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BOOK 181 PAGE 425

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

OCT 2 4 04 PM '58

O. Laury
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Skamania County Title

Address _____

City/State _____

Document Title(s): (or transactions contained therein)

1. Affidavits / Death Certificate
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. SMITH, KATHRYN L
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. BILLMAN, ALYCE M
2. BURKE, TERRY
3. SMITH, ROBERT H
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

NW 1/4 of SEC 21, T3N, R8E

Gary H. Martin, Skamania County Assessor

Date 10-5-98 Parcel # 38-21-2-908

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-21-2-0-0808-00

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

AFTER RECORDING MAIL TO:

Name Alyce M. HillmanAddress 1375 W. Laurence BlvdCity/State Port Angeles WA 98363DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT
STATE OF WASHINGTON
County of Clallam

1. Alyce M. Hillman, residing at Port Angeles Washington, first being duly sworn, depose and say that:
 1. Lawrence E. Smith died testate in White Salmon (Skyline Hospice) WASHINGTON, on 7 April, 1998.
 2. At the time of his/her death, Lawrence E. Smith was a widow/widower. His/Her spouse, Robert H. Smith, died in White Salmon, on 19, 1998.
 3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Lawrence E. Smith are Kathryn L. Smith and Robert H. Smith.
 4. The deceased, Lawrence E. Smith, left no children or children of children who predeceased him/her other than those named herein.
 5. The expenses of the last illness and burial of Lawrence E. Smith and all other claims against decedent's estate have been settled and paid. NO
 6. There are no Federal Estate taxes due or Washington inheritance taxes due.
 7. 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.
 8. At the time of decedent's death, decedent owned property in Carson WASHINGTON located at 81 Evergreen, and described as See attached.
 9. 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 FIRST day of September, 1998.

Alyce M. Hillman

ALL SIGNATURES MUST BE NOTARIZED

Signed before me as a notary Public
for State of Washington 9-1-98Cheryl F. Aris

AFTER RECORDING MAIL TO:

Name _____
 Address _____
 City/State _____

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT
 STATE OF WASHINGTON
 County of Pierce

1. Robert Hugh Smith, residing at 25518 40th Ave, first being duly sworn, depose and say that:
Washington
 1. Lawrence E. Smith, died testate in White Salmon, Washington, on April 7, 1998, was not a widow/widower (His/Her spouse, Kathryn L. Smith, was not)
Port Angeles, Washington
 2. At the time of his death, Lawrence E. Smith, died in Washington
 3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Lawrence E. Smith, on July 2, 1998, are Robert Hugh Smith, Kathryn L. Smith
The deceased, Lawrence E. Smith, left no children or children of children who predeceased him other than those named herein.
 4. The expenses of the last illness and burial of Lawrence E. Smith, and all other claims against decedent's estate have been settled and paid. By the Best of Robert H. Smith's knowledge.
 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 foreclosure 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 Carson, Oregon, WA, and described as NW 1/4 of SEC 21, T 3 N 8 R 8 E, located at 81 Evergreen

8. I, by my signature hereto, agree to indemnify and hold harmless SKAMANIA COUNTY TITLE from any and all liability, obligations, expenses, less costs of litigation costs which it may incur as a result of a claim of inaccuracy of any statement contained in this affidavit.

day of September, 1998

ALL SIGNATURES MUST BE NOTARIZED

Appeared before me this 6th day of September 1998.
Barry B. Beatty a Notary in and for the State of
Washington Residing in Clallam County. Expires 2-15-2000.

AFTER RECORDING MAIL TO:

Name TERRY BURKE
Address 3812 Lowell Rd
City/State Wenatchee Wa 78801

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT
STATE OF WASHINGTON
County of Chelan

1. TERRY BURKE, residing at 3812 Lowell Rd
Wenatchee Wa, first being duly sworn, depose and say that:

1. Lawrence E. Smith, died testate in White Salmon
Washington, on April 7, 1998.

2. At the time of his death, Lawrence Smith was a
Pont Angeles, Kathryn Smith died in
Married widow.

3. The sole surviving heirs at law and beneficiaries of the
Last Will and Testament of Lawrence Smith, on 4-2, 1998
Kathryn Smith.

The deceased, Lawrence Smith, 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 Lawrence
Smith and all other claims against decedent's estate
have been settled and paid. To the best of my knowledge

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 foreclosure 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
Oregon, Washington, located at 81 Evergreen
Rd, and described as NW 1/4 of Sec 21, T 3 N,

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 31 day of 8, 1998.

By: Terry Burke

Lawrence Smith

ALL SIGNATURES MUST BE NOTARIZED

NOTARY PUBLIC
STATE OF WASHINGTON
SEP 1 1998

AFTER RECORDING MAIL TO:

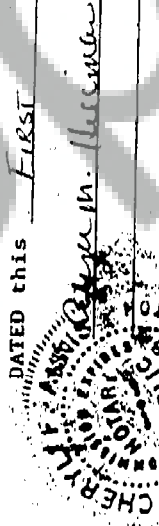
Name Alyce M. Hillman
 Address 1375 W. Cambridge, Blvd
 City/State Port Angeles, WA 98363

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT
 STATE OF WASHINGTON
 County of Okanagan

1. Alyce M. Hillman, residing at Port Angeles, WA, first being duly sworn, depose and say that:
1. Kathryn L. Smith, on 2 July, 1998, was a WASHWATER widow of her spouse, Harvey Smith, died in White Salmon, WASHINGTON (Skyline Hosp), on 4/7, 1998.
3. The sole surviving heirs at law and beneficiaries of the last will and testament of Kathryn L. Smith are Terry Burke, Robert H. Smith & Alyce M. Hillman.
- The deceased, Kathryn L. Smith, 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 Kathryn L. Smith and all other claims against decedent's estate have been settled and paid. NO
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 CARSON, WASHINGTON, located at 81 EVERETT, and described as see attached.

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 FIRST day of September, 19 98.



ALL SIGNATURES MUST BE NOTARIZED
 Signed before me as a Notary Public
 for State of Washington 9-1-98
 Cheryl A. Davis

AFTER RECORDING MAIL TO:

Name TERRY BUCKE
 Address 3812 Lovell Rd
 City/State Wenatchee, Wa

98801

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT
 STATE OF WASHINGTON
 County of Chelan

I, TERRY BUCKE, residing at 3812 Lovell Rd, Wenatchee, Wa, first being duly sworn, depose and say that:
 1. Kathryn L. Smith, on July 2, 1988, died testate in P.O.T. Angeles, Wash.

2. At the time of his/her death, Kathryn Smith, was a Widow. His/her spouse, Lawrence Smith, died in Wash.

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Kathryn Smith, on 7-7, 1988 are Robert Smith, Alyce Hillman, and Kathryn Smith.

4. The expenses of the last illness and burial of Kathryn Smith and all other claims against decedent's estate have been settled and paid. To the best of my knowledge

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 forbearance 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 Spokane, Wash., and described as N 3/4 of Sec 21, T 38N, R 8E, located at 81 Evergreen

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.

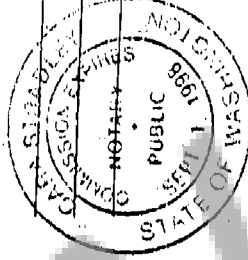
DATED this 8-31-88 day of August, 1988

By: Terry Bucke

[Signature]

[Signature]

ALL SIGNATURES MUST BE NOTARIZED



AFTER RECORDING MAIL TO:

Name _____
 Address _____
 City/State _____

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT
 STATE OF WASHINGTON
 County of Pierce

1. Robert Hugh Smith, residing at 25518 40th Avenue Ct. E., first being duly sworn, depose and say that:
 1. Kathryn L. Smith died testate in Port Angeles, Washington on July 2, 1998.
 2. At the time of his death, Kathryn L. Smith was a widow/widower. His/Her spouse, Larry Eugene Smith, died in White Salmon, Washington, on April, 1998.
 3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Kathryn L. Smith, are Terry Burke, Alyce Hillman, Robert Hugh Smith of children who predeceased him/her other than those named herein.
 4. The expenses of the last illness and burial of Kathryn L. Smith 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

Carsen, Washington, and described as NW 1/4 of Sec 21, T3N, R8E, located at 81 Enggren Street, Carsen, WA.

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 challenge of inaccuracy of any statement contained in this affidavit.

Subscribed and sworn to before me this 12 day of September, 1998.



ALL SIGNATURES MUST BE NOTORIZED

Appeared before me this 6th day of September 1998.

Debbie S. Bentley, a Notary in and for the State of Washington Residing in Clallam County Expires 2-15-2000



STATE OF WASHINGTON DEPARTMENT OF HEALTH

0331

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

1466-6-44

3-8-71-2-2-4

STATE FILE NUMBER

1. NAME KATHRYN LOUISE SMITH		2. SEX Female		3. DEATH DATE (Mo. Day Yr.) July 2, 1998	
4. AGE LAST BIRTHDAY 72	5. UNDER 1 YEAR NO	6. UNDER 1 DAY NO	7. BIRTHDATE (Mo. Day Yr.) May 19, 1926	8. BIRTHPLACE (City, State or Foreign Country) Union Gap, Washington	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
11. CITY, TOWN OR LOCATION OF DEATH Port Angeles			12. PLACE OF DEATH—BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Olympic Memorial Hospital		
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife give maiden name) N/A		16. SOCIAL SECURITY NO. [REDACTED]	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		19. KIND OF BUSINESS OR INDUSTRY Own Home		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) NO	
22. RESIDENCE—NUMBER AND STREET 1375 West Lauridsen Blvd.		23. CITY/TOWN OR LOCATION Port Angeles		24. INSIDE CITY LIMITS? (Yes/No) Yes	
25A. COUNTY Clallam		25B. LENGTH OF RES. IN CO. 21 Months		26. STATE WA	
27. ZIP CODE 98363		28. FATHER'S NAME—FIRST, MIDDLE, LAST William Marion Porter			
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Alice Blanche Cooley		30. Mailing Address 1375 West Lauridsen Blvd. Port Angeles, Washington 98363			
31. Informant—NAME Alyce Hillman		32. DATE (Mo. Day Yr.) July 7, 1998			
33. Burial, CREMATION, REMOVAL, OTHER (Specify) Crementation		34. CEMETERY/CREMATORY—NAME Mc. Angeles Crematory			
35. LOCATION—CITY/TOWN, STATE Port Angeles, Washington 98362		36. ADDRESS OF FACILITY PO Box 340, Port Angeles, WA 98362			
37. NAME OF FACILITY Harper-Ridgeview Funeral Chapel		38. ADDRESS OF FACILITY PO Box 340, Port Angeles, WA 98362			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED James T. Geren MD			40. 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 James T. Geren MD		
41. DATE SIGNED (Mo. Day Yr.) 7/7/98			42. HOUR OF DEATH (24 Hrs.) 2323		
43. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) James T. Geren MD			44. HOUR OF DEATH (24 Hrs.) 2323		
45. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) James T. Geren MD 912 Caroline, Port Angeles, Washington 98362			46. HOUR OF DEATH (24 Hrs.) 2323		
47. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) James T. Geren MD 912 Caroline, Port Angeles, Washington 98362			48. HOUR OF DEATH (24 Hrs.) 2323		
49. IMMEDIATE CAUSE (Final disease or condition resulting in death) COPD			50. INTERVAL BETWEEN ONSET AND DEATH		
51. 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.			52. INTERVAL BETWEEN ONSET AND DEATH		
53. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			54. INTERVAL BETWEEN ONSET AND DEATH		
55. ADD. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)			56. INTERVAL BETWEEN ONSET AND DEATH		
57. INJURY DATE (Mo. Day Yr.)			58. INTERVAL BETWEEN ONSET AND DEATH		
59. HOUR OF INJURY (24 Hrs.)			59. INTERVAL BETWEEN ONSET AND DEATH		
60. DESCRIBE HOW INJURY OCCURRED			60. INTERVAL BETWEEN ONSET AND DEATH		
61. INJURY AT WORK? (Yes/No)			61. INTERVAL BETWEEN ONSET AND DEATH		
62. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)			62. INTERVAL BETWEEN ONSET AND DEATH		
63. LOCATION—STREET OR RD NO., CITY/TOWN, STATE			63. INTERVAL BETWEEN ONSET AND DEATH		
64. RECORD AMENDMENT (Register or Use Only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE			64. INTERVAL BETWEEN ONSET AND DEATH		
65. REGISTRAR SIGNATURE [Signature]			65. INTERVAL BETWEEN ONSET AND DEATH		
66. DATE RECEIVED (Mo. Day Yr.) JUL 8 1998			66. INTERVAL BETWEEN ONSET AND DEATH		

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DOH-5 9-150) DOH 01-003 (3-96)

THIS CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

DESCRIPTION:

A tract of land in the West Half of the Southeast Quarter of the Northwest Quarter of Section 21, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

BEGINNING at a point 420 feet North and 350 feet East of the Southwest Corner of the Southeast Quarter of the Northwest Quarter of Section 21; thence North 200 feet; thence East 100 feet; thence South 200 feet to the North Line of Evergreen Street on the Plat of EVERGREEN ACRES; thence West along the North Line of said street to THE POINT OF BEGINNING.