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BOOK 168 PAGE 957
FILED FOR RECORD
SKAMANIA CO. WASH
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AFTER RECORDING MAIL TO:

Name _____
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City/State _____

REAL ESTATE EXCISE TAX
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Gary
AUDITOR
GARY M. OLSON

SKAMANIA COUNTY TREASURER

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON

County of Skamania

Gary H. Martin, Skamania County Assessor

Date 9/10/97 Parcel # 3-7-36-4-3-801


1. Constance Krebs, residing at 16602 423 Place SE North Bend, WA 98045, first being duly sworn, depose and say that:
1. Donna Krebs died testate in Stevenson, WASH. on Sept., 1996.
2. At the time of his/her death, Donna Krebs was a widow/widower. His/Her spouse, Dale Jerome Krebs, died in Stevenson, WASH. on 11/6, 1990.
3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Donna Krebs are V. Susan Reynolds, Cynthia Krebs, Thomas Krebs & Constance Krebs.
4. The deceased, Donna Krebs, 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 Donna Krebs and all other claims against 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 Stevenson, WASH. located at 153 NW Impala Drive, and described as single lot, 2 bedroom 1 1/2 bath home with 1 out building.
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.
- DATED this 10th day of August, 1997.
- By: Constance Krebs

ALL SIGNATURES MUST BE NOTORIZED

STATE OF WASHINGTON, } ss. ACKNOWLEDGMENT - Individual
 County of KING

On this day personally appeared before me Constance Krebs to me known
 to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that She
 signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 18 day of Aug., 1997.



Karen A. Peterson
 Notary Public in and for the State of Washington,
 residing at Fall City
 My appointment expires 7-14-2000

STATE OF WASHINGTON, } ss. ACKNOWLEDGMENT - Corporate
 County of _____

On this _____ day of _____, 19____, before me, the undersigned, a Notary Public in and for the State of
 Washington, duly commissioned and sworn, personally appeared _____
 _____ and _____ to me known to be the
 _____ President and _____ Secretary, respectively, of _____
 _____ the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary
 act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____
 authorized to execute the said instrument and that the seal affixed (if any) is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

 Notary Public in and for the State of Washington,
 residing at _____
 My appointment expires _____

WA-46A (11/96)

This jurat is page _____ of _____ and is attached to _____ dated _____.

AFTER RECORDING MAIL TO:

Name _____
Address _____
City/State _____

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON

County of Skamania

Gary H. Martin, Skamania County Assessor
Date 7/10/97 Parcel # 3-7-36-4-3-801

1. I, v. Susan Reynolds, residing at 1804 W. Street Sweet Home, OR 97386, first being duly sworn, depose and say that:
 1. Donna Krebs died testate in Stevenson, Washington, on September 2, 1996.
 2. At the time of his death, Donna Krebs was a widow/widower. His deceased spouse, Dale Jerome Krebs, died in Stevenson, Washington, on 7-26, 1990.
 3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Donna Krebs are v. Susan Reynolds, Cynthia Krebs, Tom Krebs, & Constance Krebs. The deceased, Donna Krebs, 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 Donna Krebs and all other claims against 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 Stevenson, Washington, located at 153 N.W. Empala Drive, and described as Single Level 2 Bedroom 1 1/2 Bath Home w/ 1 outbuilding.
 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.

DATED this 15th day of August, 19 97.

By: v. Susan Reynolds

ALL SIGNATURES MUST BE NOTORIZED

BOOK 168 PAGE 960

STATE OF OREGON,

County of Linn

FORM No. 23—ACKNOWLEDGMENT.
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Portland, OR 97204 © 1992

BE IT REMEMBERED, That on this 15th day of AUG, 1997
before me, the undersigned, a Notary Public in and for the State of Oregon, personally appeared the within
named V. Susan Reynolds

known to me to be the identical individual described in and who executed the within instrument and
acknowledged to me that she executed the same freely and voluntarily.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed
my official seal the day and year last above written.

Teri L. Walker
Notary Public for Oregon
My commission expires March 23, 2001

AFTER RECORDING MAIL TO:

Name _____
Address _____
City/State _____

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON

County of Skamania

Gary H. Martin, Skamania County Assessor

Date 7/10/97 Parcel # 3-7-36-1-3-801

I, Thomas Krebs, residing at 193 Garden Drive
Walla Walla, WA, first being duly sworn, depose and say that:

1. Donna Krebs died testate in Stevenson,
Washington, on September 2, 19 96.
2. At the time of his/her death, Donna Krebs was a
widow/widower. His/her spouse, Dale Krebs, died in
Stevenson, Washington, on 7-26, 19 90.
3. The sole surviving heirs at law and beneficiaries of the
Last Will and Testament of Donna Krebs are V. Susan Reynolds,
Cynthia Krebs, Thomas Krebs, Constance Krebs.
The deceased, Donna Krebs, 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 Donna Krebs
and all other claims against 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
Stevenson, Washington located at 153 N.W.
Impala Drive, and described as Single level, 2 bedroom
1 1/2 bathroom home, with 1 outbuilding.
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.

DATED this 25th day of August, 19 97.

By: Thomas Krebs

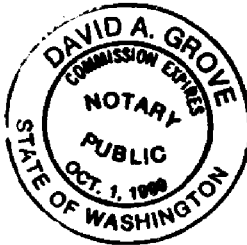
ALL SIGNATURES MUST BE NOTORIZED

BOOK 168 PAGE 962

STATE OF WASHINGTON, } ss. ACKNOWLEDGMENT - Individual
County of _____

On this day personally appeared before me THOMAS KREBS to me known
to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that HE
signed the same as HIS free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 25th day of AUGUST, 19 97.



David A. Grove
Notary Public in and for the State of Washington,
residing at _____
My appointment expires _____

STATE OF WASHINGTON, } ss. ACKNOWLEDGMENT - Corporate
County of _____

On this _____ day of _____, 19____, before me, the undersigned, a Notary Public in and for the State of
Washington, duly commissioned and sworn, personally appeared _____
_____ and _____ to me known to be the
_____ President and _____ Secretary, respectively, of _____
_____ the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary
act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____
authorized to execute the said instrument and that the seal affixed (if any) is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

Notary Public in and for the State of Washington,
residing at _____
My appointment expires _____

WA-46A (11/96)

This jurat is page _____ of _____ and is attached to _____ dated _____.

Last Will and Testament

OF
MADONNA LOUISE KREBS

I, MADONNA LOUISE KREBS, do hereby make, publish and declare this, my Last Will and Testament, as follows:

ARTICLE I.

Other Wills

I hereby revoke any and all other testamentary dispositions heretofore made by me.

ARTICLE II.

Identification of Family and Declarations

I declare that I am a widow, and that I have four children, namely THOMAS KREBS, V. SUSAN REYNOLDS, CYNDI KREBS and CONSTANCE KREBS. I have no deceased children with descendants now living.

ARTICLE III.

Debts and Obligations

I direct my personal representative to pay my just debts, medical, funeral, and administrative expenses and all inheritance, transfer, estate, or similar taxes payable by reason of my death, before any division or distribution of my estate. My personal representative shall not require any beneficiary under this Will to reimburse my estate for taxes paid on property passing under this Will. The above-mentioned taxes and expenses may be paid out of the income or principal of my estate, as my personal representative may elect.

Gary H. Martin, Stamenia County Assessor
Date 7/10/97 Parcel # 3-7-36-4-5-64
Jal

ARTICLE IV.

Survival

Any beneficiary under this Will who does not survive me by sixty (60) days shall be deemed to have predeceased me.

ARTICLE V.

Specific Bequest

I may prepare a list of personal tangible items designating to whom such items should be distributed, as provided for in RCW 11.12.260. I hereby direct that my Personal Representative utilize such list in distributing such property.

ARTICLE VI.

Residue

All the rest and residue of my property of whatsoever kind and character, wherever situate and whenever acquired, I give, devise and bequeath unto my children, THOMAS KREBS, V. SUSAN REYNOLDS, CYNDI KREBS and CONSTANCE KREBS, in equal shares, with the descendants of any deceased child participating therein by right of representation, and if no such descendants, then unto my surviving children.

ARTICLE VII.

Personal Representative

I nominate and appoint my daughter, CYNDI KREBS, as personal representative of this, my Last Will and Testament. If she be unable or unwilling to act as personal representative, then I nominate and appoint my son, THOMAS KREBS, as personal representative.

I direct that my estate be settled in the manner provided for in this Will, without the intervention of any court or courts so far as may be conformable to law, and I further direct that no bond be required of my personal representative.

All expenses incurred in connection with the settlement of my estate, including debts, funeral expenses, estate taxes, inheritance taxes, interest due at death, and penalties concerning taxes, family allowances, fees of attorneys and personal representatives, may be paid out of the income of my estate or out of the principal of my estate as my personal representative may elect.

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IN WITNESS WHEREOF, I have hereunto set my hand this 16th
day of December, 1993.

4
MADONNA LOUISE KREBS

ATTESTATION CLAUSE WITH NOTARY

STATE OF WASHINGTON)
County of Walla Walla) SS:

Each of us whose signature appears below, being sworn, says that, on the day last above written, in the presence of each of us, MADONNA LOUISE KREBS signed and declared the foregoing instrument, consisting of three (3) pages including this page, to be her Will, and we have signed below as attesting witnesses, remaining in her presence and in the presence of each other; and that we know MADONNA LOUISE KREBS, and she appears to be of full age and sound and disposing mind and memory and competent in every respect to make a Will and not under any restraint, and we make this attestation and affidavit at her request.

4 Sandra L Robinson
Witness

4 Diana Conly Stacey
Witness

December, 1993. SUBSCRIBED AND SWORN to before me this 16th day of

4 Mary Ann Bundy
Notary Public in and for the
State of Washington, residing
at Walla Walla
My appointment expires 10-14-97

STATE OF WASHINGTON DEPARTMENT OF HEALTH

BOOK 168 PAGE 966

24 LOCAL FILE NUMBER

146 STATE FILE NUMBER

CERTIFICATE OF DEATH

1. NAME: First, Middle, Last: Maionna Louise KREBS

2. SEX (M/F): Female

3. DEATH DATE (Mo, Day, Yr): September 2, 1996

4. AGE LAST BIRTHDAY (Yr, Mos, Days): 65

5. UNDER 1 YEAR: 005

6. UNDER 1 DAY: 000

7. BIRTHDATE (Mo, Day, Yr): 3/3/1931

8. BIRTHPLACE (City, State or Foreign Country): Chamberlain, SD

9. WAS DECEASED EVER IN U.S. ARMY OR NAVY? (Yes/No): No

10. COUNTY OF DEATH: Skamania

11. CITY, TOWN OR LOCATION OF DEATH: Stevenson

12. PLACE OF DEATH: 153 NW Impala

13. SMOKING IN LAST 15 YEARS (Yes/No): Yes

14. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Widowed

15. SIGNATURE OF DECEASED (If after 90 days after death): None

16. SOCIAL SECURITY NUMBER: [REDACTED]

17. EDUCATION: [REDACTED]

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Salesperson

19. NAME OF BUSINESS OR EMPLOYER: Beauty Products

20. RACE (Specify): White

21. LENGTH OF RESIDENCE IN THIS PLACE (Yr, Mos, Days): 22 yrs

22. RESIDENCE - NUMBER AND STREET: 153 NW Impala

23. CITY/TOWN/LOCATION: Stevenson

24. INSIDE CITY (Yes/No): Yes

25. COUNTY: Skamania

26. STATE: WA

27. ZIP CODE: 98648

28. FATHER'S NAME - FIRST, MIDDLE, LAST: John William Lelferman

29. MOTHER'S NAME - FIRST, MIDDLE, LAST: Isabel K. Krotchwill

30. INFORMANT - NAME: Cyndi Krebs

31. ADDRESS OF INFORMANT: P.O. Box 208 Stevenson, WA 98648

32. BURIAL CREMATION (Specify): Cremation

33. DATE (Mo, Day, Yr): 9/4/1996

34. CREMATION FACILITY NAME: Win-quatt Crematory

35. LOCATION, CITY/TOWN, STATE: The Dalles, OR

36. NAME OF FACILITY: GARDNER FUNERAL HOME, INC.

37. ADDRESS OF FACILITY: POB 390 White Salmon, WA 98672

38. SIGNATURE OF DECEASED: [Signature]

39. SIGNATURE OF INFORMANT: [Signature]

40. DATE SIGNED (Mo, Day, Yr): September 9, 1996

41. HOUR OF DEATH (24 Hr): 1321

42. NAME AND TITLE OF ATTENDING PHYSICIAN OR OTHER PERSON CERTIFYING DEATH: Brad Andersen, Cor. Skamania Co. Courthouse Stevenson, WA

43. DATE SIGNED (Mo, Day, Yr): September 2, 1996

44. HOUR OF DEATH (24 Hr): 1345

45. MEDICINE FILE NUMBER: 96-0658K

46. IMMEDIATE CAUSE (Final illness or condition resulting in death): HEART ATTACK

47. DUE TO OR AS A CONSEQUENCE OF: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

48. DUE TO OR AS A CONSEQUENCE OF: AORTIC ANEURISM

49. DUE TO OR AS A CONSEQUENCE OF: ATHEROSCLEROTIC VASCULAR DISEASE

50. OTHER SIGNIFICANT CONDITIONS: [REDACTED]

51. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST (Specify): NATURAL

52. INJURY DATE (Mo, Day, Yr): [REDACTED]

53. HOUR OF INJURY (24 Hr): [REDACTED]

54. PLACE OF INJURY: [REDACTED]

55. INJURY AT WORK? (Yes/No): No

56. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): Yes

57. RECORD AMENDMENT (Register use only): [REDACTED]

58. DATE RECEIVED (Mo, Day, Yr): 9/10/96