128142

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FILED FOR RECORD
SKAMANIA CO. WASH
BY Robert Weisfield

MAY 15 10 57 AM '97
O 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 ~~4286~~ 2-7-1-1-1-1700, commonly referred to as the Gardner Funeral Home Chapel.

Gary H. Morris, Skamania County Assessor
Date 5/15/97 Parcel # 2-7-1-1-1700

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.

OFFICIAL SEAL
RAYMOND S. GARCIA
NOTARY PUBLIC-OREGON
COMMISSION NO. 035342
MY COMMISSION EXPIRES JUNE 7, 1998

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

Unofficial Copy

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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40424
63919
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

88-012720
136-
State File Number

1. DECEDENT'S NAME: Ira C. HUDSON
2. SEX: M
3. DATE OF DEATH: June 25, 1988
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE: 74
5b. UNDER 1 YEAR
5c. UNDER 1 DAY
6. BIRTHPLACE: Russellville, AL
7. DATE OF BIRTH: Mar. 20, 1913
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?
9. PLACE OF DEATH: Hospital
10. FACILITY NAME: Good Samaritan Hospital
11. CITY, TOWN, OR LOCATION OF DEATH: Portland
12. COUNTY OF DEATH: Multnomah
13. DECEDENT'S USUAL OCCUPATION: Mortician
14. KIND OF BUSINESS/INDUSTRY: Funeral Service
15. MARITAL STATUS: Divorced
16. SPOUSE
17. RESIDENCE - STATE: Oregon
18. COUNTY: Wasco
19. CITY, TOWN, OR LOCATION: The Dalles
20. STREET AND NUMBER: 126 W 6th Apt. #1
21. INSIDE CITY LIMITS?
22. ZIP CODE: 97058
23. WAS DECEDENT OF HISPANIC ORIGIN?
24. RACE: White
25. DECEDENT'S EDUCATION: 2
26. FATHER'S NAME: Charlie T. Hudson
27. MOTHER'S NAME: Sara E. Pilgrim
28. INFORMANT: Linda Schacher, Daughter
29. METHOD OF DISPOSITION
30. PLACE OF DISPOSITION: Parklawn Cemetery
31. LOCATION: The Dalles, OR
32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
33. LICENSE NUMBER: 1482
34. NAME, ADDRESS AND ZIP OF FACILITY: Gardner Funeral Home, Inc. Box 390 White Salmon, WA 98672

TO BE COMPLETED BY CERTIFYING PHYSICIAN

35. TIME OF DEATH: 0042
36. WAS MEDICAL EXAMINER NOTIFIED? No
37. SIGNATURE
38. DATE SIGNED: 6/6/1988
39. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER: Sandra Lewis, M.D. 2222 NW Lovejoy Suite #606 Portland, OR 97210
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

41. TIME OF DEATH
42. DATE PRONOUNCED DEAD
43. SIGNATURE
44. DATE SIGNED
45. COUNTY

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I
(a) CARDIAC ARREST
DUE TO, OR AS A CONSEQUENCE OF
(b) CORONARY ARTERY DISEASE
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II
OTHER SIGNIFICANT CONDITIONS

46. AUTOPSY: No
47. DID OPERATION CONTRIBUTE TO DEATH?

48. MANNER OF DEATH: Natural
49. DATE OF INJURY
50. TIME OF INJURY
51. INJURY AT WORK?
52. DESCRIBE HOW INJURY OCCURRED
53. PLACE OF INJURY
54. LOCATION

55. REGISTRAR
56. DATE FILED: JUL 12 1988

57. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? Was not available
58. WAS GIFT MADE?

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

STATE OF OREGON 1859

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

OREGON STATE HEALTH DIVISION

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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