never adopted any children nor did he leave any children of deceased children.

Testate: Decedent died leaving a last will and testament by the terms of which entire estate passed to declarant upon his death. A true copy thereof is attached hereto.

Community Property Agreement: The declarant and decedent entered into a community property agreement in writing a true copy of which is attached hereto.

RECORDER'S NOTE: COPY OF LAST WILL
AND TESTAMENT NOT ATTACHED AT TIME
OF RECORDING.

REAL ESTATE EXCISE TAX
18662

MAR 13 1997

PAID Exempt
William D. Dwyer
SKAMANIA COUNTY TREASURER

Cory M. Martin, Skamania County Auditor
Date 3/13/97 Printed 5-7-25-4-342
dtd 2/97

Heirship: By the terms of the statutes of descent; the last will and testament of decedent; and the community property agreement aforesaid, declarant is the sole and only heir at law of decedent.

Real Property: At the time of his death declarant and decedent and owned real and personal property situated in both Skamania County and Klickitat County, State of Washington all of which was their community property as more particularly described below.

Creditors: Following the death of Decedent I have made a diligent search and inquiry to discover the identity of any and all creditors of Decedent. Declarant hereby certifies that all debts of the Decedent owing at the time of his death have been fully paid or have been provided for.

Statutory Liens: Particularly, all expenses of Decedent's last illness and burial expense have been paid or fully provided for.

State Assistance-Notice: The State of Washington has no claim in any amount of any kind by reason of assistance or aid to decedent. A copy of this Declaration has been filed as required by law.

State and Federal Taxes: The value of Decedent's interests in all property in which he had any interest at the time of his death did not exceed \$500,000.00 and thus no state or federal estate or death taxes were due nor were any such returns required to be filed incident to decedent's death in the State of Washington or any other state.

Covenant: Declarants make this declaration to induce any and all entities engaged in the issuance of title insurance policies to rely hereon without qualification or condition and do hereby covenant to warrant and defend the facts as herein above set forth and upon demand by any such entity, or any and all other persons and agencies relying hereon, will indemnify and hold them harmless from any and all liability, obligations, expenses, legal fees or litigation costs which any title insurance company or escrow agent may incur as a result of a falsity or inaccuracy of any statement contained in this affidavit.

Attachments: All attachments attached hereto are true and correct copies of the originals.

IN WITNESS WHEREOF declarant has executed this instrument under penalty of perjury under the laws of the state of Washington this 21st day of February, 1997.

Rosa L. Shultz
Declarant

**SCHEDULE OF REAL PROPERTY
OF
DECEDENT AND DECLARANT**

In Skamania County, State of Washington:

A tract of land located in the Southeast Quarter of Section 25, Township 3 North, Range 7 East, W. M., described as follows:

Beginning at a point 40 chains north and 20 chains west of the Southeast corner of said Section 25; thence west 5 chains; thence south 465 feet to the initial point of the tract hereby described; thence east 208 feet; thence south 208 feet; thence west 208 feet; thence north 208 feet to the initial point; said tract containing one acre, more or less.

Parcel # 03072540030200

In Klickitat County, State of Washington:

Lots 3 and 4, Block 43, Railroad Addition to the town of Goldendale as recorded in the office of the auditor of Klickitat County, Wa.

Parcel # 04-16-2057-4303/00

Tax Lot 8 1/2 in the Northeast quarter of the Northeast quarter irregular tracts to Goldendale.

Parcel # 04-16-2121-0020/00

The North half of the Southeast quarter of the Northeast quarter of Section 5, Township 4 North, Range 17 East, W. M.

Parcel # 04-17-0500-0029/00

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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LOCAL FILE NUMBER		STATE FILE NUMBER	
1. NAME First Middle Last BENJAMIN SHELDON SHURTZ		2. SEX (M/F) MALE	3. DEATH DATE (Mo, Day, Yr) 1/9/1997
4. AGE LAST BIRTH DAY (Yr) 84	5. UNDER 1 YEAR Mo Day Yr 1/9/1997	6. UNDER 1 DAY Mo Day Yr 1/9/1997	7. BIRTH DATE (Mo, Day, Yr) 2/4/1912
8. BIRTH PLACE (City, State or Foreign Country) JEROME		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? ID (Yes/No) NO	10. COUNTY OF DEATH KLICKITAT
11. CITY, TOWN OR LOCATION OF DEATH GOLDENDALE		12. PLACE OF DEATH - 30 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSIT 3. IN LONG TERM CARE 4. HOSP. 5. NUR HOME 6. OTHER PLACE 310 W. COLLINS	
13. SMOKING IN LAST 15 YEARS (Yes/No) NO		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) MARRIED	
15. SURVIVING SPOUSE (If wife, give maiden name) ROSA PERRY		16. SOCIAL SECURITY NO. [REDACTED]	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (10-12) College (13 or 5+) [REDACTED]		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) LOGGER	
19. KIND OF BUSINESS OR INDUSTRY TIMBER		20. Was Decedent of Hispanic origin or descent? (Ancestors) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify NO	
21. RACE (Specify) WHITE		22. RESIDENCE - NUMBER AND STREET 310 W. COLLINS	
23. CITY/TOWN OR LOCATION GOLDENDALE		24. INSIDE CITY LIMITS? YES	25. COUNTY KLICKITAT
26. LENGTH OF RES. IN CO. 14 YR		27. STATE WA	28. ZIP CODE 98620
29. FATHER'S NAME - FIRST, MIDDLE, LAST JOSEPH SHURTZ		30. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME ANNIE CAMPBELL	
31. INFORMANT - NAME ROSA SHURTZ		32. MAILING ADDRESS - STREET OR RD NO. CITY OR TOWN STATE ZIP 310 W. COLLINS GOLDENDALE WA. 98620	
33. BURIAL, CREMATION, REINTERMENT (Specify) BURIAL		34. DATE (Mo, Day, Yr) 1/14/1997	35. CEMETERY/CREMATORY - NAME CAMAS CEMETERY
36. FUNERAL DIRECTOR SIGNATURE [Signature]		37. NAME OF FACILITY ERDMAN FUNERAL HOME	
38. ADDRESS OF FACILITY GOLDENDALE WA. 98620		39. LOCATION - CITY/TOWN, STATE CAMAS WA.	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			
40. 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 Michael E. Garnett, MD			
41. DATE SIGNED (Mo, Day, Yr) 1/10/1997		42. HOUR OF DEATH (24 Hrs) 1145	
43. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) MICHAEL GARNETT M.D. 711 E. COLLINS, GOLDENDALE WA. 98620			
44. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) MICHAEL GARNETT M.D. 711 E. COLLINS, GOLDENDALE WA. 98620			
45. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH			
IMMEDIATE CAUSE (First disease or condition resulting in death) Pancreatic Cancer		INTERVAL BETWEEN ONSET AND DEATH 3 months	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Specify only the immediate cause, either underlying cause (disease or injury which initiated events resulting in death) LAST		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Cobalamin Deficiency			
52. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)	53. INJURY DATE (Mo, Day, Yr)	54. HOUR OF INJURY (24 Hrs)	55. DESCRIBE HOW INJURY OCCURRED
56. INJURY AT WORK? (Yes/No)	57. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)	58. LOCATION - STREET OR RD NO. CITY/TOWN, STATE	
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. SIGNATURE [Signature]	
63. DATE RECEIVED (Mo, Day, Yr) JAN 10 1997		64. DATE RECEIVED (Mo, Day, Yr)	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-100)

A
DOH 01-003 (8/95)

THIS IS A COPIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS, CERTIFIED TRUE

COMMUNITY PROPERTY AGREEMENT

This COMMUNITY PROPERTY AGREEMENT, executed this date between SHELDON B. SHURTZ and ROSA L. SHURTZ, husband and wife, of Clark County, Washington:

W I T N E S S E T H :

WHEREAS, the parties hereto are the owners of real and personal property situated in the State of Washington, and

WHEREAS, it is contemplated by the parties hereto that they may acquire additional property in the future, and

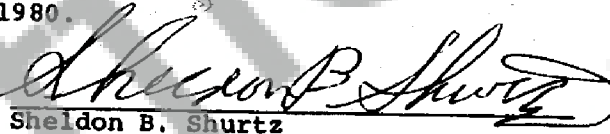
WHEREAS, it is the desire of the parties hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party;

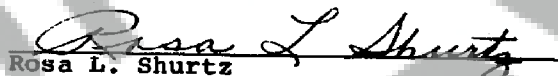
NOW THEREFORE, we SHELDON B. SHURTZ and ROSA L. SHURTZ, for and in consideration of the love and affection we have one for the other, do hereby mutually agree that all real and personal property which we now own separately, jointly or otherwise, and where-soever situated, shall be and it is hereby declared to be the community property of the parties, and each of the parties does hereby and transfer to the other party and to their marital community, all property now owned by them, even though the same was acquired in his or her separate estate, and

WE HEREBY MUTUALLY AGREE that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature and wheresoever situated, shall be and is hereby declared to be the community property of the parties, and each of the parties does hereby convey and transfer to the other and to their marital community all such property hereafter acquired by either of us, even though the same be acquired in his or her separate estate, and

IT IS FURTHER AGREED that the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of Sheldon B. Shurtz, while the said Rosa L. Shurtz survives, be vested in ROSA L. SHURTZ, absolutely and in fee simple as her sole and separate property, and in the event of the death of the said Rosa L. Shurtz, while the said Sheldon B. Shurtz survives, then the whole of the community property now owned by us, or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said SHELDON B. SHURTZ, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this instrument this 13th day of May, 1980.

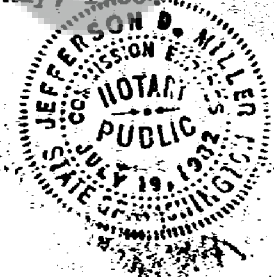

Sheldon B. Shurtz

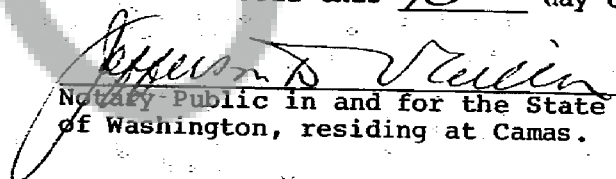

Rosa L. Shurtz

STATE OF WASHINGTON)
) ss.
County of Clark)

On this day personally appeared before me SHELDON B. SHURTZ and ROSA L. SHURTZ, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 13th day of May, 1980.




Notary Public in and for the State
of Washington, residing at Camas.