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BOOK 174 PAGE 528

FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Deanna Nading
MAR 18 4 19 PM '98
AUDITOR
GARY H. OLSON

Return Address:
Deanna Nading
P.O. Box 686
Carson, WA 98610

Please Print or Type Information.

Document Title(s) or transactions contained therein:
1. Declaration of heirship
2. Death Certificate
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)
1. Nading, Deanna
2. Nading, Clifford
3.
4.
[ ] Additional Names on page _____ of document.

Gary H. Martin, Skamania County Assessor
Date 3/18/1998 Parcel # 3-8-17-4-3100
Lot 24 Ind

REAL ESTATE EXCISE TAX
19380
MAR 19 1998
PAID Exempt
By Deputy
SKAMANIA COUNTY TREASURER

GRANTEE(S) (Last name, first, then first name and initials)
1. The Public
2. Nading, Deanna
3.
4.
[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)
Lot 24 Carson Valley Park
[ ] Complete legal on page 3 of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional parcel #'s on page _____ of document.
03-08-17-4-0-3100-00

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

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DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON)
)
County of Skamania)

I, Deanna, Jeff, & Marlene Nading, residing at Carson, Washington, first being duly sworn, depose and say that:

1. Clifford Lane Nading died testate in Carson, Washington on Nov. 23, 19 93.

2. [illegible]

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of ~~Clifford Lane Nading~~ are Deanna, Jeff, & Marlene Nading. The deceased, ~~Clifford Lane Nading~~, 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 Clifford Lane Nading and all other claims against the 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, Washington, located at 11 Alpine Rd. Carson, Washington, and described as 03-08-17-4-0-3100-00.

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 30th day of September, 19 96.

BY: Debi J Barnum DEBI J. BARNUM

SUBSCRIBED and SWORN TO before me this 30th day of Sept, 19___.

Deanna L. Nading
Marlene Nading Jonathan
Off Nady

Debi J Barnum DEBI J. BARNUM
NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: MAY 6, 1998

DEBI J. BARNUM NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES MAY 6, 1998

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

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STATE FILE NUMBER

DECEDENT

1. NAME (First, Middle, Last): Clifford Lane NADING
2. SEX (M / F): Male
3. DEATH DATE (Mo, Day, Yr): November 23 1993
4. AGE LAST BIRTHDAY (Yrs): 40
5. IF UNDER 1 YEAR (MOS / DAYS):
6. IF UNDER 1 DAY (HOURS / MINS):
7. BIRTHDATE (Mo Day Yr): Dec 13 1952
8. BIRTHPLACE (City, State or Foreign Country): Carlsbad NM
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
10. COUNTY OF DEATH: Skamania
11. CITY, TOWN OR LOCATION OF DEATH: Carson
12. PLACE OF DEATH (Check only one box): 1 ☒ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. ROOM/ED 4 ☐ HOSP 5 ☐ NURSING HOME 6 ☐ OTHER PLACE
FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: MP 1.35 Metzger
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): Deanna Wehner
16. SOCIAL SECURITY NO: [redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Laborer
19. KIND OF BUSINESS OR INDUSTRY: Labor Union
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:
21. RACE (Specify): Am Ind/White
22. RESIDENCE—NUMBER AND STREET: MP 1.35 Metzger Rd
23. CITY/TOWN, OR LOCATION: Carson
24. INSIDE CITY LIMITS? (Yes / No): No
25A. COUNTY: Skamania
25B. LENGTH OF RES IN CO: 9 yrs
26. STATE: Washington
27. ZIP CODE: 98610
28. FATHER'S NAME—FIRST, MIDDLE, LAST: Virgil -Nading
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Evelyn - Burrer
30. INFORMANT—NAME: Deanna Nading
31. MAILING ADDRESS (STREET OR RFD NO, CITY OR TOWN, STATE, ZIP): POB 686 Carson WA 98610
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33. DATE (Mo, Day, Yr): Nov 27 1993
34. CEMETERY/CREMATORY—NAME: Wind River Cemetery
35. LOCATION—CITY/TOWN, STATE: Carson WA
36. FUNERAL DIRECTOR SIGNATURE: X R. F. Dunlicky
37. NAME OF FACILITY: GARDNER FUNERAL HOME, INC.
38. ADDRESS OF FACILITY: POB 390 WHITE SALMON WA 98672

CERTIFIER

TO BE COMPLETED ONLY BY [illegible]

39. 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: X
40. DATE SIGNED (Mo., Day, Yr):
41. HOUR OF DEATH (24 Hrs):
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
43. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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.
SIGNATURE AND TITLE: X [signature] , Coroner
44. DATE SIGNED (Mo., Day, Yr): December 6, 1993
45. HOUR OF DEATH (24 Hrs): Between 0830 and 1228
46. PRONOUNCED DEAD (Mo., Day, Yr): November 23, 1993
47. HOUR PRONOUNCED DEAD (24 Hrs): 1245
48. MEDICORNER FILE NUMBER: 93-053SK

CAUSE OF DEATH

49. 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.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury which initiated events resulting in death) LAST.

A. ASPHYXIATION BY INHALATION OF AUTO EXHAUST — INTERVAL BETWEEN ONSET AND DEATH: Undetermined
DUE TO, OR AS A CONSEQUENCE OF:
B. AND CARBON MONOXIDE — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
C. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
D. — INTERVAL BETWEEN ONSET AND DEATH:

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.
52. AUTOPSY? (Yes / No): Yes
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes
54. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST. (Specify): UNDETERMINED
55. INJURY DATE (Mo, Day, Yr): 11/23/93
56. HOUR OF INJURY (24 Hrs): Between 0830 & 1228
57. DESCRIBE HOW INJURY OCCURRED: Enclosed garage w/vehicle (jeep) running/exhaust fumes
58. INJURY AT WORK? (Yes / No): No
59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify): Res. @ MP 1.35 Metzger
60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE: Carson, WA 98610

61. RECORD AMENDMENT (Registrar use only): ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62. STATE REGISTRAR SIGNATURE: X [signature] M.D
63. DATE RECEIVED (Mo, Day, Yr): Dec 07,1993

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-002 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (5/92)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST BE ISSUED BY THE OFFICIAL CUSTODIAN.

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LEGAL DESCRIPTION

LOT 24, CARSON VALLEY PARK ACCORDING TO THE RECORDED PLAT THEREOF RECORDED IN BOOK "A" OF PLATS, PAGE 148 IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.