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BOOK 789 PAGE 813

FILED FOR RECORD
SKAMANIA CO. WASH
BY Glen Miller

MAY 28 1 27 PM '99

DeWing
AUDITOR

REAL ESTATE EXCISE TAX

AFTER RECORDING MAIL TO:

GARY H. OLSON

20225

MAY 28 1999

Name Glen R. MillerAddress P.O. Box 252PAID ExemptCity/State Vancouver WA 98651SW
SKAMANIA COUNTY TREASURER

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

1. Will / Affidavit of Heirship
2. Declaration
- 3.
- 4.



(this space for title company use only)

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. Miller, Joanne L.
- 2.
- 3.
- 4.

Gary H. Martin, Skamania County Assessor
Date 5/28/99 SW 3-10-22-1-4-1500
Parcel # _____5. ☐ Additional names on page _____ of document

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

1. Glen Miller, Glen R.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

Lot 19 of Scooter Tracts - Record in book A of Plots,
Page 138, Skamania Co., WA☐ Complete legal description is on page _____ of documentAssessor's Property Tax Parcel / Account Number(s): 03-10-22-1-4-1500

WA-1

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.

Filed for Record at Request of
and After Recording Return To:
Robert D. Weisfield, Attorney At Law
POB 421
Bingen, WA 98605
(509) 493-2772

**DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND
INDEMNITY AGREEMENT**

GLEN MILLER being first duly sworn, on oath, deposes and says:

I, GLEN MILLER, residing at 52 Circle Drive (P. O. Box 252), Underwood,
Washington, 98651, first being duly sworn, depose and say that:

1. JOANNE LOUISE MILLER died in Hood River, Oregon at the Hood River Care Center on August 6, 1998. At the time just prior to her last illness she was a resident of the State of Washington and owned property in Skamania County, Washington.
2. The surviving heirs at law and beneficiaries of JOANNE LOUISE MILLER are GLEN MILLER, surviving spouse, PHILANNE ABREU, daughter, of Temecula, California, and PATRICIA ANN ABREU, daughter, of Valley Center, California. The sole beneficiary of the Last Will and Testament of JOANNE LOUISE MILLER is her surviving spouse, GLEN MILLER.
3. The expenses of the last illness and burial of JOANNE LOUISE MILLER and all other claims against decedent's estate have been settled and paid.
4. There are no Federal Estate taxes due or Washington inheritance taxes due.
5. 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.
6. At the time of the decedent's death, decedent owned property in Underwood, Washington, located at 52 Circle Drive, Underwood, Washington, and described as Lot No. 19 of Sooter Tracts, according to the Plat thereof, recorded in Book A of Plats, Page 138, in the County of Skamania, State of Washington.

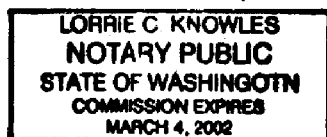
7. I, by my signature hereto, agree to indemnify and hold harmless SKAMANIA COUNTY TITLE COMPANY from any and all liability, obligations, expenses, legal fees or litigation costs which it may incur as a result of a falsity or inaccuracy of any statement contained in this affidavit.


DATED this 25th day of May, 1999.


GLEN MILLER, Affiant and
Surviving Spouse

STATE OF WASHINGTON)
) ss.
COUNTY OF KLUCKITAT)

SUBSCRIBED and SWORN TO before me this 25th day of May, 1999.




Lorrie C. Knowles
Notary Public in and for the State of
Washington, residing at White Salmon.
My commission expires: 3/4/02.

TA

BOOK 189 PAGE 816

(A)

In the Name of God -- Amen

KNOW ALL MEN, That I Joseph L. Millera resident of and domiciled in Eugenein the State of Oregon, of the age of 54 years, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomsoever, do make, publish and declare this my last will and testament in manner and form following, to-wit:

FIRST, I direct that all my just and unsecured debts and funeral expenses be duly paid and satisfied as soon as conveniently can be done after my decease.

SECOND, I direct that all my property, both real and personal, is bequeathed to my husband, Glen R. Miller.

IF Glen R. Miller is deceased then all property, both real and personal, will be divided equally between Phyllis Marie Smith and Patricia Anne Lecker

AND LASTLY, I nominate, constitute and appoint Glen R. Miller and or
Leslie Miller
 to be the executor of this, my will and the personal representative of my estate,
 hereby revoking all other wills by me heretofore made and declaring this, and no other, to be my last will and
 testament.

IN WITNESS WHEREOF, I have hereunto set my hand, on this 21 day of July
 in the year of Our Lord One Thousand Nine Hundred and

Witnesses:

Leslie Miller
Eugene Or
 Residence.

Betty B. Miller
Eugene Or
 Residence.

The said Joanne L. Miller declared the foregoing instrument to be his/her last will
 and testament and acknowledged aloud to each of the undersigned in the hearing and presence of each that the signa-
 ture previously made on said will was his/hers, whereupon each of the undersigned at his/her request attested said will
 by signing our respective names thereto as witnesses.

Joanne L. Miller
Betty B. Miller

Last Will
 and
 Testament
 of

Joanne L. Miller

(FORM No. 1402)

Dated 21 July 1980

STEVENS-KESS LAW FIRM, CO., PORTLAND, ORE.

CERTIFICATION OF VITAL RECORD

BOOK 189 PAGE 818

TYPE OR
PRINT IN
PERMANENT
BLACK INK

258 481
10. TAG NO.
4091-98
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

| | | | |
|--|-------------------------------------|---|--|
| 1. DECEDENT'S NAME First: Joanne Middle: Louise Last: MILLER | | 2. SEX Female | 3. DATE OF DEATH (Month, Day, Year) August 6, 1998 |
| 4. SOCIAL SECURITY NUMBER 525-34-0853 | 5a. AGE-Last Birthday (Years) 72 | 5b. Under 1 Year Mo. Days Hours | 6. BIRTHPLACE (City and State or Foreign Country) Albuquerque, NM |
| 7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 8. DATE OF BIRTH (Month, Day, Year) May 8, 1926 | |
| 9. FACILITY NAME (If not institution, give street and number) Hood River Care Center | | 10. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Employment <input type="checkbox"/> D.O.A. <input type="checkbox"/> Other | |
| 11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life) Secretary | | 12. SPOUSE (If Married, Indicate) Glen R. | |
| 13a. RESIDENCE - STATE Washington | | 13b. COUNTY Clark | |
| 14. DECEDENT'S USUAL RESIDENCE (Do not use relative) Came | | 15. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | |
| 16. RESIDENCE - CITY, TOWN, OR LOCATION Hood River | | 17. STREET AND NUMBER 2439 NW Logan | |
| 18. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 19. ZIP CODE 98607 | |
| 20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | 21. PLACE OF BIRTH (Specify) White | |
| 22. FATHER - NAME First Middle Last Cecil Shirey | | 23. MOTHER - NAME First Middle Last Emily Schmidt | |
| 24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State | | 25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Oak Hill Cemetery | |
| 26. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William P. Blum | | 27. OREGON LICENSE NO. (For Licensee) 3535 | |
| 28. DATE FILED (Month, Day, Year) August 7, 1998 | | 29. NAME ADDRESS AND ZIP OF FACILITY Gable & Parkrose Funeral Chapels, Inc 225 NE 80th Ave., Portland, OR 97213 | |
| 30. DATE OF DEATH (Month, Day, Year) August 7, 1998 | | 31. REGISTRAR'S SIGNATURE Dorothy A. Odell | |
| 32. TO BE COMPLETED BY CERTIFYING PHYSICIAN | | | |
| 33. TIME OF DEATH 2130 | | 34. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 35. DATE OF DEATH (Month, Day, Year) August 7, 1998 | | 36. DATE OF DEATH (Month, Day, Year) August 7, 1998 | |
| 37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Dr. Brenda Colfelt, MD 849 Pacific Avenue, Hood River, OR 97031 | | 38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | |
| 39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g., Cardiac or Respiratory Arrest) | | 40. INTERVAL BETWEEN ONSET AND DEATH | |
| (a) Chronic Obstructive Pulmonary Disease | | Years | |
| (b) Tobacco Use | | Interval between onset and death | |
| (c) Due to OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| 41. OTHER SIGNIFICANT CONDITIONS: Cardiac contributing to death but not resulting in the underlying cause given in PART I | | 42. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 43. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unexplained <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other | | 44. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 45. DATE OF INJURY (Month, Day, Year) | | 46. TIME OF INJURY | |
| 47. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) | | 48. LOCATION (Street and Number or Rural Route Number, City or Town, State) | |

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 5/98

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.

DATE ISSUED: HOOD RIVER AUG 07 1998 COUNTY OREGON

Dorothy A. Odell
DOROTHY A. ODELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE