

137384

BOOK 196 PAGE 624

FILED IN BOOK  
SKAMANIA COUNTY  
BY Theodore Marks

FEB 10 3 10 PM '00

G. Lowry

GARY H. OLSON

## AFTER RECORDING MAIL TO:

Name Ted MarksAddress 16644 N.E. OregonCity/State Portland, Or 97230

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

STATE OF WASHINGTON OregonCounty of MultnomahI, Theodore M. Marks, Jr., residing at 16644 N.E. Oregon St. Portland, Or. 97230, first being duly sworn, depose and say that:1. Katherine E. Marks died testate in Portland Multnomah County Oregon, on April 6, 1999.2. At the time of her death, Katherine E. Marks was a widow/widower. Her spouse, Theodore M. Marks, died in Portland, Multnomah County, Oregon, on 10/04, 1975.3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Katherine E. Marks are Theodore M. Marks, Jr.The deceased, Katherine E. Marks, 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 Katherine E. Marks 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 Skamania County, Wash. River Hwy. and described as 5 mile post, Sec. 4, T. 3N, R. 7 1/2 E. W.M. Parcel No. 03750800

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 14th day of December, 1999.By: Theodore M. Marks, Jr.

|           |          |
|-----------|----------|
| Deposited | <u>1</u> |
| Filed     | <u>1</u> |
| Noted     | <u>1</u> |
| Witnessed | <u>1</u> |
| Notarized | <u>1</u> |

ALL SIGNATURES MUST BE NOTORIZED

STATE OF WASHINGTON, } ss. ACKNOWLEDGMENT - Individual  
County of

On this day personally appeared before me Theodore M. Marks, Jr. to me known  
to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he  
signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 14<sup>th</sup> day of December, 1999.

*[Signature]*  
Notary Public in and for the State of Washington  
residing at 4930 SE Woodstock Blvd.  
Portland, Or 97206  
My appointment expires 10/21/00

STATE OF WASHINGTON, } ss. ACKNOWLEDGMENT - Corporate  
County of

On this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me, the undersigned, a Notary Public in and for the State of  
Washington, duly commissioned and sworn, personally appeared \_\_\_\_\_  
\_\_\_\_\_ and \_\_\_\_\_ to me known to be the  
\_\_\_\_ President and \_\_\_\_\_ Secretary, respectively, of \_\_\_\_\_  
the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary  
act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that \_\_\_\_\_  
authorized to execute the said instrument and that the seal affixed (if any) is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

**REAL ESTATE EXCISE TAX**  
**20654**  
**FEB 10 2000**  
**PAID** *[Signature]*  
**SKAMANIA COUNTY TREASURER**

Notary Public in and for the State of Washington,  
residing at \_\_\_\_\_  
My appointment expires \_\_\_\_\_

WA-46A (11/96)

This jarat is page \_\_\_\_ of \_\_\_\_ and is attached to \_\_\_\_\_ dated \_\_\_\_\_



A tract of land in the Southeast Quarter of Section 1, Township 3 North, Range 7 1/2 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Southeast corner of said Section 1; thence North along the East line of said Section 1 a distance of 1,726.81 More or Less to the Southwesterly line of Wind River Highway (being 150 feet wide); thence Northwesterly along the Southwesterly line of said Highway 450 feet to the most Northwest Corner of a tract of land Conveyed to David L. Allen et ux by instrument recorded in Book 165, Page 238, which is the True Point of Beginning; thence South Parallel with the East line of said Section 1 to a point which is 168.66 feet North of the North line of the Southeast Quarter of the Southeast Quarter of said Section 1; thence West on a line parallel with and 168.66 feet North of the North line of said Southeast Quarter of the Southeast Quarter to the Southeast Corner of a Tract of land Conveyed to Tracy A. Hamblet et al by instrument recorded in Book 180, Page 388; thence North along said East line 168.66 feet to the Northeast Corner of the said Hamblet Tract; thence West along said North line to the Northwest Corner of said Hamblet Tract, which is also the West line of the Northeast Quarter of the Southeast Quarter of said Section 1; thence North along the West Line of the Northeast Quarter of the Southeast Quarter of said Section 1 to the Southeast Corner of a Tract of land Conveyed to Douglas Schulze et ux by instrument recorded in Book 125, Page 254; thence North along said East line 293 feet more or less to the Northeast Corner of said Schulze Tract; thence West along said North line to the most Southeast Corner of Lot 1 of the Katherine Marks Short Plat recorded in Book 2 of Short Plats, Page 180; thence North 0° 05' 53" East along said East Line 336.74 feet; thence South 88° 29' 52" East along the most Easterly South line of said Lot 1, a distance of 440.14 feet more or less to the Southwesterly line of the Wind River Highway; thence Southwesterly along the Southwesterly line of said Wind River Highway to the True point of beginning.

Gary H. Martin, Skamania County Assessor

Date 2-10-2000 Parcel # 03 25 01 00 1400 00

BOOK 196 PAGE 627  
75-016610

843

STATE OF OREGON - HEALTH DIVISION  
Vital Statistics Section

CERTIFICATE OF DEATH

|   |  |   |  |
|---|--|---|--|
| DECEASED NAME<br><b>THEODORE MELVIN MARKS, SR.</b>                  |  | DATE OF DEATH month day year<br><b>October 4, 1975</b>  |  |
| RACE AND COLOR<br><b>White</b>                                      |  | AGE<br><b>68</b>  |  |
| SEX<br><b>Male</b>  |  | DATE OF BIRTH month day year<br><b>February 4, 1907</b>   |  |
| COUNTY OF DEATH<br><b>Washington</b>                                | CITY, TOWN OR LOCATION OF DEATH<br><b>Portland</b>   | HOSPITAL OR OTHER INSTITUTION - NAME<br><b>St. Vincent's Hospital</b>   |  |
| STATE OF BIRTH<br><b>Oregon</b>                                     | CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   | NAME OF SPOUSE<br><b>Katherine E. Marks</b>   |  |
| SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>                         | USUAL OCCUPATION<br><b>Self employed</b>   | KIND OF BUSINESS OR INDUSTRY<br><b>Auto Body &amp; Fender</b>   |  |
| RESIDENCE STATE<br><b>Oregon</b>                                    | CITY, TOWN OR LOCATION<br><b>Portland</b>  | STREET AND NUMBER OR R.F.D.<br><b>706 N.E. 165th Ave.</b>   |  |
| FATHER NAME<br><b>John C. Marks</b>                                 |  | MOTHER NAME<br><b>Lydia Stalder</b>   |  |
| DEATH WAS CAUSED BY<br><b>Heart disease and Respiratory failure</b> |  | ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)<br><b>Essential Hypertension</b><br><b>Generalized arteriosclerosis</b> |  |
| PART II OTHER SIGNIFICANT CONDITIONS<br><b>[REDACTED]</b>           |  | AUTOPSY<br><b>NO</b>  |  |
| ACCIDENT<br><b>NO</b>   | DATE OF INJURY<br><b>10/4/75</b>   | HOW INJURY OCCURRED<br><b>[REDACTED]</b>  |  |
| INJURY AT WORK<br><b>NO</b>   | PLACE OF INJURY<br><b>[REDACTED]</b>   | LOCATION<br><b>[REDACTED]</b>   |  |
| CERTIFICATION<br>PHYSICIAN<br><b>[REDACTED]</b>                     | DATE<br><b>10/4/75</b>   | DEATH OCCURRED<br><b>2:00 PM</b>  |  |
| PHYSICIAN SIGNATURE<br><b>[REDACTED]</b>                            | NAME<br><b>Martin F. Gilmore</b>   | DATE SIGNED<br><b>10/11/75</b>  |  |
| ADDRESS<br><b>919 S. W. Taylor St.</b>                              | CITY<br><b>Portland</b>  | STATE<br><b>Oregon</b>  |  |
| BURIAL, CREMATION, REMOVAL<br>MAVS<br><b>MAUSOLEUM</b>              | CEMETERY OR CREMATORY NAME<br><b>Lincoln Mem. Mausoleum</b>  | LOCATION<br><b>Portland</b>   |  |
| FUNERAL DIRECTOR SIGNATURE<br><b>[REDACTED]</b>                     | FUNERAL HOME NAME AND ADDRESS<br><b>Caldwell's Colonial Mortuary 20 NE 14 Portland, Ore. 97232</b> | DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 9 1975</b>   |  |
| REGISTRAR SIGNATURE<br><b>[REDACTED]</b>                            | DATE RECEIVED BY STATE REGISTRAR<br><b>OCT 22 1975</b>   |   |  |

Gary H. Martin, Skamania County Assessor

Date 2-10-2000 Parcel # 03 25 61 00 1400 00

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED Apr. 22 1980

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

RECORDER'S NOTE:  
NOT AN ORIGINAL DOCUMENT

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION



# CERTIFICATION OF VITAL RECORD

BOOK 96 PAGE 628

289325

01832

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

State File Number

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| 1. DECEDENT'S NAME<br>Katherine Elizabeth MARFS   |                                     | 2. SEX<br>Female  | 3. DATE OF DEATH (Month, Day, Year)<br>April 6, 1999 |
| 4. SOCIAL SECURITY NUMBER<br>542-52-7960  | 5a. AGE Last Birthday (Years)<br>92 | 5b. Under 1 Year<br>Mo: Days  | 5c. Under 1 Day<br>Hours: Mins                       |
| 6. PLACE OF BIRTH (City and State or Foreign)<br>Schonthal, Russia  |                                     | 7. DATE OF BIRTH (Month, Day, Year)<br>November 6, 1906   |  |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |   |  |
| 9. FACILITY NAME (If not institution, give street and number)<br>413 NE 140th Ave.                                |                                     |   |  |
| 10a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life)<br>Homemaker                 |                                     | 10b. END OF BUSINESS/INDUSTRY<br>Own Home   |  |
| 11. MARITAL STATUS (Married, Never Married, Widowed, Divorced, (Specify))<br>Widowed                              |                                     | 12. SPOUSE (If Married, (Specify))<br>Theodore Melvin   |  |
| 13a. RESIDENCE - STATE<br>Oregon  |                                     | 13b. COUNTY<br>Multnomah  |  |
| 13c. CITY, TOWN OR LOCATION<br>Portland   |                                     | 13d. STREET AND NUMBER<br>16644 NE Oregon Street  |  |
| 14. RESIDENCE CITY (Lat/Long)   | 15. ZIP CODE<br>97230               | 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)<br>No |  |
| 17. FATHER - NAME (First, middle, last)<br>George Casper Steinmetz  |                                     | 18. MOTHER - NAME (First, middle, last)<br>Mary Elizabeth Fischer   |  |
| 19. METHOD OF DISPOSITION (Burial, Cremation, Removal from State, Other (Specify))<br>Burial                      |                                     | 20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br>Lincoln Memorial Park                     |  |
| 21. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br>Kerrie Wright                        |                                     | 22. OREGON LICENSE NO. (If Licensed)<br>3626  |  |
| 23. DATE FILED (Month, Day, Year)<br>APR 12 1999  |                                     | 24. REGISTRAR SIGNATURE<br>Submahan   |  |

|   |  |   |  |
|---|--|---|--|
| 27. TIME OF DEATH<br>1845   |  | 28. WAS MEDICAL EXAMINER NOTIFIED?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 29. To the best of my knowledge, death occurred at the time, date, place and (Signature)<br>Annette D. Hicks, MD  |  |   |  |
| 30. DATE SIGNED (Month, Day, Year)<br>4-9-99  |  |   |  |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)<br>Guido, Annette 5050 NE Boyd St., Portland, OR 97213, Ste 203   |  |   |  |
| 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  |   |  |
| 33. IMMEDIATE CAUSE (Enter primary cause, then list other causes in order of importance)<br>Cerebral vascular accident  |  | 34. INTERVAL BETWEEN ONSET AND DEATH<br>12  |  |
| 35. DUE TO OR AS A CONSEQUENCE OF<br>adherosclerosis  |  | 36. INTERVAL BETWEEN ONSET AND DEATH<br>30 years  |  |
| 37. DUE TO OR AS A CONSEQUENCE OF   |  | 38. INTERVAL BETWEEN ONSET AND DEATH  |  |
| 39. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to death but not resulting in the underlying cause given in PART I  |  |   |  |
| 40. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other |  | 41. DATE OF INJURY (Month, Day, Year)   |  |
| 42. TIME OF INJURY  |  | 43. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))                    |  |
| 44. DESCRIBE HOW INJURY OCCURRED  |  | 45. LOCATION (Street and Number or Rural Route Number, City or Town, State)                               |  |

Gary H. Martin, Skamania County Assessor

Date 4-10-2000 Parcel #03750100140000  
ORIGINAL-VITAL STATISTICS COPY

RECORDER'S NOTE:

NOT AN ORIGINAL DOCUMENT

Hilda Chaski Adams  
HILDA CHASKI ADAMS, MPH  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED APR 12 1999



LAST WILL AND TESTAMENT

OF

KATHERINE E. MARKS

I, Katherine E. Marks, of Portland, Oregon being of lawful age, of sound and disposing mind and memory, and acting free of menace, duress, fraud or undue influence, do make, publish and declare this to be my Last Will and Testament, hereby revoking and annulling any and all wills and codicils heretofore made by me.

I

I direct the prompt payment of my just debts, the expenses of my last illness and funeral, and the administration expenses of my estate. All estate and inheritance taxes and death duties accruing by reason of my death, including that on property not subject to probate, shall be borne by my estate.

II

For the purposes of this Will, any person or persons who die within sixty (60) days from the date of my decease shall be deemed to have predeceased me.

III

I hereby give, devise and bequeath to the following named individuals and churches the cash amount set opposite the name of each (subject to certain conditions hereinafter contained):

|  |            |
|--|------------|
| Rivercrest Community Congregational Church | \$1,000.00 |
| First United Methodist Church              | 1,000.00   |
| Mamie Sherman                              | 500.00     |
| Paul Quarino                               | 1,000.00   |
| Bill Steinmetz, my nephew                  | 1,000.00   |
| Thomas E. Williams, my greatgrandnephew    | 1,000.00   |
| Edward R. Steinmetz, my brother            | 1,000.00   |
| Edward Steinmetz, my nephew                | 1,000.00   |
| George Steinmetz, my nephew                | 1,000.00   |



BOOK 196 PAGE 630

|  |          |
|--|----------|
| Robert L. Steinmetz, my brother                        | 1,000.00 |
| David L. Fuller, my nephew                             | 1,000.00 |
| Brian Fuller, my grandnephew                           | 1,000.00 |
| Angela Fuller, my grandniece                           | 1,000.00 |
| Ted Marks, my grandnephew and my husband's<br>namesake | 1,000.00 |
| Mrs. David (Sandra) Bartels                            | 1,000.00 |

Said bequests to be made and honored so long as the gross value of the estate is in excess of \$50,000.00.

IV

I give, devise and bequeath all of the rest, residue and remainder of my estate to the Trustees under the provisions of Katherine E. Marks Revocable Trust, made as of 1991, for the uses and purposes as therein set forth.

V

I hereby appoint Theodore M. Marks, Jr., my son, Personal Representative of this my Will. If he fails to qualify or ceases to act hereunder, I appoint Mrs. David (Sandra) Bartels, in the alternative. I further direct that neither of the persons named herein shall be required to file bond or enter other security in any jurisdiction for faithful performance of their duties.

VI

I hereby empower and authorize my Personal Representative to hold and retain as investments of my estate pending distribution hereunder, all my property wheresoever situated, and to sell, transfer, convey, exchange, hypothecate or in any way dispose of for the purpose of payment of my just debts and expenses or making distribution, or for any other purpose whatever which he/she may deem prudent, any and all such prices and on such terms as he/she may deem proper and prudent, to make, execute and deliver any legal instruments that may be necessary or convenient

BOOK 196 PAGE 631

for passing title or ownership thereto, freed and discharged of all trust, without liability of the purchaser to see to the application of the purchase money. My Personal Representative named herein is hereby empowered to make distribution to by beneficiary, beneficiaries, or trustees, prior to the closing of my estate.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at Portland, Or. this 28 day of January, 1992.

Katherine E. Marks

The foregoing instrument, consisting of four pages, including this page, was on this 28 day of January, 1992 in our presence, signed, published and declared by Katherine E. Marks, to be her Will, who appeared to us of sound and disposing mind and memory, not acting under fraud, duress or undue influence, as and for her Last Will and Testament, in our presence, in the presence of each of us, and we, at the same time, at his request and in the presence of each other, hereunto subscribed our names as attesting witnesses thereto.

[Signature]  
Steven Brooks

residing at 19031 S. Coquille  
Oregon City, Or 97045

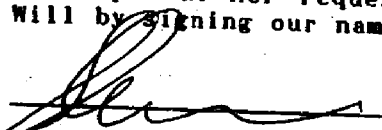
[Signature]  
John E. John

residing at 2332 SE 52nd  
Portland, OR 97215



STATE OF OREGON       )  
                                  ) ss  
County of Multnomah )

We, the undersigned, being sworn, each for himself says: On the date of the foregoing Will of Katherine E. Marks and in my presence, said Katherine E. Marks signed the same and declared it to be her Will; that the above paragraph is true and reaffirmed; whereupon at her request and in her presence, we attested the Will by signing our names hereto.



SUBSCRIBED AND SWORN TO by each of the affiants above named on the 28 day of January, 1992.

My commission expires:

  
Notary Public for Oregon 9/24/92