

140708

BOOK 208 PAGE 155

FILED FOR RECORD
SKAGAMI CO. WASH.
BY *Barbara Robbins*

RETURN ADDRESS:

Barbara A. Robbins
175 Trout Creek Rd
Trout Creek, MT 59874

MAR 30 3 18 PM '01

Olson
AUDITOR
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. *Affidavit/Lack of Probate*

2.

3.

4.

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

1. *Larsen, Clara E. (Elizabeth) aka Larsen, Clara H.*

2.

3.

4.

☒ Additional Names on Page 1 of Document.

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

1. *Barbara A. Robbins*

2.

3.

4.

☒ Additional Names on Page 1 of Document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter, Quarter)

Section 14, T3N R 8 EWM

☒ Complete Legal on Page 647 of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

1.

2.

3.

4.

☐ Additional Numbers on Page of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER *3-8-14-600*

☐ Property Tax parcel ID is not yet assigned

☐ Additional Parcel Numbers on Page of Document.

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.

AFFIDAVIT **Lack of Probate**

REAL ESTATE EXCISE TAX

State of Washington

County of Skamania

21444
MAR 30 2001

PAID Exempt
W. J. DUNN, JR.
SKAMANIA COUNTY TREASURER

Dunbar C. Robbins, being first duly sworn, deposes and says:

1. The undersigned affiant is the STEPDAUGHTER of CLARA E. LARSON
(relationship to decedent) (decedent)
STEPDAUGHTER, who died OCT. 11th, 1969, at SOUTH BEACH
(date of death) (year) (city)
State of OREGON, then being a legal resident of BLAIR COTTAGES
(city)
LINCOLN, OREGON
(county) (state)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

Gary H. Martin, Skamania County Assessor

Date 3/26/01 Parcel # 3-9-14-60

2. Check the appropriate box below:

☐ Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto.

☐ Decedent left no last Will.

☐ Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

☒ Decedent left a Will which was probated in LINCOLN County, State of OREGON. A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

<u>BARBARA ROBBINS</u>	<u>73</u>	<u>STEPDAUGHTER</u>	<u>175 TR. CA. RD.</u>
<u>MARGARET ASHWORTH</u>	<u>71</u>	<u>"</u>	<u>TRUCCREEK, MT 59874</u>
(full name)	(age)	(relationship)	(residence)
			<u>1813 GREYSTONE DR.</u>
			<u>BILLINGS, MT 59102</u>

HEIRS AT LAW (continued)

BARBARA ROBBINS 73	STEP DAUGHTER	TROUT CREEK, MT
(full name)	(age) (relationship)	(residence)
MARGARET ASHWIN 71	STEP DAUGHTER	BILLINGS, MT.
(full name)	(age) (relationship)	(residence)
_____	(full name) (age) (relationship)	(residence)
_____	(full name) (age) (relationship)	(residence)

(attach additional page for additional names)

4. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid, except as follows:

ALL PAID IN FULL

5. The decedent [] had [x] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
6. As of the date of death, the value of all community property of the decedent was approximately \$ 1,730. The value of all separate property of the decedent was approximately \$ 2,400.
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

EXECUTRIX CLARA LARSON'S
SISTER EDNA LEESAMPLE

THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN TITLE INSURANCE COMPANY (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Barbara Lavin Robbins
Affiant's Full Name

5/19/01
Date

Affiant's Full Name

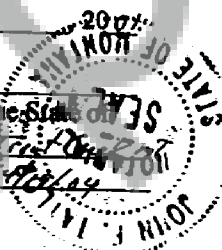
Date

STATE OF Washington
COUNTY OF Spokane

On this day personally appeared before me Barbara Lavin Robbins to me known to be the individual / described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 19th day of March

John F. [Signature]
Notary Public in and for the State of Washington, residing at [Address]
My appointment expires 12/31/01



CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN SERVICES
OREGON HEALTH DIVISION, CENTER FOR HEALTH STATISTICS

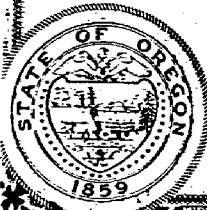
BOOK 208 PAGE 159

015178

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

171 Local File Number		State File Number	
DECEASED—NAME First Middle Last Clara Elizabeth Larson		DATE OF DEATH (month, day, year) October 11, 1969	
1. RACE (White, Negro, American Indian, etc.) White	2. SEX Female	3. AGE—last birthday (years, months, days) 67	4. DATE OF BIRTH (month, day, year) May 19, 1902
5. COUNTY OF DEATH Lincoln	6. CITY, TOWN, OR LOCATION OF DEATH South Beach	7. Provide City Limits (specify yes or no) Yes	8. HOSPITAL OR OTHER INSTITUTION—NAME (if not in other, give street and number) Blair Cottages
9. STATE OF BIRTH (if not in U.S.A., name of country) Missouri	10. CITIZEN OF WHAT COUNTRY U.S.A.	11. MARRIAGE, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed	12. NAME OF SPOUSE
13. SOCIAL SECURITY NUMBER 544-38-1747	14. USUAL OCCUPATION (state kind of work done during most of working life, even if retired) Salesperson, retail employee	15. TIME OF DEATH (month, day, year) 10-15-69	
16. RESIDENCE—STATE Oregon	17. COUNTY Lincoln	18. CITY, TOWN, OR LOCATION South Beach	19. STREET AND NUMBER OR R/O Blair Cottages
20. FATHER—NAME First Middle Last Edward Owen	21. MOTHER—Name First Middle Last Madeline Schimmer	22. INFORMANT—NAME and relationship to deceased Jack Hamaker (nephew)	
PART I. DEATH WAS CAUSED BY: 1. <u>Acute coronary occlusion</u> 2. <u>Heart failure</u> 3. <u>Myocardial infarction</u> 4. <u>Coronary atherosclerosis</u> 5. <u>Coronary thrombosis</u> 6. <u>Coronary artery disease</u> 7. <u>Coronary artery disease with myocardial infarction</u> 8. <u>Coronary artery disease with angina pectoris</u> 9. <u>Coronary artery disease with hypertension</u> 10. <u>Coronary artery disease with diabetes mellitus</u> 11. <u>Coronary artery disease with hyperlipidemia</u> 12. <u>Coronary artery disease with smoking</u> 13. <u>Coronary artery disease with alcoholism</u> 14. <u>Coronary artery disease with other</u> 15. <u>Other</u>			
PART II. OTHER SIGNIFICANT CONDITIONS conditions contributing to death but not related to cause given in Part I (a) 1. <u>None</u> 2. <u>None</u> 3. <u>None</u> 4. <u>None</u> 5. <u>None</u> 6. <u>None</u> 7. <u>None</u> 8. <u>None</u> 9. <u>None</u> 10. <u>None</u> 11. <u>None</u> 12. <u>None</u> 13. <u>None</u> 14. <u>None</u> 15. <u>None</u>			
DATE OF INJURY (month, day, year) HOUR 20. <u>10-15-69</u> 21. <u>10:00</u>			
HOW INJURY OCCURRED (summarize nature of injury in Part I or Part II, Item 14) 22. <u>None</u>			
PLACE OF INJURY (at home, farm, street, factory, office, ship, etc. (specify)) 23. <u>None</u>			
LOCATION (street or R.F.D. No., city or town, county, state) 24. <u>None</u>			
CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I have examined the body, made inquiry and in my opinion death resulted as or about: 25. <u>None</u>			
DEATH OCCURRED (month, day, year) HOUR 26. <u>10-15-69</u> 27. <u>10:00</u>			
THE DECEASED WAS PRONOUNCED DEAD (month, day, year) HOUR 28. <u>10-15-69</u> 29. <u>10:10</u>			
FROM: Nature's Cause <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/> Disease or Fate <input type="checkbox"/>			
CERTIFIER SIGNATURE 30. <u>J. D. Rankin</u>			
FEDERAL INVESTIGATOR: 31. <u>None</u>			
DATE SIGNED (month, day, year) 32. <u>10-15-69</u>			
BUTLER, CREMATION, REMOVAL, NAME (specify) 33. <u>Burial</u>			
CEMETERY OR CREMATORIUM—NAME 34. <u>Family Cemetery</u>			
LOCATION—City or town 35. <u>Carson</u>			
DATE (month, day, year) 36. <u>10-15-1969</u>			
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 37. <u>Bateman Funeral Chapel Newport, Oregon 97365</u>			
DATE RECEIVED BY LOCAL REGISTRAR 38. <u>10-15-69</u>			
DATE RECEIVED BY STATE REGISTRAR 39. <u>OCT 27 1969</u>			



I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED:

DEC 13 2000

JENNIFER A. WOODWARD, P.D.
STATE REGISTRAR



THIS COPY NOT VALID WITHOUT OREGON STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

0000497

CERTIFICATION OF VITAL RECORD
DEPARTMENT OF HUMAN SERVICES
OREGON HEALTH DIVISION, CENTER FOR HEALTH STATISTICS

BOOK 208 PAGE 160

4-13-64
10-13-63
LOCAL REGISTRAR'S NUMBER 32
STANDARD CERTIFICATE OF DEATH 5128
STATE OF OREGON
BOARD OF HEALTH - PORTLAND
PUBLIC HEALTH SERVICE
STATE FILE NO.
DATE RECEIVED APR 26 1963

1. NAME OF DECEASED JOHN ERIC LARSON	
2. PLACE OF DEATH A. COUNTY Lincoln B. CITY, TOWN, OR LOCATION Newport C. LENGTH OF STAY IN 13 12 yrs	
3. USUAL RESIDENCE (If institution, give name and address before institution) A. STATE Oregon B. COUNTY Lincoln C. CITY, TOWN OR LOCATION Newport D. STREET ADDRESS, RURAL ROUTE, ETC. 120 SW Ninth	
4. DATE OF DEATH Month 4 Day 12 Year 63	5. SEX male
6. SOCIAL SECURITY NO. 535 03 8815	7. COLOR OR RACE white
8. USUAL OCCUPATION Builder	9. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married
10. DATE OF BIRTH Month 9 Day 10 Year 63	11. NAME OF SPOUSE Clara Larson
12. AGE LAST BIRTHDAY 59	13. IF UNDER 24 HOURS IF UNDER 24 HOURS
14. BIRTHPLACE (State or Foreign Country) Oregon	15. IF DECEASED WAS A VETERAN, WHAT WAS IT
16. NAME OF FATHER Britt Larson	17. MAIDEN NAME OF MOTHER Anna Cask
18. IF DECEASED WAS A VETERAN, WHAT WAS IT	
19. DECEASED'S NAME AND ADDRESS (Years, days, hours, etc.)	
20. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Thrombosis of a coronary artery DUE TO (B) Atherosclerosis of coronary arteries DUE TO (C) arteriosclerosis PART II: Other Significant Conditions Contributing to Death (List the condition or conditions given in Part I first.)	
21. IF DECEASED WAS FEMALE, WAS THERE PREGNANCY IN THE LAST 12 MONTHS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22. Was on a temporary assignment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23. HOW DEATH RESULTED FROM <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown	24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> At Home <input type="checkbox"/> On Street <input type="checkbox"/> Other
25. TIME OF INJURY Hour 8:00 AM Day 4 Month 12 Year 63	26. PLACE OF INJURY Street or Public Place, Home, etc.
27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE I certify that I have investigated the death of the deceased from or by 4-12-63 and that the death occurred at 10:00 AM on the date stated above. R. H. Hays R. H. Hays M. D. Walden 4-18-63	
29. RESERVED FOR REGISTRAR'S USE Item 20 Added by 5499 6-7-63 Item 12. Corrected by Affix own Birth Record 4-13-64 Marion Marie REG No 420.1	
30. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Other	31. DATE RECEIVED BY REGISTRAR 4/15/63
32. NAME OF CEMETERY OR CEMETERY Bege Cemetery	33. LOCATION (City or Town) Home Valley, Washington
34. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Parker Funeral Home	35. DATE OF DEATH 4/12/63



I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DEC 13 2000

DATE ISSUED:

JENNIFER A. WOODWARD, PHD
STATE REGISTRAR



THIS COPY NOT VALID WITHOUT INK AND STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

KNOW ALL MEN BY THESE PRESENTS, That BARBARA LARSON ROBBINS, of Point Arena, California, in consideration of ONE AND NO/100 (\$1.00) Dollars, and other good and valuable consideration, to me paid by CLARA E. LARSON, a widow,

do hereby renounce, release and forever QUITCLAIM unto the said CLARA E. LARSON, a widow, and unto her heirs and assigns all my right, title and interest in and to the following described real property, with the tenements, hereditaments and appurtenances, situated in the County of Lincoln, State of Oregon, bounded and described as follows, to-wit:

Lot 10, Block 63, Case and Bayley's Second Addition to the City of Newport, in Lincoln County, Oregon.

and also the following described real property, with the tenements, hereditaments and appurtenances, situated in the County of Clatsop, State of Washington, bounded and described as follows, to-wit:

The SW 1/4 of SE 1/4 of Section 14, and one-half interest in SW 1/4 of SE 1/4 of Section 14, T.3 N., R. 2 E., S. 4 N., SAVE & EXCEPT that portion conveyed by JOHN E. LARSON to S.W.C. LUMBER COMPANY, on or about June 15, 1951.



To Have and to hold the same unto the said CLARA E. LARSON, a widow, her heirs and assigns forever.

Me, With 44 27 hand and seal this day of June, 1963
TRANSACTION EXCISE TAX

NOV 14 1963

Amount Paid Taxes (\$2.44)
Notary Public Seal
Clatsop County, Oregon

STATE OF OREGON

County of Multnomah } On this 3 day of June, 1963
Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named BARBARA LARSON ROBBINS,

who is known to me to be the identical individual described in and who executed the within instrument, and acknowledged to me that she executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

[Signature]
Notary Public for Oregon
My Commission expires June 30, 1965

QUITCLAIM DEED

BARBARA LARSON ROBBINS

TO

CLARA E. LARSON

AFTER RECORDING RETURN TO

(DON'T USE THIS SPACE, RESERVED FOR RECORDING LABEL IN COURT FILE)

REGISTERED	5
INDEXED OR	5
FILED	5
RECORDED	5
DELETED	5
REMOVED	5

STATE OF OREGON

County of CLATSOP

I certify that the within instrument was received for record on the 14 day of June, 1963, at 1:15 o'clock P.M., and recorded in Book 208 on page 161 of Record of Deeds of said County.

Witness my hand and seal of County affixed

[Signature]
County Clerk - Recorder
F. J. LARSON

Quit Claim Deed 52 146

KNOW ALL MEN BY THESE PRESENTS, That BARBARA LARSON ROBBINS, of Point Arena, California, in consideration of ONE AND NO/100 (\$1.00)---Dollars, and other good and valuable consideration, to me paid by CLARA H. LARSON, a widow, do hereby remise, release and forever QUIT CLAIM unto the said CLARA LARSON, a widow, and unto her heirs and assigns all my right, title, and interest in and to the following described real property, with the tenements, hereditaments and appurtenances, situated in the County of Lincoln, State of Oregon, bounded and described as follows, to-wit:

Lot 10, Block 63, Case and Bayley's Second Addition to the City of Newport, in Lincoln County, Oregon.

and also the following described real property, with the tenements, hereditaments and appurtenances, situated in the County of Skamania, State of Washington, bounded and described as follows, to-wit:

The SW 1/4 of SE 1/4 of Section 14, and one-half interest in SE 1/4 of SE 1/4 of Section 14, T. 3 N, R. 8 E. W.M., SAVE & EXCEPT that portion conveyed by John E. Larson to S.D.S. LUMBER COMPANY, a partnership, on or about June 15, 1961.

To have and to ??? same unto the said CLARA H. LARSON, a widow, her heirs and assigns forever. Witness my hand and seal this (blank) day of June, 1963.

Barabara Larson Robbins (Seal)

Recorded and Stamp of exise tax paid in Skamania County on November 14, 1963 in book 52 page 146 Record of Deeds

Notarized in Medicino County, California on June 3, 1963.

BOOK

1 PAGE 686

#4733

LAST WILL AND TESTAMENT

I, CLARA H. LARSON, a widow, residing in the City of Newport, Lincoln County, Oregon, do make, publish and declare this instrument to be my Last Will and Testament, hereby revoking and cancelling all former Wills and Codicils by me at any time made.

FIRST:

I direct that all of my just debts, including the expenses of my last illness and funeral, shall be paid out of my estate by my executrix hereinafter named.

SECOND:

I give, devise and bequeath to my beloved step-daughters, BARBARA LARSON ROBBINS of Trout Creek, Montana, and MARGARET LARSON SETTERS, of Seattle, Washington, the following described real property, with the tenements, hereditaments and appurtenances, situated in the County of Skamania, State of Washington, bounded and described as follows, to-wit:

The SW $\frac{1}{4}$ of SE $\frac{1}{4}$ of Section 14, and one-half interest in SE $\frac{1}{4}$ of SE $\frac{1}{4}$ of Section 14, T. 3 N. R. S. E. W.M., SAVE & EXCEPT that portion conveyed by JOHN E. LARSON to S.D.S. LUMBER COMPANY, a partnership, on or about June 15, 1961. to be equally divided among them, share and share alike, as tenants in common.

THIRD:

I direct my executrix to pay all estate, inheritance taxes and succession duties assessed by the United States, any state thereof, or any foreign government, against my estate predicated upon my death as a taxable event.

FOURTH:

I hereby nominate, constitute and appoint my sister, EDNA LEE SAMPLE, of 731 West Inverness Drive, Pasadena 3, California, as executrix of this my Last Will and Testament, and having faith in her integrity and ability, I direct that she act hereunder without giving any undertaking for the faithful performance of this trust.

BOOK 1 PAGE 687

I give and bequeath all the rest, residue and remainder of my estate and property, real and personal and mixed, of which I shall be possessed at the time of my death to my beloved sister, EDNA LEE SAMPLE.

IN WITNESS WHEREOF, I have hereunto subscribed my hand and seal to this, my Last Will and Testament, at the City of Newport, County of Lincoln, State of Oregon, this 30 day of August, 1963.

Clara H. Larson (SEAL)

WE THE UNDERSIGNED, do hereby certify that CLARA H. LARSON, the above named Testatrix, on the day and year above written, signed the foregoing instrument, consisting of two (2) pages, including this page, in our presence, and published and declared the same to be her last Will and Testament, and we, at the same time, at her request, in her presence, and in the presence of each other, have hereunto set our hands as subscribing witnesses, and we further certify that at such time she was of sound and disposing mind and memory.

Jessie M. Young Residing at Newport, Oregon.

Harley M. Young Residing at Newport, Oregon.

IN THE DISTRICT COURT OF THE STATE OF OREGON
FOR LINCOLN COUNTY

In the Matter of the Estate :
of : NO. 4733
CLARA H. LARSON, Deceased : PETITION FOR PROBATE OF WILL

Comes now Robert S. Bateman of Newport, Oregon, and for this his
petition to the above entitled Court respectfully represents as follows:

I.

That the said Clara H. Larsen died on or about the 11 day of
October, 1969, and at the time of her death the said Clara H. Larsen was a resi-
dent, inhabit and domiciliary of Lincoln County, Oregon, and was possessed of
an estate therein consisting of personal property of the probable value of
approximately \$1,000.00.

II.

That said decedent left a last will and testament which bears the
date of August 30, 1963, and that due search and inquiry have been made for the
purpose of ascertaining whether or not decedent left a subsequent last will and
testament but no such subsequent last will and testament has been found, and your
petitioner believes and therefore alleges that said Will bearing date of August 30,
1963, is in truth and in fact the last Will and testament of deceased.

III.

That by the terms of said last will and testament the said decedent
nominated Edna Lee Sample as Executrix of her last will and testament and estate,
but that she is a non resident of the State of Oregon, and has requested that the
petitioner herein, Robert S. Bateman, be appointed as administrator with Will
annexed.

IV.

That the following are the heirs at law of said decedent:

W. T. HOLLEN
ATTORNEY AT LAW
88 S.W. NINE STREET
NEWPORT, OREGON 97365

Corrine MacDonald, sister, legal age, 239 SW 144th, Seattle,
Washington
Edna Lee Sample, sister, legal age, 739 Hot Springs Road, Santa
Barbara, California
Mrs. Karl Staufenbell, sister, legal age, 983 N. Ritter Avenue,
Indianapolis, Indiana

V.

That by the terms of the last Will and Testament of deceased, the
following are the devisees under the Will of said decedent:

Barbara Robbins, step-daughter, legal age, Box 1396, Trout Creek,
Montana 59874
Margaret Setters, 879 17th S., Edmonds, Washington, step-
daughter, legal age,
Edna Lee Sample, sister, legal age, 739 Hot Springs Road, Santa
Barbara, California

VI.

That Charles E. Scott is a suitable person to be appointed as and for
the appraiser herein.

WHEREFORE, your petitioner prays for an Order of this Court as follows:

1. Admitting to probate the Last Will and Testament in the Estate
of Clara H. Larson, deceased.
2. Appointing Robert S. Bateman to act as Administrator with Will
annexed of said Estate, and fixing his bond in the sum of \$
3. Appointing Charles E. Scott as and for appraiser herein

Robert S. Bateman
Petitioner

STATE OF OREGON :
County of Lincoln : ss.

I, Robert S. Bateman, being first duly sworn, depose and say: That
I am the petitioner above named; that I have read the foregoing petition, know the
contents thereof and that the same is true as I verily believe

Robert S. Bateman

SUBSCRIBED and sworn to before me this 9th day of December, 1969.

Lucille Nye
Notary Public for Oregon
My Commission Expires: May 1, 1971

W. T. HOLLEN
ATTORNEY AT LAW
86 S.W. NYE STREET
NEWPORT, OREGON 97365

IN THE DISTRICT COURT OF THE STATE OF OREGON
FOR LINCOLN COUNTY

In the Matter of the Estate :

of :

CLARA H. LARSON, Deceased. :

NO. 4733

ORDER ADMITTING WILL TO PROBATE

The petition of Robert S. Bateman asking that the Last Will and Testament of Clara H. Larson be admitted to probate in this Court coming on regularly to be heard; and

IT APPEARING TO THE COURT that Clara H. Larson died on or about the 14 day of October, 1969, and at the time of her death was a resident and inhabitant and domiciliary of Lincoln County, Oregon, and was possessed of an estate consisting of personal property in said Lincoln County, Oregon, of the probable value of approximately \$1,000.00; and

IT FURTHER APPEARING TO THE COURT that decedent left a last Will and Testament which bears date the 30th day of August, 1963, and that due search and inquiry have been made to ascertain whether or not decedent left a subsequent Will but no such subsequent will has been found and your petitioner believes, and therefore alleges that said Will of August 30, 1963, is in truth and in fact the last Will and Testament of decedent; and

IT FURTHER APPEARING TO THE COURT that by said Last Will and Testament Edna Lee Sample was nominated by deceased as executrix of her last Will and Testament, but that the said Edna Lee Sample is non resident of the state of Oregon and not qualified to act, and that she has requested that Robert S. Bateman, petitioner herein, be appointed as administrator with Will annexed of said estate, and that he is in all ways competent and qualified to serve as such, and accepts his trust as such; and

IT FURTHER APPEARING TO THE COURT that the following persons are the heirs at law of said deceased:

- 1 Corinne MacDonald, sister, legal age, 239 SW 14th, Sea ttle, Washington
- 2 Edna Lee Sample, sister, legal age, 739 Hot Springs Road, Santa Barbara, Calif.
- 3 Mrs. Karl Staufenbell, sister, legal age, 983 N. Ritter Av., Indianapolis, Indiana

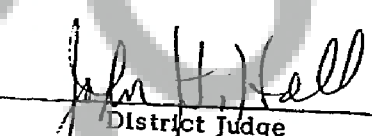
4 IT FURTHER APPEARING TO THE COURT that by the terms of the last
5 Will and Testament of deceased the following persons are the devisees under the
6 Will of said decedent:

- 7 Barbara Robbins, step daughter, legal age, Box 1396 Trout Creek, Montana
- 8 Margaret Setters, step daughter, legal age, 879 17th S., Edmonds, Washington
- 9 Edna Lee Sample, sister, legal age, 739 Hot Springs Road, Santa Barbara, Calif.

10 IT FURTHER APPEARING TO THE COURT that Charles E. Scott is a
11 suitable and proper person to be appointed as appraiser herein,

12 NOW, THEREFORE, IT IS CONSIDERED, ORDERED AND ADJUDGED BY
13 THE COURT that Robert S. Bateman be and he is hereby appointed Administrator with
14 Will annexed of the estate of Clara H. Larson, deceased, and that letters testament-
15 ary issue to him upon his taking the oath and filing a bond herein in the sum of
16 \$1,000.00, and that Charles Scott be and he is hereby appointed as appraiser here-
17 in, and that the said Last Will and Testament of Clara H. Larson be and it is hereby
18 admitted to probate herein.

19 Dated at Newport, Oregon, this 24 day of December, 1969.

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23 District Judge
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W. T. HOLLEN
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