

139525

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Return to:
Ronald Knutson
5527 75th Ave CT W
Tacoma, WA 98467

FILED FOR RECORD
SKAMANIA COUNTY WASH
By *Ron Knutson*

OCT 31 10 48 AM '00
G. Lowry
AUDITOR
GARY H. OLSON

REAL ESTATE EXCISE TAX

21171
OCT 31 2000

AFFIDAVIT OF HEIRSHIP

PAID *exempt*
W. J. J. J. J.
SKAMANIA COUNTY TREASURER

I, Katherine A. LaVeille, being duly sworn, do affirm:

1. Decedent, Ajay A. LaVeille, died in Wasco County, Oregon, on June 13, 1994, and at the time of death was the owner of the following property:

Vendor in a contract of sale for cabin and cabin site No. 44, Northwestern Lake, Skamania County, Washington

2. At the time of death, decedent was survived by Katherine A. LaVeille, his spouse.

3. Decedent had the following children, or next of kin, surviving on the date of death:

NAME	RELATIONSHIP	AGE
Barbara K. Leingang	Daughter	57
John E. LaVeille	Son	45

Gary H. Martin, Skamania County Assessor
Date *10/31/00* Parcel # *98-10-2-444*

4. The children listed above are all the children of the spouse shown in No. 2 above.

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AUDITOR

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5. If any children predeceased the decedent, and left children of their own, said children are listed in No. 3 above.
6. A copy of the decedent's death certificate is attached.
7. There is no probate of the estate of the decedent in any state and no probate will be initiated by affiant.
8. All claims against the estate of the decedent, all bills of the decedent, including costs of any last illness and death, have been paid. In addition any and all estate taxes, federal or state, have been paid.

Dated: September 29, 2000

Katherine A. LaVeille
Katherine A. LaVeille

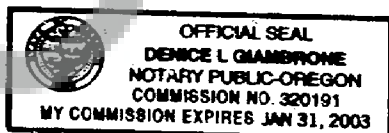
STATE OF OREGON

Multnomah
COUNTY OF WASHINGTON

)
) ss.
)

On this 6th of October, 2000, personally appeared the herein
Katherine A. LaVeille who acknowledged the herein instrument to be her voluntary act and deed.

Before me:



Denise L. Giambrone
NOTARY PUBLIC FOR THE STATE OF OREGON

My Commission Expires: 1-31-03

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CERTIFICATION OF VITAL RECORD

151977 OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
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CERTIFICATE OF DEATH

1. DECEASED'S NAME: **Ajay Andrew LAVEILLE** 2. SEX: **Male** 3. DATE OF DEATH (Month, Day, Year): **June 13, 1994**

4. SOCIAL SECURITY NUMBER: **536-20-0342** 5. AGE (at death): **85** 6. BIRTHPLACE (City and State or Foreign Country): **Concrete, WA** 7. DATE OF BIRTH (Month, Day, Year): **January 15, 1909**

8. DECEASED'S US ARMY SERVICE: **None** 9. PLACE OF DEATH (Check only one): **Home** 10. COUNTY OF DEATH: **Wasco**

11. FACILITY NAME (if the decedent died in a hospital, nursing home, or other facility): **Mid Columbia Medical Center** 12. CITY, TOWN, OR LOCATION OF DEATH: **The Dalles**

13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life): **Supervisor** 14. KIND OF BUSINESS/INDUSTRY: **Aluminum Production** 15. MARITAL STATUS - Married, Never Married, Divorced, Widowed: **Married** 16. SPOUSE'S NAME (Include maiden name): **Katherine Ann**

17. RESIDENCE - STATE: **Oregon** 18. COUNTY: **Wasco** 19. CITY, TOWN, OR LOCATION: **The Dalles** 20. STREET AND NUMBER: **750 Division La Sp 218**

21. RACE: **White** 22. DECEASED'S EDUCATION (Specify any degree or grade completed): **12**

23. FATHER'S NAME: **Frank T. LaVeille** 24. MOTHER'S NAME: **Catherine Webster** 25. DECEASED'S SIGNATURE: **Katherine LaVeille, wife**

26. METHOD OF DEATH (Check only one): **Natural** 27. PLACE OF DEATH (Check only one): **Home** 28. LOCATION (City or Town, State): **The Dalles, Oregon**

29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: **Win-quatt Crematory** 30. LICENSE NUMBER: **0080** 31. NAME, ADDRESS AND ZIP OF FACILITY: **Spencer, Libby & Powell Funeral Home, 1100 Kelly Ave., The Dalles, OR 97058**

32. DATE OF DEATH (Month, Day, Year): **June 13, 1994** 33. DECEASED'S SIGNATURE: **Shirley Richmond, Deputy**

34. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR AUTOPSY? **Yes** 35. WAS GIFT MADE? **Yes**

36. TIME OF DEATH: **21:40 p.m.** 37. DATE OF DEATH: **June 13, 1994**

38. SIGNATURE OF PHYSICIAN: **C. William Dronkowski, M.D.** 39. ADDRESS AND ZIP OF PHYSICIAN: **1825 East 19th St, The Dalles, OR 97058**

40. IMMEDIATE CAUSE OF DEATH (Enter only one cause per line for ICD-10 and ICD-9. Do not enter mode of dying e.g. Cardiac or Respiratory Arrest): **RESPIRATORY FAILURE** 41. DUE TO, OR AS A CONSEQUENCE OF: **4 HRS**

42. IMMEDIATE CAUSE OF DEATH (Enter only one cause per line for ICD-10 and ICD-9. Do not enter mode of dying e.g. Cardiac or Respiratory Arrest): **CARDIAL ARRHYTHMIA** 43. DUE TO, OR AS A CONSEQUENCE OF: **7 HRS**

44. OTHER SIGNIFICANT CONDITIONS: **PROSTATE GLAND, C.F., COPD, OSTEOPOROSIS** 45. DID DECEASED USE CONDOM? **Yes** 46. AUTOPSY: **Yes** 47. YES, WITH UNDERSTANDING OF CONSEQUENCES OF DEATH? **Yes**

48. MANNER OF DEATH: **Natural** 49. DATE OF DEATH: **June 13, 1994** 50. TIME OF DEATH: **21:40** 51. PLACE OF DEATH: **Home** 52. LOCATION (Street and Number or Rural Route Number, City or Town, State): **The Dalles, Oregon**

ORIGINAL VITAL STATISTICS COPY

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

DATE ISSUED:

JUN 15 1994

Carla Chamberlain
COUNTY REGISTRAR
WASCO COUNTY, OREGON

