133009 BOOK 181 PAGE 926

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
OCT 2 4 04 PM '98
O Lowry
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.

First American Title Insurance Company

(this space for title company use only)

Reference Numbers(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. HILLMAN, ALYCE M
2. BURKE, TERRY
3. SMITH, ROBERT H
4.
5. ☐ Additional names on page _______ of document

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed
Mailed

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

NW ¼ of SEC 21, T3N, R8E

Gary H. Martin, Skamania County Assessor
Date 10-5-98 Parcel # 3-8-21-2-808

☐ 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.*

BOOK 181 PAGE 926

AFTER RECORDING MAIL TO:
Name Alyce M. Hillman
Address 1375 W. Lauridsen Blvd
City/State Port Angeles Wa 98363

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

I, 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 Hospital) Washington, on 7 April, 1998.

2. At the time of his/her death, _____ was a widow/widower. His/Her spouse, _____, died in _____, _____, on _____, 19__.

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Larry E Smith are Kathryn L Smith and Robert H. Smith. The deceased, Lawrence E 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 E 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 Evergreen, 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, 1998.

Alyce M. Hillman

ALL SIGNATURES MUST BE NOTORIZED

Signed before me as a notary Public for State by Washington 9-1-98

Cheryl F. Arris

CHERYL F. ARRIS NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 9-23-98

BOOK 181 PAGE 927

AFTER RECORDING MAIL TO:

Name _____

Address _____

City/State _____

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON
County of Pierce

I, Robert Hugh Smith, residing at 25518 40th Ave. Ct. E., first being duly sworn, depose and say that:

1. Lawrence E. Smith died testate in White Salmon, Washington, on April 7, 19 98.

2. At the time of his/her death, Lawrence E Smith was a ~~not~~ widow/widower. His/Her spouse, Kathryn L. Smith, died in Port Angeles, Washington, on July 2, 1998.

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Lawrence E. Smith are Robert Hugh Smith, Kathryn L. Smith. The deceased, Lawrence E. 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 Eugene Smith and all other claims against decedent's estate have been settled and paid. TO 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 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 8 Evergreen Street, Carson, WA, and described as NW 1/4 of SEC 21, T 3 N, R 8 E.

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

6th day of September, 19 98.

Robert H Smith

ALL SIGNATURES MUST BE NOTARIZED

Appeared before me this 6th day of September 1998.
Peggy S. 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 Lovell Rd
City/State Wenatchee Wa
98801

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON
County of Chelan

I, TERRY BURKE, residing at 3812 Lovell 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/her death, Lawrence Smith was a Married widow/widower. His/Her spouse, Kathryn Smith, died in Port Angeles, Wash, on 4-2, 1998

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Lawrence Smith ~~and~~ Wife 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 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 Evergreen Dr, and described as NW¼ of Sec 21, T3N, R4E.

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 August, 1998.

By: [signature]

[signature]

ALL SIGNATURES MUST BE NOTORIZED

CARA STRADLEY NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES SEPT 1 1998

BOOK 181 PAGE 929

AFTER RECORDING MAIL TO:
Name Alyce M. Hillman
Address 1375 W. Lauridsen Blvd
City/State Port Angeles, WA 98363

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON
County of Clallam

I, Alyce M. Hillman, residing at Port Angeles, WA., first being duly sworn, depose and say that:

1. Kathryn L. Smith died testate in Port Angeles, WASHINGTON, on 2 July, 1998.

2. At the time of his/her death, She was a widow/widower. His/Her spouse, Larry Smith, died in White Salmon, WASHINGTON (Skyline Hospital), 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 EVERGREEN, 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, 1998.

Alyce M. Hillman

ALL SIGNATURES MUST BE NOTORIZED

CHERYL F. ASSI NOTARY PUBLIC STATE OF WASHINGTON 9-23

Signed before me as a Notary Public for State of Washington 9-1-98

Cheryl F. Assi

BOOK 181 PAGE 930

AFTER RECORDING MAIL TO:
Name TERRY BURKE
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 BURKE, residing at 3812 Lovell Rd. Wenatchee Wa, first being duly sworn, depose and say that:

1. Kathryn L. Smith died testate in Port Angeles, Wash, on July 2, 1998.

2. At the time of his/(her) death, Kathryn Smith was a widow/widower. His/Her spouse, Lawrence Smith, died in White Salmon, Wash, on 4-7, 1998.

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Kathryn Smith are TERRY BURKE Robert Smith Alyce Hillman. The deceased, Kathryn Smith, left 3 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 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 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, Wash. located at 81 Evergreen St, and described as NW¼ of Sec 21, T3N, R8E.

8. I, by my signature hereto, agree to indemnify and hold harmless SKAMANIA COUNTY TITLE from any and all lisbility, 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 8-31-98 day of _____, 19____.

By: _____

_____

_____

_____

ALL SIGNATURES MUST BE NOTORIZED

CARA SIZEMORE
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
SEPT 1, 1998

AFTER RECORDING MAIL TO:

Name _____

Address _____

City/State _____

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON
County of Pierce

I, 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/her death, Kathryn L. Smith was a (widow)widower. His/Her spouse, Terry 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. 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.

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 Evergreen Street, Carson, WA., and described as NW¼ of Sec 21, T3N, R8E.

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 6th day of September, 1998.

Robert Hugh Smith

ALL SIGNATURES MUST BE NOTORIZED

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

PEGGY S. BEATTY NOTARY PUBLIC STATE OF WASHINGTON 15-2000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

CERTIFICATE OF DEATH

Local File Number: 0331

State File Number: 146 6-6-98 3-8-71-2-858

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Field	Entry
1. Name (First, Middle, Last)	KATHRYN LOUISE SMITH
2. Sex	Female
3. Death Date	July 2, 1998
4. Age Last Birthday (Yrs)	72
7. Birthdate	May 19, 1926
8. Birthplace	Union Gap, Washington
9. Was decedent ever in U.S. Armed Forces?	No
10. County of Death	Clallam
11. City, Town or Location of Death	Port Angeles
12. Place of Death	4 ☒ Hosp — Olympic Memorial Hospital
13. Smoking in last 15 years?	No
14. Marital Status	Widowed
15. Surviving Spouse	N/A
16. Social Security No	[redacted]
17. Decedent's Education (Elementary/Secondary)	12
18. Usual Occupation	Homemaker
19. Kind of Business or Industry	Own Home
20. Was Decedent of Hispanic origin or descent?	No
21. Race	Caucasian
22. Residence — Number and Street	1375 West Lauridsen Blvd.
23. City/Town or Location	Port Angeles
24. Inside City Limits?	Yes
25A. County	Clallam
25B. Length of Res. in Co.	21 Months
26. State	WA
27. Zip Code	98363
28. Father's Name	William Marion Porter
29. Mother's Name	Alice Blanche Cooley
30. Informant — Name	Alyce Hillman
31. Mailing Address	1375 West Lauridsen Blvd. Port Angeles, Washington 98363
32. Burial, Cremation, Removal, Other	Cremation
33. Date	July 7, 1998
34. Cemetery/Crematory — Name	Mt. Angeles Crematory
35. Location — City/Town, State	Port Angeles, Washington 98362
36. Funeral Director Signature	X [signature]
37. Name of Facility	Harper-Ridgeview Funeral Chapel
38. Address of Facility	PO Box 340, Port Angeles, WA 98362
39. Certifying physician signature and title	X [signature]
40. Date Signed	7/3/98
41. Hour of Death (24 Hrs)	2323
48. Name and Address of Certifier	James T. Geren MD 912 Caroline, Port Angeles, Washington 98362
50. Immediate Cause (A)	COPD
52. Autopsy?	No
53. Was case referred to Medical Examiner or Coroner?	No
62. Registrar Signature	X [signature]
63. Date Received	JUL 8 1998

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/91) (formerly DSHS 9-150)
DOH 01-003 (3/96)

THIS IS A 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.