

128142

BOOK 165 PAGE 267

FILED FOR RECORD
SKAMANIA CO. WASH
BY Robert Weisfield

MAY 15 10 57 AM '97

G. Lowry
AUDITOR
GARY M. OLSON

Filed for Record at Request of
and After Recording Return To:
Robert D. Weisfield, Attorney At Law
POB 421
Bingen, WA 98605
(509) 493-2772

AFFIDAVIT OF HEIRSHIP

COMES NOW LINDA SCHACHER being first duly sworn on oath deposes
and says:

I, LINDA SCHACHER, am the only child and sole heir of IRA HUDSON
who died on June 25, 1988, in Multnomah County, Oregon. I currently reside in
The Dalles, Wasco County, Oregon, 97058.

All debts resulting from my father IRA HUDSON's death have been paid in
full or have been provided for.

My father's estate may have included within it at the time of his death the
real property located at Stevenson, Skamania County, Washington, 98648, and
which is legally described as Lots 1 and 2, Block 6, of the Town of Stevenson,
according to the duly recorded plat thereof, tax parcel number 2-7-1-1-1700, commonly
referred to as the Gardner Funeral Home Chapel.

Gary M. Olson, Skamania County Auditor
Date 5/15/97 Parcel # 2-7-1-1-1700

Indexed ☒ /
Recorded ☒ /
Filed ☒ /
Index ☒ /

Affidavit of Heirship
Page 2 of 2

My father died intestate, meaning he did not have a Last Will and Testament. As his sole heir, any interest my father had in the above described property would pass on to me by the laws of intestate succession.

I am attaching to this affidavit a certified copy of my father's death certificate.

I submit this affidavit of heirship as evidence of any ownership of the above described real property. It is my intention to disclaim any interest that I may have in this property. As evidenced by the quit claim deed which I shall execute simultaneously with this document I am conveying any interest which I may have in this property to Gardner Funeral Home, Inc.

DATED THIS 23 day of April, 1997.

Linda Schacher
LINDA SCHACHER, Affiant

SUBSCRIBED and SWORN TO before me this 23 day of APRIL, 1997.



Raymond S. Garcia
Notary Public for Oregon
Residing at THE DILLES, OR
Commission expires: 6-7-98

100246

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

BOOK 165 PAGE 269

40424
63919
LOCAL FILE NUMBER

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH 135- State File Number

88-012720

1 DECEASED'S NAME: Ira C. HUDSON
2 SEX: M
3 DATE OF DEATH: June 25, 1988
4 SOCIAL SECURITY NUMBER: 74
5 AGE: 74
6 PLACE OF BIRTH: Russellville, AL
7 DATE OF BIRTH: Mar. 20, 1914
8 PLACE OF DEATH: CHOCOMA
9 FACILITY NAME: Good Samaritan Hospital
10 CITY, TOWN OR LOCATION OF DEATH: Portland
11 COUNTY OF DEATH: Multnomah
12 DECEASED'S USUAL OCCUPATION: Mortician
13 KIND OF BUSINESS/INDUSTRY: Funeral Service
14 MARRIAGE STATUS: Divorced
15 RESIDENCE - STREET: The Dalles
16 CITY, TOWN OR LOCATION: The Dalles
17 STATE: Oregon
18 ZIP CODE: 97058
19 RACE: White
20 FATHER'S NAME: Charlie T. Hudson
21 MOTHER'S NAME: Sara E. Pilgrim
22 NAME OF DECEASED'S SPOUSE: Linda Schacher, Daughter
23 METHOD OF DISPOSITION: Burial
24 PLACE OF DISPOSITION: Parklawn Cemetery
25 NAME, ADDRESS AND ZIP OF FUNERAL HOME: Gardner Funeral Home, Inc., Box 390 White Salmon, WA 98672
26 TIME OF DEATH: 0042
27 DATE OF DEATH: 6/26/1988
28 SIGNATURE OF DECEASED'S PHYSICIAN: Sandra Lewis
29 NAME, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN: Sandra Lewis, M.D. 2222 NW Lovejoy Suite #606 Portland, OR 97210
30 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN: [Blank]
31 MEDICAL CAUSE OF DEATH: CARDIAC ARREST
32 CORONARY ARTERY DISEASE
33 OTHER SIGNIFICANT CONDITIONS: [Blank]
34 MANNER OF DEATH: Natural
35 DATE OF DEATH: JUL 12 1988
36 DO NOT SIGNIFY REPRESENTATIVE NAME REQUIRE 3 FOR AUTOPSY OR GIFT COMMENT: [Blank]
37 DO NOT SIGNIFY: [Blank]

ORIGINAL - VITAL STATISTICS COPY



I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION

DATE ISSUED: MAY 01 1997

EDWARD J. JOHNSON II
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE