

BOOK 197 PAGE 351

Mar 15 3 10 PM '00

O'Lawry

GARY H. ALSON

Virginia L. Ross, Attorney
8830 SW Woodside Dr.
Portland, OR 97225

In the matter of the Estate of James Hambleton, Sr. Deceased

County of CLARK

) SS:

I, Anita Hambleton, being duly sworn, say:

1

I am the surviving spouse of James Hambleton and I am a legal resident of Clark County, Washington. I reside at 8914 SE Evergreen Hwy, Vancouver, WA 98664.

2.

My husband, James Hambleton, Sr. died testate on February 6, 1991 and his estate has been duly probated, distributed and closed (Clark Co. # 91-4-00149-0).

3

At the time of his death, James Hambleton and I held title to an undivided one-half interest in the following real property located in Skamania County, Washington.

That part of the South 750 feet of the Southwest Quarter of the Northwest Quarter of Section 26, Township 2 North, Range 5 East of the Willamette Meridian lying West of the center line of the Washougal River and East of the Old Washougal River County Road.

2-5-26-701

EXCEPT public Roads. EXCEPT mineral rights granted to Prindle Mountain Quarry, a Washington corporation. SUBJECT to easements, covenants, conditions and restrictions of record.

4.

The last deed recorded for this property in Skamania County (Oct. 20, 1977, Book 73, Page 655) shows title in the names of James Hambleton and myself, Anita Hambleton, as husband and wife and Floyd and Helen Hambleton as husband and wife, each couple owning an undivided one-half interest. More than 15 years ago, all of the title owners of this property assigned the property to an oral partnership between James and Floyd Hambleton (James and Floyd Hambleton Partnership) however the assignment was never formalized or recorded.

5.

Accordingly, at the time of James Hambleton's death, our undivided one-half interest in this property was held as a partnership asset. As documented in the probate records of his estate, James Hambleton's interest in the James and Floyd Hambleton partnership passed to me under the probate. No deed was required to transfer this interest because the partnership interest was treated as personal property. The partnership then continued as a new agreement between Floyd and myself, Anita Hambleton, after the death of James Hambleton.

6.

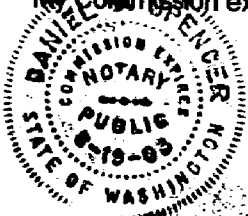
As of October 19, 1999, the partnership between Floyd Hambleton and me has been dissolved. This Affidavit together with the death certificate of James Hambleton is submitted to clarify the chain of title for this property. The deed submitted together with this Affidavit is a terminating distribution from that partnership. The deed transfers my undivided one-half interest in this property to the Hambleton Family Limited Partnership. Floyd Hambleton and I were all of the partners of the partnership, and we have both signed the deed as partners.

Anita Hambleton
ANITA HAMBLETON

Subscribed and sworn to before me on December 8, 1999.

Daniel J. Spencer
Notary Public

My Commission expires: 8-19-03



STATE OF WASHINGTON DEPARTMENT OF HEALTH																			
1. NAME - FIRST, MIDDLE, LAST James Henry HAMBLETON, SR.		2. SEX Male		3. DEATH DATE (Mo., Day, Yr.) 2-6-91		14608 197 PAGE 353 STATE FILE NUMBER													
4. AGE LAST BIRTHDAY (Yrs.) 62		5. UNDER 1 YEAR MO. DAYS HOURS MINS 12-26-28		6. BIRTH DATE (Mo., Day, Yr.) No. Dakota		7. BIRTH STATE (If not in USA give country) USA		8. CITIZEN OF WHAT COUNTRY? Clark											
9. CITY, TOWN OR LOCATION OF DEATH Vancouver		10. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 8914 SE Evergreen Highway		11. SNOWING IN LAST 15 YEARS? (Yes/No) No															
12. MARRITAL STATUS - Married, Never Married, Widowed, Divorced, Separated Married		13. SURVIVING SPOUSE (If with give maiden name) Anita Mae L. Freeman		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) YES		15. SOCIAL SECURITY NO. 542-24-1837		16. HIGH SCHOOL GRADUATE? (Yes/No) NO											
17. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT SIGNATURE)		18. KIND OF BUSINESS OR INDUSTRY Lumber Co.		19. THIS DECEDENT OF HISPANIC ORIGIN OR DESCENT? (Ancestry) Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc. No		20. RACE (White, Black, Asian or Pacific Islander, Am. Ind. Hspenic, etc.) White													
21. RESIDENCE - NUMBER AND STREET 8914 SE Evergreen Hwy.		22. CITY/TOWN OR LOCATION Vancouver		23. ZIP CODE 98664		24. STATE Washington		25. ZIP CODE 98664											
26. FATHER'S NAME - FIRST, MIDDLE, LAST Marion Dale Hambleton		27. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Bergit M. Hanson																	
28. INFORMANT - NAME Anita Mae L. Hambleton, wife		29. MAILING ADDRESS 8914 SE Evergreen Hwy.		30. CITY OR TOWN Vancouver, Wa.		31. STATE 98664													
32. BURIAL, CREMATION, REINTERMENT, OTHER (Specify) Burial		33. DATE (Mo., Day, Yr.) 2-11-91		34. CEMETERY/CREMATORY - NAME Evergreen Memorial Gardens		35. LOCATION - CITY/TOWN STATE Vancouver, Wa.													
36. FUNERAL DIRECTOR (Name) Memorial Gardens Mortuary		37. NAME OF FACILITY 1101 NE 112th Ave		38. ADDRESS OF FACILITY Vancouver,															
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN																			
40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X <i>[Signature]</i> M.D.										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 DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X																			
42. DATE SIGNED (Mo., Day, Yr.) 2/12/91										43. HOUR OF DEATH (24 Hrs.) 2255									
44. NAME AND TITLE OF ATTENDING PHYSICIAN (If other than certifier, type or print) John Wallace, M.D. 3414 N. Kaiser Center Dr. Portland, Or. 97227										45. HOUR OF DEATH (24 Hrs.)									
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) John Wallace, M.D. 3414 N. Kaiser Center Dr. Portland, Or. 97227																			
47. PART I: ENTER THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. A. METASTATIC ADENOCARCINOMA OF THE ESOPHAGUS DUE TO OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF INTERVAL BETWEEN ONSET AND DEATH 13 MONTHS																			
48. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE C. AUTOPSY (Yes/No) No										49. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? YES									
50. ACC. SUICIDE NO. UNDET. OR PENDING INVEST. (Specify) 51. INQUIRY DATE (Mo., Day, Yr.) 52. HOUR OF INQUIRY (24 Hrs.) 53. DESCRIBE HOW INQUIRY OCCURRED																			
54. INQUIRY AT WORK (Yes/No) 55. PLACE OF INQUIRY - AT HOME, FARM, STREET, FACTORY, OFFICE, SLOD, ETC. (Specify) 56. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE																			
57. SIGNATURE X <i>[Signature]</i> Karen Steingart, M.D.										58. DATE SIGNED (Mo., Day, Yr.) FEB 14 1991									
DOH 110-008 (Rev. 8/88) (formerly DSHS 9-150)																			

SEAL

FEB 14 1991

Karen Steingart, M.D.
KAREN STEINGART, M.D.
HEALTH DISTRICT OFFICER

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

DOH 01-003 (7/89)