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FILED FOR RECORD
SKAMANIA CO. WASH
BY Ron Knutson
Oct 31 10 48 AM '00
Lawry
AUDITOR
GARY H. OLSON

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

REAL ESTATE EXCISE TAX
21171
OCT 31 2000
PAID Exempt
Treasurer Deputy
SKAMANIA COUNTY TREASURER

AFFIDAVIT OF HEIRSHIP

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 # 03-10-2-144

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

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)
) ss.
COUNTY OF ~~WASHINGTON~~ Multnomah)

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:

OFFICIAL SEAL
DENICE L GIAMBRONE
NOTARY PUBLIC-OREGON
COMMISSION NO. 320191
MY COMMISSION EXPIRES JAN 31, 2003

NOTARY PUBLIC FOR THE STATE OF OREGON

My Commission Expires: 1-31-03

CERTIFICATION OF VITAL RECORD

151977 — OREGON DEPARTMENT OF HUMAN RESOURCES — HEALTH DIVISION — CENTER FOR HEALTH STATISTICS

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CERTIFICATE OF DEATH

1. DECEDENT'S NAME	Ajay Andrew LaVEILLE
2. SEX	Male
3. DATE OF DEATH	June 13, 1994
4. SOCIAL SECURITY NUMBER	536-20-0342
5a. AGE-Last Birthday	85
6. BIRTHPLACE	Concrete, WA
7. DATE OF BIRTH	January 15, 1909
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	No
9. PLACE OF DEATH	Hospital: Inpatient; Other: Other (Specify)
9a. FACILITY NAME	Mid Columbia Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH	The Dalles
9d. COUNTY OF DEATH	Wasco
10a. DECEDENT'S USUAL OCCUPATION	Supervisor
10b. KIND OF BUSINESS/INDUSTRY	Aluminum Production
11. MARITAL STATUS	Married
12. SPOUSE	Katherine Ann
13a. RESIDENCE - STATE	Oregon
13b. COUNTY	Wasco
13c. CITY, TOWN OR LOCATION	The Dalles
13d. STREET AND NUMBER	750 Division Ln Sp 218
13e. INSIDE CITY LIMITS?	No
13f. ZIP CODE	97058
14. WAS DECEDENT OF HISPANIC ORIGIN?	No
15. RACE	White
16. DECEDENT'S EDUCATION	12
17. FATHER - NAME	Frank T. LaVeille
18. MOTHER - NAME	Catherine Webber
19. INFORMANT - NAME	Katherine LaVeille, wife
20a. METHOD OF DISPOSITION	Cremation
20b. PLACE OF DISPOSITION	Win-quatt Crematory
20c. LOCATION	The Dalles, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	Merle E. Powell
21b. LICENSE NUMBER	0080
22. NAME, ADDRESS AND ZIP OF FACILITY	Spencer, Libby & POwell Funeral Home 1100 Kelly Ave., The Dalles, OR 97058
23. DATE FILED	June 15, 1994
24. REGISTRAR'S SIGNATURE	Phyllis Richmond, Deputy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSIDERATION?	No
26. WAS GIFT MADE?	No

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	21:40 p.
28. WAS MEDICAL EXAMINER NOTIFIED?	No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause and manner stated. (Signature)	C. Willian Dronkovski
30. DATE SIGNED	6/14/94
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER	C. Willian Dronkovski, M.D., 1825 East 19th St, The Dalles, OR 97058
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH	
31b. DATE PRONOUNCED DEAD	
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause and manner stated. (Signature)	
33. DATE SIGNED	
COUNTY	

CONDITIONS IF ANY GIVING RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 35a, 35b AND 35c) Do not enter mode of dying, eg Cardiac or Respiratory Arrest		
PART I — 35a. DUE TO, OR AS A CONSEQUENCE OF	Respiratory Failure	Interval between onset and death: 4 HRS
35b. DUE TO, OR AS A CONSEQUENCE OF	Cardial Arrythmia	Interval between onset and death: 4 HRS
35c.		Interval between onset and death
PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not resulting in the underlying cause given in PART I	Prostate Ca, CHF, COPD, Osteoporosis	

37. Did tobacco use contribute to death?	Yes / Probably / No / Unknown	38. AUTOPSY	39. Were autopsy findings considered in determining cause of death?
		No	Yes / No / N/A

40. MANNER OF DEATH	Natural / Accident / Suicide / Homicide / Pending Investigation / Undetermined / Legal Intervention	41a. DATE OF INJURY	41b. TIME OF INJURY
41c. INJURY AT WORK?	No	41d. DESCRIBE HOW INJURY OCCURRED	
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 11-82

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DATE ISSUED: JUN 15 1994

Carla Chamberlain
CARLA CHAMBERLAIN
COUNTY REGISTRAR
WASCO COUNTY, OREGON

WASCO COUNTY BOARD OF HEALTH THE DALLES, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE