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BOOK 192 PAGE 70

FILED
SEP 1 1993
BY Kielpinski

AUG 4 2 59 PM '93

AMUSE

CARTER OLSON

REAL ESTATE EXCISE TAX
20339

AFTER RECORDING MAIL TO:

Kielpinski & Woodrich
P.O. Box 510
Stevenson WA 98648
(509) 427-5655

AUG 1993

PAID Exempt

SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained therein:

Affidavit of Heirship

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

Klima, Marjorie Louise

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

Klima, Edward F.

Abbreviated Legal Description: [i.e., lot/block/plat or
sec/twp/range/1/4]

Lot 3, Section 27, Township 2 North, Range 6

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

Book 3, pages 95 and 96

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

2-6-27-4-105

20499

AFFIDAVIT OF HEIRSHIP
REGARDING
MARJORIE LOUISE KLIMA

I, EDWARD F. KLIMA, being first duly sworn, on oath, deposes and says:

1. I am the husband of MARJORIE LOUISE KLIMA, whose Social Security Number is 562-40-3039, who died on May 15, 1995, being at the time of her death a resident of the County of Skamania, State of Washington, her residence being located at 92 High Point Rd., Stevenson, Washington 98648.
2. MARJORIE LOUISE KLIMA died intestate, a resident of Skamania County, Washington leaving property in Skamania County, Washington, subject to probate. No will has been found.
3. At the date of her death, MARJORIE LOUISE KLIMA was survived by her husband, EDWARD F. KLIMA, whom is of legal age. Decedent had two children of a previous marriage namely, DARCY PRICE and SHANNON VIDAUAARETTA. There are no other legal heirs of said MARJORIE LOUISE KLIMA, living or deceased.
4. Under the law of Descent and Distribution, RCW 11.04.015 (a), all community assets owned by MARJORIE LOUISE KLIMA, become the property of her husband EDWARD F. KLIMA.
5. The estate of MARJORIE LOUISE KLIMA, included the following described assets, to-wit:

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

Lot 3, LANDERHOLM SHORT PLAT, according to the Plat thereof, recorded in Book 3, Pages 95 and 96, Skamania County Short Plat Records, being a portion of the North half of the Southeast quarter of Section 27, Township 2 North, Range 6 East of the Willamette Meridian.

Gary H. Martin, Skamania County Assessor

Date 8-4-99 Parcel # 02 06 27 4 0 0105 00

All of which is the property of said EDWARD F. KLIMA under the law of descent and distribution, RCW 11.04.015.

6. EDWARD F. KLIMA has no intention of probating said 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 husband and others prior to her death.
7. More than forty (40) days have elapsed since the date of death of the decedent MARJORIE LOUISE KLIMA. 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.
8. There is no federal inheritance tax payable on this estate as said estate is within the amount provided for exemptions providing for payment of inheritance tax payable on this Estate.
9. This Affidavit is made for the purpose of inducing third persons to rely on the contents herein and the representations made relative to the no-probate estate of said MARJORIE LOUISE KLIMA, Deceased. Affiant and each of the signatories hereto covenant to indemnify

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and hold harmless anyone relying upon these representations against a contrary state of fact.

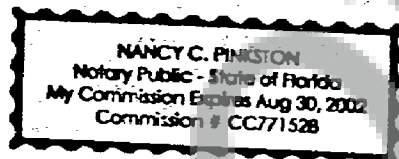
10. At the date of this Affidavit, affiant's legal address is shown beneath her signature.

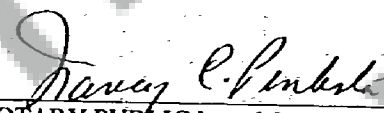

EDWARD F. KLIMA

STATE OF FLORIDA)
COUNTY OF MARTIN) ss.

I certify that I know or have satisfactory evidence that EDWARD F. KLIMA signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated this July 27, 1999, 1999.




NOTARY PUBLIC in and for
the State of FLORIDA
My commission expires 8-30-2002

STATE OF WASHINGTON DEPARTMENT OF HEALTH

14

Health

BOOK 146

CERTIFICATE OF DEATH

STATE FILE NUMBER

1 NAME: Marjorie Louise KLIMA

2 SEX (M/F): F

3 DEATH DATE (Mo, Day, Yr): May 15, 1995

4 AGE LAST BIRTH DAY (Yr): 61

5 UNDER 1 YEAR: YES

6 UNDER 1 DAY: NO

7 BIRTH DATE (Mo, Day, Yr): 08/29/33

8 BIRTH PLACE: Struthers, OH

9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): NO

10 COUNTY OF DEATH: Skamania

11 CITY, TOWN OR LOCATION OF DEATH: Skamania

12 PLACE OF DEATH: 92 High Point Road

13 SMOKING IN LAST 15 YEARS? (Yes/No): yes

14 MARITAL STATUS: Married

15 SURVIVING SPOUSE (if wife, give maiden name): Dr. Edward Klima

16 SOCIAL SECURITY NO.:

17 DECEDENT'S EDUCATION (Specify only highest grade completed): 12

18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIREE): Beautician/Homemaker

19 KIND OF BUSINESS OR INDUSTRY: Own Home

20 Was Decedent of Hispanic origin or descent? (Specify): White

21 RACE (Specify): White

22 RESIDENCE - NUMBER AND STREET: 92 High Point Road

23 CITY/TOWN OR LOCATION: Skamania

24 HOUSE CITY LAKE/ST: Skamania

25 COUNTY: WA

26 LENGTH OF RES. IN CO: 2yrs

27 ZIP CODE: 98648

28 FATHER'S NAME - FIRST, MIDDLE, LAST: William Shanley Caldwell

29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: Margaret Anna Mathey

30 INFORMANT - NAME: Dr. Edward Klima

31 MAILING ADDRESS: 92 High Point Road, Skamania, WA 98648

32 BURIAL/CREMATION: Cremation

33 DATE (Mo, Day, Yr): 0517/95

34 CEMETERY/CREMATORY - NAME: Park Hill Crematory

35 LOCATION - CITY/TOWN, STATE: Vancouver, WA

36 FUNERAL DIRECTOR SIGNATURE: [Signature]

37 NAME OF FACILITY: Affordable Cremation Service

38 ADDRESS OF FACILITY: 3205 S.E. 39th Avenue/Portland, OR 97202

39 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN: [Signature]

40 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER: [Signature]

41 DATE SIGNED (Mo, Day, Yr): 5/17/95

42 HOUR OF DEATH (24 Hr): 2010

43 DATE SIGNED (Mo, Day, Yr):

44 HOUR OF DEATH (24 Hr):

45 NAME AND TITLE OF ATTENDING PHYSICIAN OR OTHER TRULY CERTIFIER (Type or Print): John R. Rastall, MD, 700 N.E. 87th Avenue, Vancouver, WA 98664

46 HOUR PRONOUNCED DEAD (24 Hr):

47 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): John R. Rastall, MD, 700 N.E. 87th Avenue, Vancouver, WA 98664

48 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

49 IMMEDIATE CAUSE (First disease or condition resulting in death): a. cirrhosis, Jaenices

50 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 last condition, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:

52 ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST (Specify):

53 INJURY DATE (Mo, Day, Yr):

54 HOUR OF INJURY (24 Hr):

55 DESCRIBE HOW INJURY OCCURRED:

56 INJURY AT WORK? (Yes/No):

57 PLACE OF INJURY - AT HOME, FARM, STREET, FAC/WORK OFFICE, BLDG, ETC (Specify):

58 LOA/ATOM - STREET OR RD NO., CITY/TOWN, STATE:

59 RECORD AMENDMENT (Signature and only):

60 DATE RECEIVED (Mo, Day, Yr): MAY 17 1995