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BOOK 207 PAGE 446

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Peter C. McCord*

RETURN ADDRESS:

Peter C. McCord
Attorney at Law
5410 S. W. Macadam Avenue, Suite 100
Portland, Oregon 97201

MAR 8 3 20 PM '01

Olson
AUDITOR
GARY H. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Affidavit of Heirship

2.

3.

4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Good, Virginia A.

2.

3.

4.

REAL ESTATE EXCISE TAX

21401

☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Good, Virginia A. (Trustee)

2.

3.

4.

PAID *exempt**by [Signature]*
SKAMANIA COUNTY TREASURER☐ Additional Names on Page _____ of Document.LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)
E 1/2 of NE 1/4 and SW 1/4 of NE 1/4 of Sect. 20, T2N, R6E of the WM, and
additional property described on Page 4☒ Complete Legal on Page *Ex. 2* of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax parcel ID is not yet assigned.☒ Additional Parcel Numbers on Page *1* of Document.

Gary H. Martin, Skamania County Assessor

Date *3/1/01* Parcel # *2-6-201-2-100*The Auditor/Recorder will rely on the information provided on the form. The Staff will not read
the document to verify the accuracy or completeness of the indexing information.

After recording, return to:

Peter C. McCord
Attorney at Law
5410 SW Macadam Avenue, Ste. 100
Portland, Oregon 97201

AFFIDAVIT OF HEIRSHIP

I, VIRGINIA A. GOOD, being duly sworn and on oath, say:

1. VERNON A. GOOD died on April 18, 1999, in Portland, Multnomah County, Oregon. A true copy of his certificate of death is attached as Exhibit 1.
2. At the time of his death, VERNON A. GOOD and I jointly owned, with right of survivorship, real property in Skamania County, Washington, more particularly described on Exhibit 2 attached hereto.
3. VERNON A. GOOD owned no other real property in Washington.
4. I am the surviving widow of VERNON A. GOOD, and we did not have a community property agreement.
5. All expenses of last sickness, funeral expenses and just debts owing by VERNON A. GOOD at the time of his death have been paid.
6. To my knowledge, no personal representative has been appointed and no probate has been initiated for the estate of VERNON A. GOOD.
Gary H. Martin, Skamania County Assessor
Date 3/7/00 Parcel # 2-6-2601, 2602, 2-6-21-100, 3-11-56-2-400
7. As the co-owner and surviving owner with VERNON A. GOOD of the above described real property, I claim the above described real property.

AFFIDAVIT OF HEIRSHIP - 1

8. I agree to indemnify and defend Skamania County, Washington against any and all claims that may arise from its recording of the deed from myself to VIRGINIA A. GOOD, as Trustee of the VIRGINIA A. GOOD Trust under Agreement dated February 25, 1999.

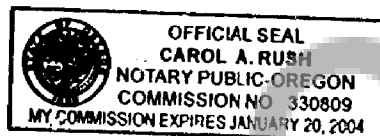
DATED: February 21, 2001

Virginia A. Good
Virginia A. Good

Washington County, Oregon) ss.

On this 21 day of February, 2001, personally appeared VIRGINIA A. GOOD and acknowledged the foregoing instrument to be her voluntary act and deed.

Before me:



Carol A. Rush
Notary Public for Oregon

My commission expires: 1-20-04

Peter C. McCord
Attorney at Law
5410 S.W. Macadam Avenue, Ste. 100
Portland, Oregon 97201-3824

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EXHIBIT 1

CERTIFICATION OF VITAL RECORD									
276931 LD TAG NO.		OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH						136	
Local File Number 02221								State File Number	
1. DECEDENT'S NAME Vernon		Middle A.		Last GOOD, JR		2. SEX M		3. DATE OF DEATH (Month, Day, Year) April 18, 1999	
4. SOCIAL SECURITY NUMBER		5a. AGE Last Birthday (Years) 81		5b. Under 1 Year MOS Days		5c. Under 1 Day Hours Mins		6. BIRTHPLACE (City and State or Foreign Country) Chicago, Ill	
7. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER		10. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER		11. DATE OF BIRTH (Month, Day, Year) September 20, 1917	
12. FACILITY NAME (If not institution, give street and number) Port Haven		13. CITY, TOWN OR LOCATION OF DEATH Portland		14. COUNTY OF DEATH Multnomah		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		16. SPOUSE (If Married, Widowed) Virginia	
17. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life) (Specify, use suffix) Consultant		18. KIND OF BUSINESS INDUSTRY Forestry		19. CITY, TOWN OR LOCATION Portland		20. STREET AND NUMBER 1925 NE Liberty ST		21. COUNTY OF DEATH Multnomah	
22. RESIDENCE - STATE Oregon		23. COUNTY Multnomah		24. CITY, TOWN OR LOCATION Portland		25. STREET AND NUMBER 1925 NE Liberty ST		26. COUNTY OF DEATH Multnomah	
27. INMATE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28. ZIP CODE 97211		29. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) (No <input type="checkbox"/> Yes <input type="checkbox"/>)		30. RACE American Indian, Black, White, etc. (Specify) White		31. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 16) 4	
32. FATHER'S NAME First middle last Vernon Allen Good, SR		33. MOTHER'S NAME First middle last Laura Hope Beckwith		34. INFORMANT - NAME and relationship to deceased Virginia Good - wife		35. LOCATION - City or Town, State Portland, Oregon		36. METHOD OF DISPOSITION (Specify No or Yes - If yes, specify Cremation, Burial, etc.) <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)	
37. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		38. OREGON LICENSE NO. (If Cremation) 3307		39. NAME, ADDRESS AND ZIP OF FACILITY Omega Funeral & Cremation Service 212 NE 20th, Portland, OR 97232		40. DATE FILED (Month, Day, Year) APR 29 1999		41. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
RESERVED FOR REGISTRAR'S USE									
TO BE COMPLETED BY CERTIFYING PHYSICIAN									
42. TIME OF DEATH 12:10 P		43. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		44. TO BE COMPLETED ONLY BY MEDICAL EXAMINER		45. TIME OF DEATH		46. DATE PHONOLUNGED DEAD (Month, Day, Year, Min)	
47. To the best of my knowledge, death occurred at the time, date, place and due to the following and manner stated: (Signature) <i>Michael Carroll</i>		48. DATE SIGNED (Month, Day, Year) 4-23-99		49. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner stated: (Signature)		50. DATE SIGNED (Month, Day, Year)		51. COUNTY	
49. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Michael Carroll MD, 265 N. Broadway, Portland, OR 97227									
50. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
51. UNDERLYING CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ICD-10 AND ICD-11) (Do not enter mode of injury, e.g., Fall, or Poisoning, Arteriosclerosis)									
PART 1 (a) colon cancer		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death Months		PART 2 (b) prostate cancer		DUE TO, OR AS A CONSEQUENCE OF	
Interval between onset and death		Interval between onset and death		Interval between onset and death		Interval between onset and death		Interval between onset and death	
PART 3 OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART 1 prostate cancer, diabetes mellitus									
52. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		53. DATE OF INJURY (Month, Day, Year)		54. TIME OF INJURY		55. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		56. DESCRIBE HOW INJURY OCCURRED	
57. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		58. LOCATION (Street and Number or Rural Route Number, City or Town, State)		59. ALFORSY		60. YES was findings considered in determining cause of death?		61. YES <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

4528-110

Gary H. Martin, Skamania County Assessor
Date 3/7/00 Parcel # 3-72-36-Z-400

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

DATE ISSUED:

APR 29 1959

COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Tract I:

The East one-half of the Northeast one-quarter and the Southwest one-quarter of the Northeast one-quarter of Section 20, Township 2 North, Range 6 East of the Willamette Meridian.

Tract II:

The West one-half of the Northwest one-quarter of Section 21, Township 2 North, Range 6 East of the Willamette Meridian.

Tract III:

Commencing at the quarter corner between Sections 21 and 28 in Township 2 North of Range 6 East of the Willamette Meridian, following the meanderings of a small creek in a Northwesterly direction as shown by the survey recorded in the Skamania County Engineer's Office to a point 1100 feet East of the quarter corner between Sections 20 and 21; thence West to the quarter corner between Sections 20 and 21; thence South to the Southwest corner of Section 21; thence East to quarter corner of Sections 21 and 28, excepting therefrom however, the following described tract of land which was conveyed to Irving Courser.

Beginning at the Southwest corner of the Southwest one-quarter of Section 21 in Township 2 North of Range 6 East of the Willamette Meridian, and for a West boundary running North 1220 feet, for a North boundary running East 650 feet, and for an East boundary running South 700 feet, more or less, to the County Road, and for a South boundary following the North side of the County Road to the section line and the section line to the point of beginning.

Except a tract of land in a conveyance recorded in Book 30 of Deeds, Page 212, of Skamania County, as follows:

Beginning at the point of intersection of the section line between Sections 21 and 28 with the Southerly boundary line of the County Road which point is located 150 feet, more or less, East of the section corner common to Sections 20, 21, 29 and 28 in Township 2 North of Range 6 East of the Willamette Meridian in Skamania County, Washington, thence running East on said section line between Sections 21 and 28, 850 feet more or less to a point which is 1000 feet East of said section corner common to said 4 sections; thence North or slightly West of North on a direct line to the nearest point on the Southerly boundary line of said County Road; thence Southwesterly following the Southerly boundary line of said County Road to the point of beginning.

Tract IV:

The Northeast Quarter of the Northwest Quarter of Section 21, Township 2 North, Range 6 East of the Willamette Meridian, in the County of Skamania and State of Washington.

Tract V:

The Northeast Quarter of the Southeast Quarter (NE $\frac{1}{4}$ SE $\frac{1}{4}$) of Section 20, Township 2 North, Range 6 E. W. M.

Tract VI:

Commencing at the Southeast corner of that tract of land deeded to P. E. Michell and Jane Michell by Jackson Crouch by deed recorded at Page 90 of Book "K" of Deeds, records of Skamania County, State of Washington (said point being on the South line of Lot 2 in Section 36, Township 3 North, Range 7-1/2 East of the Willamette Meridian); thence North 1320 feet; thence East 600 feet; thence Southeasterly to a point 1330 feet East of the place of beginning; thence West 1330 feet to the place of beginning; excepting therefrom any and all rights-of-way and easements of record or heretofore conveyed.

Also an easement for road purposes to this tract across property to the South as recorded in Skamania County records in Book 62, Page 466 of Deed Records; but reserving certain water rights as recorded in the easement instrument.