

135302

BOOK 189 PAGE 822

FILED IN
SKAMANIA COUNTY
BY *Kielpinski & Woodrich*
MAY 28 1 53 PM '99
Olson
GARY H. OLSON

REAL ESTATE EXCISE TAX

AFTER RECORDING MAIL TO:

Kielpinski & Woodrich
P.O. Box 510
Stevenson WA 98648
(509) 427-5665

20224
MAY 28 1999
PAID Exempt
JW
SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained therein:

Affidavit of Heirship

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

Szydlo, Odile Eleanore

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

Schroeder, Cherie Cecilia

Abbreviated Legal Description: [i.e., lot/block/plat or sec/twp/range/X/W]

Lot 11/Block 10/North Bonneville

Reference Number(s) of Documents Assigned or Released: [BK/Pg/Aud#]

BK 73/267 KH
BK 157/pg 93

Assessor's Property Tax Parcel/Account Number(s):

~~03-08-31-0-0-0700-00~~
02-67-29-2-2-1100-00 KH

2-7-29-2-2-1100
5-28-99
5th

SEARCHED	<input checked="" type="checkbox"/>
INDEXED	<input checked="" type="checkbox"/>
SERIALIZED	<input checked="" type="checkbox"/>
FILED	<input checked="" type="checkbox"/>

AFFIDAVIT OF HEIRSHIP
REGARDING
ODILE ELEANORE SZYDLO

I, CHERIE CECILIA SCHROEDER, being first duly sworn, on oath, deposes and says:

1. I am the daughter of ODILE ELEANORE SZYDLO, whose Social Security Number is 549-24-4295, who died on January 21, 1998, being at the time of her death a resident of the County of Skamania, State of Washington, her residence being located at 42 Sweeney Rd., Stevenson, Washington 98648.
2. ODILE ELEANORE SZYDLO executed a Last Will and Testament on the 21st day of June 1996, which has been filed with the Clerk of the Superior Court of Skamania County, Washington, on the 12th day of May, 1999, under Skamania County Probate No. 99-4-00013-6, a true copy being attached hereto and incorporated herein by reference as though set forth herein in full.
3. At the date of her death, ODILE ELEANORE SZYDLO was survived by her daughter, CHERIE CECILIA SCHROEDER, whom is of legal age. Decedent had no other children, and there are no other legal heirs of said ODILE ELEANORE SZYDLO, living or deceased.
4. In her Last Will and Testament, ODILE ELEANORE SZYDLO, directed that:

I give, devise and bequeath unto my daughter, CHERIE CECILIA SCHROEDER, all of my estate, of whatsoever nature and wheresoever situate, the same to be hers absolutely and forever.
5. The estate of ODILE ELEANORE SZYDLO, included the following described assets, to-wit:

- (a) Real property located in Skamania County, Washington, more particularly described as follows:

Block 10, Lot 11, Plats of Relocated City of North Bonneville, County of Skamania, State of Washington.

- (b) Personal effects:

All of which is the property of said CHERIE CECILIA SCHROEDER under the aforesaid Last Will and Testament of said ODILE ELEANORE SZYDLO, deceased.

6. CHERIE CECILIA SCHROEDER was named Personal Representative and RODNEY WARREN, was named alternate Personal Representative of the Decedent's Last Will and Testament, but they have no intention of probating said Will and Estate; there exist an absence of unpaid creditor's claims, all known claims of the decedent, including expenses of last illness and funeral, having been heretofore paid or provided for; the property of the decedent being easily identifiable and all of the persons interested therein having agreed as to the distribution of the same; and, the personal property owned by the Decedent, including items of personal and sentimental value, having been given to her child and others prior to her death.
7. More than forty (40) days have elapsed since the date of death of the decedent ODILE ELEANORE SZYDLO. No application or petition for appointment of a Personal Representative is pending or has been granted in any jurisdiction, it being the intent of the heir of the decedent not to probate said estate by reason of the circumstances enumerated in the preceding paragraph.

99-4-00013-6 BOOK 189 PAGE 826

SKAMANIA COUNTY
ORIGINAL FILED
MAY 13 1999

**LAST WILL AND TESTAMENT
OF
ODILE ELEANORE SZYDLO**

Corey E. Hollis, Clerk
COPY

I, ODILE ELEANORE SZYDLO, a resident of Skamania County, Washington, do hereby make, publish and declare this my Last Will and Testament.

FIRST: I hereby revoke any and all Wills and Codicils by me heretofore made.

SECOND: I declare that I am a widow, my husband, STANLEY G. SZYDLO, having predeceased me in time. My immediate family consists of my daughter, CHERIE CECILIA SCHROEDER, who is emancipated. I have no adopted or deceased children. Except as provided herein below, I make no provision in this Will for any child who survives me, whether named herein or hereafter born or adopted, nor for the descendants of any child who does not survive me.

THIRD: The following general provisions apply to this Will:

- (a) Reference to children and issue shall include adopted persons and persons hereafter born unless the context requires otherwise.
- (b) For all beneficiaries a condition of survivorship shall mean surviving by at least thirty (30) days.
- (c) A per stirpes class gift shall be divided initially at the first generational level within the class where someone is living.
- (d) Unless the context requires otherwise, masculine, feminine and neuter gender may be used interchangeably, and plural or singular usage shall include the other.
- (e) No provision of this Will is intended to exercise any power of appointment I may have unless the power of appointment is identified therein.
- (f) Unless expressly provided otherwise, I intend the provisions of this Will to dispose only of such property as I may own, and I do not intend to require any beneficiary to make an election in order to receive such property. Further, this Will is freely revocable by me and is not the result of a contract with any person.

FOURTH: At my death, I may have prepared a handwritten and/or signed list defining the persons to whom I wish certain items of tangible personal property to pass. I intend that list to conform to R.C.W. 11.12.260 as a consequence of which the property listed thereon shall pass in

 Last Will and Testament of ODILE ELEANORE SZYDLO
(Testatrix's Initials)
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accordance with such list.

FIFTH: I give, devise and bequeath unto my daughter, **CHERIE CECILIA SCHROEDER**, all of my estate, of whatsoever nature and wheresoever situate, the same to be hers absolutely and forever. If my daughter, **CHERIE CECILIA SCHROEDER**, should not survive me, I give, devise and bequeath unto **RODNEY WARREN, IN TRUST**, for the educational, i.e., college, vocational or professional, benefit of my three great-grandchildren, **AARON MOYER**, currently 14 years of age; **AARIR MOYER**, currently 12 years of age; and **DAKOTA SCHROEDER**, currently three years of age, under the terms, conditions, uses and purposes herein set forth.

A. The trustee shall hold the trust estate as a single trust for the benefit of all of my great-grandchildren, so long as any such great-grandchild of mine is living and under the age of thirty-five (35) years. From the income and principal of the trust, the trustee may make discretionary distributions exclusively for the college, vocational, or professional education of any of the beneficiaries named herein.

B. If any beneficiary entitled to benefits under this trust should die before my youngest surviving great-grandchild reaches the age of 35 years, the trust shall then be for the benefit of the remaining living beneficiaries.

C. In making distributions, the trustee shall not be required to apportion benefits equally among such children, but is to take into consideration their respective educational requirements, earning capacity, prior distributions, and other circumstances affecting them individually.

D. Notwithstanding the above directions, within the limitations of the funds available and considering the requirements of the beneficiaries, the trustee is authorized to assist each beneficiary, regardless of age, only in acquiring a college or trade school, and if desired, a professional education; provided that all distributions to or for any beneficiary for educational benefits exceeding the ordinary four year college course or its equivalent shall be charged without interest as an advancement against such beneficiary's share of any subsequent division of the trust as described in Subparagraph E, below.

E. At such time as my youngest surviving great-grandchild attains the age of 35 years, the remaining corpus and accumulated income of the trust shall be divided equally among the beneficiaries and distributed to them.

F. The share of each then living beneficiary shall be distributed to the beneficiary thereof outright, free of trust.

G. After division and until distribution, the net income and principal of each



Last Will and Testament of **ODILE ELEANORE SZYDLO**

(Testatrix's Initials)

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undistributed share or subshare shall be distributed to the beneficiary thereof in accord with the standards set forth in Subparagraphs A, C, and D above.

H. The trustee shall render an annual statement of account to the beneficiary of this trust, or during his/her minority to his/her guardian(s). Such statement shall set forth all receipts and educational disbursements in connection with this trust during the accounting period, and shall show the assets then held in trust hereunder. The trustee, to the extent permitted by law, shall be relieved from compliance with the obligations of any and all trustee's accounting statutes now or at any time hereafter in effect; provided, however, that any trustee of this trust, or any adult beneficiary or guardian of a minor beneficiary, may invoke such statutes at any time.

I. The trustee shall be fully protected in relying upon the advice of legal counsel on questions of law and shall not be liable for any loss or damage caused by an agent selected by the trustee if reasonable care shall have been exercised in selecting and retaining such agent or attorney.

J. No interest in this trust estate shall vest in any beneficiary until actually paid to him/her, nor shall the same be liable for his/her debts or subject to the process or seizure of any court of subject to bankruptcy proceedings, or any process whatsoever. No beneficiary hereunder shall have the power to anticipate, assign, alienate, or encumber his/her interest in the trust. In the event any beneficiary cannot receive and enjoy the specifically educational benefits of this trust which would ordinarily be distributable to him/her, they may be held by the trustee temporarily, or distributed to any other beneficiary or beneficiaries hereunder, as the trustee shall elect. Any such payment over to any other beneficiary shall be final and conclusive upon all parties claiming hereunder.

K. The trustee may resign upon thirty (30) days written notice to the beneficiaries or their parents or guardians. If there is no successor trustee named herein, or if that successor trustee is unable or unwilling to so serve, then the resigning trustee shall appoint, with the consent of the beneficiaries, or their guardian, a successor trustee. If the resigning trustee is unwilling to appoint a successor, or dies or is otherwise unable to make such an appointment, then any beneficiary may petition a court of competent jurisdiction for the appointment of a successor trustee, giving all beneficiaries or their parents or guardians at least fifteen (15) days' written notice of the time and place of the hearing. Notices may be sent by certified mail, return receipt requested.

L. In addition to the foregoing, the trustee shall have full power and authority to pay the expenses of the trust lawfully chargeable to the trust estate; to pay himself reasonable compensation for services as trustee, including extra compensation for any extraordinary services.

M. The word "trustee" as used herein shall refer to sole or co-trustees, to original, alternate or successor trustees, as may be appropriate in the context.

 Last Will and Testament of ODILE ELEANORE SZYDLO
(Testatrix's Initials)
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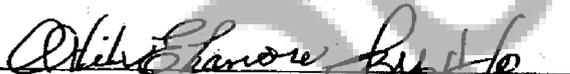
SIXTH: I direct that all costs of administration, and all taxes or duties (including interest thereon) imposed by any jurisdiction on or in relation to any property includable in my estate because of my death, whether or not such property passes under the provisions of this Will, be paid out of the residue of my estate. The personal representative shall have authority to prepay or defer any taxes attributable to remainder interests created under this Will. To the extent such taxes cannot be satisfied from my residuary estate, they shall be prorated among the beneficiaries of property passing under the provisions of this Will, or outside the provisions of this Will, as if there were no provisions for such taxes herein.

SEVENTH: I hereby appoint my daughter, CHERIE CECILIA SCHROEDER, the personal representative of my estate to act without bond, but if she is deceased, or unable or unwilling to serve, or resigns, dies or becomes incapacitated after qualifying, I appoint RODNEY WARREN, currently residing in Washougal, Washington, as alternate personal representative, likewise to act without bond. The words "personal representative" refer to executor or executrix, as the case may be.

EIGHTH: I direct that my estate be settled in the manner provided for herein. I give my personal representative full power to administer this Will and my estate without the intervention of the court, it being my intention to avail myself of the provisions of the non-intervention Will statutes of the State of Washington. My personal representative shall have full power after the entry of an order of solvency to alienate, mortgage, pledge, lease, sell, exchange, manage and convey the real and personal property disposed of by this Will, and to borrow money, with or without security, without an order of the court for that purpose, and without notice, approval or confirmation and whether or not the same is necessary for the administration of my estate. These non-intervention powers shall be unrestricted.

NINTH: It is my wish and I direct that upon my death my personal representative donate whatever of my remains are usable to a donor program and that my remains be cremated and my ashes spread over my home property.

IN WITNESS WHEREOF, I have hereunto set my hand and published and declared this as my Last Will and Testament at Stevenson, Skamania County, Washington, this 21st day of June, 1996.


ODILE ELEANORE SZYDLO, Testatrix

The foregoing instrument, consisting of four (4) typewritten pages, including this page, was on the 21st day of June, 1996, signed by the said Testatrix and published and declared to be her Last Will and Testament in the presence of us and each of us who, at her request and in her presence and in the presence of each other, now sign our names as witnesses thereto.

 Last Will and Testament of ODILE ELEANORE SZYDLO
(Testatrix's Initials)
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witnesses were each competent and of legal age.

Robert K. Leick
Witness ROBERT K. LEICK
Residing at Stevenson, Washington

Claudia J. Leick
Witness CLAUDIA J. LEICK
Residing at Stevenson, Washington

SUBSCRIBED AND SWORN TO before me on this 21st day of June, 1996.

Shirley J. Tomalen
Notary Public in and for the State of Washington
Residing at White Salmon, therein.
My commission expires April 23, 2000.

OE Last Will and Testament of ODILE ELEANORE SZYDLO
(Testatrix's Initials)
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 189 PAGE 832

TYPE OR PRINT IN PERMANENT BLACK INK

05
LOCAL FILE NUMBER

Health
CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME First Middle Last Odile Eleanor SZYDLO		2 SEX (M/F) Female	3 DEATH DATE (Mo. Day Yr) Jan. 21, 1998
4 AGE LAST BIRTH DAY (Yr-Mo-Dy) 81	5 UNDER 1 YEAR MOS DAYS	6 UNDER 1 DAY HOURS MIN	7 BIRTH DATE (Mo. Day Yr) 5/14/1916
8 BIRTH PLACE (City, State or Foreign Country) Trip Sand Lake, WI		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No	10 COUNTY OF DEATH Skamania
11 CITY/TOWN/LOCATION OF DEATH Stevenson			12 PLACE OF DEATH (If not for place then give address or institution name) 42 Sweeney Road
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed	15 SURVIVING SPOUSE (If wife give maiden name)	16 SOCIAL SECURITY NO.	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (14 or 5+)
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19 KIND OF BUSINESS OR INDUSTRY Wash. Liquor Store	20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) No	21 RACE (Specify) White
22 RESIDENCE—NUMBER AND STREET 42 Sweeney Road	23 CITY/TOWN/LOCATION Stevenson	24 INSIDE CITY LIMITS? (Yes/No) No	25 COUNTY Skamania
26 FATHER'S NAME—FIRST, MIDDLE, LAST John L. DeGroot	27 MOTHER'S NAME—FIRST, MIDDLE, MARDEN SURNAME Odile - Claeys	28 LENGTH OF RES. IN CO. 81 yrs	29 STATE WA
30 INFORMANT—NAME Cherie Schroeder	31 MAILING ADDRESS P.O. Box 434 Stevenson, WA 98648	32 BURIAL CREMATION REMOVAL (Other specify) Cremation	33 DATE (Mo. Day Yr) 1/21/1998
34 CEMETERY/CREMATORY—NAME Win-quatt Crematory	35 LOCATION—CITY/TOWN, STATE The Dalles, OR	36 ADDRESS OF FACILITY POB 390	37 NAME OF FACILITY GARDNER FUNERAL HOME, INC. White Salmon, WA 98672
38 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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 Ray E. Simmons M.D.		40 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 41 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	
42 DATE SIGNED (Mo. Day Yr) 1/23/98	43 HOUR OF DEATH (24 Hr.) 0310	44 DATE SIGNED (Mo. Day Yr)	45 HOUR OF DEATH (24 Hr.)
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	47 PRONOUNCED DEAD (Mo. Day Yr)	48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Raymond FitzSimmons, M.D. POB 1519 White Salmon, WA 98672	49 ME/CORONER 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 CHOKING OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Specify all conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		INTERVAL BETWEEN ONSET AND DEATH	
A METASTATIC BREAST CANCER		Months	
B Breast Cancer		Years	
C		INTERVAL BETWEEN ONSET AND DEATH	
D		INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE VULVAR CANCER			
52 AUTOPSY? (Yes/No) No	53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes	54 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)	
55 INJURY DATE (Mo. Day Yr)	56 HOUR OF INJURY (24 Hr.)	57 DESCRIBE INJURY OCCURRED	
58 INJURY AT WORK? (Yes/No)	59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, BLDG. ETC. (Specify)	60 COUNTY, STATE, ZIP CODE, CITY/TOWN, STATE	
61 RECORD AMENDMENT (Register or use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE	62 RECORD SIGNATURE	63 DATE RECEIVED (Mo. Day Yr) 1/23/98	

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