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FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Doris Rosander

FEB 11 10 04 AM '98

GARY H. OLSON  
AUDITOR

AFTER RECORDING MAIL TO:

Name D.R. BEERE

Address 782 Kelly Henke RD

City/State STEVENSON Wn. 98648

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON

County of SKAMANIA

1. Doris Rosander, residing at 1001 Wind MLn, Stevenson, Wn., first being duly sworn, depose and say that:

1. J. Larry Rosander died testate in SKAMANIA CO. Wn. on 8-27, 1997.

2. At the time of his/her death, J. Larry Rosander was a widow/widower. His/Her spouse, Doris Rosander, died in 1997.

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of J. Larry Rosander are Doris Rosander, David A. Rosander, Gordon L. Rosander. The deceased, J. Larry Rosander, 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 J. Larry Rosander 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 SKAMANIA County located at 232 Marty Rd, Stevenson, Wn. and described as TAX NO 3-8-23-901 NW 1/4 Sec 23 T3N R8E See Page 2 for full legal description.

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 Feb. day of 10, 1998.

By: Doris Rosander  
Doris A. Rosander  
Gordon L. Rosander

Gary H. Martin, Skamania County Assessor  
Date 2/11/98 Parcel # 3-8-23-900

ALL SIGNATURES MUST BE NOTORIZED

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The North half of the following described tract: The West 1,585 feet of the  
Sout half of the South Half of the Northwest Quarter of Section 23, Township 3  
North, Range 8 East Willamette Meridian; Except the West 1,186 feet thereof.

da J. Kimmel, Skamer

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C

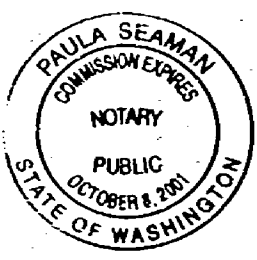
STATE OF WASHINGTON, } ss.  
 County of Skamania

ACKNOWLEDGMENT - Individual

On this day personally appeared before me David A. Rosander

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 10<sup>th</sup> day of February, 1998



Paula Seaman  
 Notary Public in and for the State of Washington,  
 residing at \_\_\_\_\_  
 My appointment expires 10.8.2001

STATE OF WASHINGTON, } ss.  
 County of \_\_\_\_\_

ACKNOWLEDGMENT - Corporate

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.

REAL ESTATE EXCISE TAX  
19359  
 FEB 11 1998  
 PAID exempt  
in  
 SKAMANIA COUNTY TREASURER

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 \_\_\_\_\_

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STATE OF WASHINGTON, } ss  
 County of Skamania **ACKNOWLEDGMENT - Individual**

On this day personally appeared before me Gordon Rusander & Doris M. Rusander  
 to be the individual(s) 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 10th day of February, 1998

Paula Seaman  
 Notary Public in and for the State of Washington,  
 residing at Skamania  
 My appointment expires October 8, 2001

STATE OF WASHINGTON, } ss  
 County of \_\_\_\_\_ **ACKNOWLEDGMENT - Corporate**

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 \_\_\_\_\_



173 111 303

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

22  
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146  
STATE FILE NUMBER

1 NAME Last First Middle <b>John Larry ROSANDER</b>			2 SEX (M/F) <b>Male</b>	3 DEATH DATE (Mo Day Yr) <b>8-27-1992</b>
4 AGE LAST BIRTHDAY (Yr/Mo) <b>52</b>	5 UNDER 1 YEAR MOS DAYS HRS <b>1</b>	6 UNDER 1 DAY HRS MINS <b>1</b>	7 BIRTH DATE (Mo Day Yr) <b>11-12-1939</b>	8 BIRTH PLACE (City, State or Foreign Country) <b>Centralia, Wa</b>
9 CITY, TOWN OR LOCATION OF DEATH <b>Underwood</b>			10 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>No</b>	11 COUNTY OF DEATH <b>Skamania</b>
12 PLACE OF DEATH (See box for place then give address or institution name) 1 (1) HOME 2 (2) IN TRANSIT 3 (3) IN HOME 4 (4) IN HOSP 5 (5) IN NURS HOME 6 (6) OTHER PLACE <b>Highway 14 MP 63</b>			13 SMOKING IN LAST 15 YEARS? (Yes/No) <b>No</b>	
14 MARITAL STATUS (Married, Never Married, Widowed, Divorced, Single) <b>Married</b>			15 SURVIVING SPOUSE (If alive give name and address) <b>Doris N. Talbert</b>	
16 SOCIAL SECURITY NO. <b>[REDACTED]</b>			17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary 10-12 College 13-16 <b>5</b>	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Reforestation Officer</b>			19 WAS DECEDENT OF HISPANIC ORIGIN OR DESCENT? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>	
20 RACE (Specify) <b>White</b>			21 RACE (Specify) <b>White</b>	
22 RESIDENCE NUMBER AND STREET <b>MP 1.00 L Wind Mt. Road</b>			23 CITY/TOWN OR LOCATION <b>Stevenson</b>	
24 INSIDE CITY LIMITS? (Yes/No) <b>No</b>			25A COUNTY <b>Skamania</b>	
25B LENGTH OF RES IN CO <b>24 Yrs</b>			26 STATE <b>Wa</b>	
27 ZIP CODE <b>98648</b>			28 FATHER'S NAME—FIRST AND LAST <b>John Martin Rosander</b>	
29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Floy Elizabeth Hayton</b>			30 # OF CHILDREN <b>3</b>	
31 MARITAL ADDRESS <b>MP 1.00 L Wind Mt. Road Stevenson, Washington 98648</b>			32 BIRTH DATE (Mo Day Yr) <b>9-4-1992</b>	
33 CEMETERY, CREMATORY, TOMB <b>Park Hill Crematory</b>			34 LOCATION CITY/TOWN STATE <b>Vancouver, Washington</b>	
35 ADDRESS OF FACILITY <b>Camas, Washington</b>			36 NAME OF FACILITY <b>Brown's Funeral Home</b>	
37 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				
38 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED				
39 SIGNATURE AND TITLE <b>[Signature]</b> County Coroner				
40 DATE SIGNED (Mo Day Yr) <b>August 31, 1992</b>				
41 HOUR OF DEATH (24 Hr) <b>2223</b>				
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>ROBERT K. LEICK, P. O. Box 790, Stevenson, WA 98648</b>				
43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED				
44 DATE SIGNED (Mo Day Yr) <b>August 27, 1992</b>				
45 HOUR OF DEATH (24 Hr) <b>2259</b>				
46 PROLONGED DEAD (24 Hr) <b>2259</b>				
47 MEDECORNER FILE NUMBER				
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH				
IMMEDIATE CAUSE (Final disease or condition resulting in death) 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 last condition, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which caused events resulting in death) LAST.				
A Massive Head Injury DUE TO OR AS A CONSEQUENCE OF				
B Automobile Accident DUE TO OR AS A CONSEQUENCE OF				
C DUE TO OR AS A CONSEQUENCE OF				
D DUE TO OR AS A CONSEQUENCE OF				
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				
52 ACC. SUICIDE, HOMICIDE, OR PENDING ARREST (Specify) <b>Accident</b>				
53 INJURY DATE (Mo Day Yr) <b>Aug. 27, 1992</b>				
54 HOUR OF INJURY (24 Hr) <b>2223</b>				
55 DESCRIBE HOW INJURY OCCURRED <b>Semi jack knifed in middle of road causing deceased's vehicle to collide with logs underneath semi.</b>				
56 PLACE OF INJURY: AT HOME, FARM, BLDG, ETC. (Specify) <b>State Highway</b>				
57 LOCATION: STREET, ROAD, OR LOCATION <b>St. Highway 14 @ MP 63, Underwood, Skamania County, Washington</b>				
58 RECORD AMENDMENT (Specify if any) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE <b>[Signature]</b>				
59 DATE RECEIVED (Mo Day Yr) <b>Sept 1, 1992</b>				

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/91) (Formerly DSHS 9-152)

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DOH 01-003 (7/89)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.