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BOOK 227 PAGE 892

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SKAMANIA COUNTY WASH

Kielpinski & Woodrich

AUG 14 12 38 PM '02

J. MICHAEL GARRISON

After recording return to:
Kielpinski & Woodrich
PO Box 510
Stevenson, WA 98648

REAL ESTATE EXCISE TAX

AUG - 9 2002

PAID exempt
cg deputy
SKAMANIA COUNTY TREASURER
AFFIDAVIT OF INHERITANCE

1. We, PAUL M. MANN, GUST J. MANN, and KATHERINE A. PUTNUM formerly known as KATHERINE A. WIECKIEC are the sons and daughter, respectively, of EARL W. MANN, a single man who died August 4, 2000. Earl W. Mann's estate has been probated as Skamania County Superior Court Probate number 00-4-00020-0, Skamania County, State of Washington. His death certificate is attached as Exhibit "A".

2. When he died he had a Will dated October 26, 1981 along with a Copy of which is attached hereto as Exhibit "B".

Gary H. Martin, Skamania County Assessor

Date 8-8-02 Parcel # 0202011130100


Article II of his original Will provides as follows:

I hereby give, devise and bequeath my entire estate, of whatsoever kind and nature, heresoever situate, owned by me at the time of my demise, to my three children named herein, in equal shares, per stirpes.


3. We are the beneficiaries of Earl W. Mann's Will and have received property through his estate in the above-referenced probate. We are presenting this affidavit to show that our father's interest as the Seller on that real estate contract dated May 28, 1997 recorded in Book Number 165 Page 684 Records of Skamania County, State of Washington Auditor's File No. 138216 48823 KA passed to the children named in paragraph 1 of this Affidavit.


4. There are no other children nor any children of deceased children of the decedent.

Date this 4 day of August, 2002


PAUL M. MANN

Date this 4 day of August, 2002.

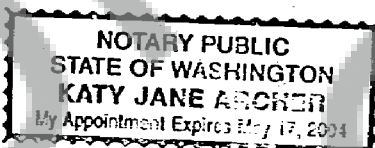

GUST J. MANN

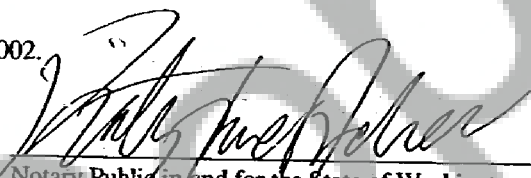

KATHERINE A. PUTNUM formerly
known as KATHERINE A. WIECKIEC

STATE OF WASHINGTON)
COUNTY OF SKAMANIA) ss.

I certify that I know or have satisfactory evidence that PAUL M. MANN is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 4 day of August, 2002.




Notary Public in and for the State of Washington.
Commission expires: 5/17/04

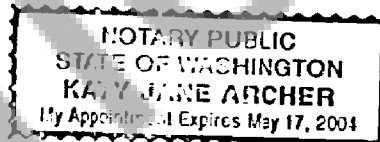
RECORDER'S NOTE: NOT AN ORIGINAL SIGNATURE PAGE.

STATE OF WASHINGTON)
COUNTY OF SKAMANIA) ss.

I certify that I know or have satisfactory evidence that GUST J. MANN is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this th day of August, 2002.

Katy Jane Archer
Notary Public in and for the State of Washington.
Commission expires: 5/17/04

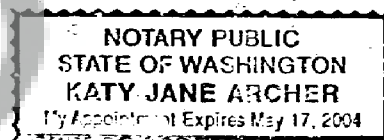


STATE OF WASHINGTON)
COUNTY OF SKAMANIA) ss.

I certify that I know or have satisfactory evidence that KATHERINE A. PUTNUM who was formerly known as KATHERINE A. WIECKIEC is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this th day of August, 2002.

Katy Jane Archer
Notary Public in and for the State of Washington.
Commission expires: 5/17/04



STATE OF WASHINGTON DEPARTMENT OF HEALTH CERTIFICATE OF DEATH											
LOCAL FILE NUMBER 341		BOOK 227 PAGE 895						STATE FILE NUMBER			
1. NAME First Middle Last Earl Wainwright MANN		2. SEX (M/F) Male		3. DEATH DATE (Mo, Day, Yr) August 4, 2000							
4. AGE LAST BIRTHDAY (Yrs) 83		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) 1/26/1917		8. BIRTHPLACE (City, State or Foreign Country) Portland, OR		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes	
10. CITY, TOWN OR LOCATION OF DEATH Vancouver		11. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 HOME 2 IN TRANSIT 3 IN EMERG. FACILITY 4 IN-HOSP. 5 SHELTER HOME 6 OTHER PLACE Vencor of Vancouver Health & Rehab Center		12. COUNTY OF DEATH Clark		13. SMOKING IN LAST 15 YEARS? (Yes/No) Yes					
14. MARITAL STATUS — Married Never married, Widowed, Divorced (Specify) Divorced		15. SURVIVING SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO.		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (9-12) 8 College (14 or 5+)					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Barber		19. KIND OF BUSINESS OR INDUSTRY Barber Shop		20. WAS DECEDENT OF FOREIGN ORIGIN OR DESCENT? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: No		21. RACE (Specify) White					
22. RESIDENCE — NUMBER AND STREET 400 E. 33rd St.		23. CITY, TOWN, OR LOCATION Vancouver		24. RESIDE CITY (MAY/ST) (Yes/No) Yes		25. COUNTY Clark		26. STATE WA		27. ZIP CODE 98663	
28. FATHER'S NAME — FIRST, MIDDLE, LAST Earl Monroe Mann		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Alice Wainwright Mackey									
30. INFORMANT — NAME Paul Mann		31. MAILING ADDRESS 141 Lacock-Kelchner Rd., Underwood, WA 98651									
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) 8/9/2000		34. CEMETERY, CREMATORY — NAME Willamette National Cemetery		35. LOCATION — CITY, TOWN, STATE Portland, Oregon					
36. FUNERAL DIRECTOR SIGNATURE x C. M. Dickey		37. NAME OF FACILITY STRAUB'S FUNERAL HOME		38. ADDRESS OF FACILITY 325 NE 3rd Ave. Camas, Washington 98607							
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN											
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED											
SIGNATURE AND TITLE x [Signature] Physician											
40. DATE SIGNED (Mo., Day, Yr) 08-07-2000		41. HOUR OF DEATH (24 Hrs) 0200		42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Timothy Ross, M.D. 715 S. Andreson Vancouver, WA 98661							
TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER											
43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED											
SIGNATURE AND TITLE x [Signature] Medical Examiner or Coroner											
44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs)		46. PRONOUNCED DEAD (Mo., Day, Yr)				47. HOUR PRONOUNCED DEAD (24 Hrs)			
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Timothy Ross, M.D. 715 S. Andreson Vancouver, WA 98661											
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH											
IMMEDIATE CAUSE (Final disease or condition resulting in death) A. Complications of acute pneumonia B. Parkinson's disease; late stage C. D.											
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.											
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GAVE ABOVE											
52. AUTOPSY? (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No									
54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED					
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY, TOWN, STATE							
61. RECORD AMENDMENT (Regular use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE R. Steingart, M.D.		63. DATE RECEIVED (Mo., Day, Yr) AUG 07 2000							

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

EXHIBIT A
PAGE 1 OF 1

DOH 110-008 (Rev. 7/97) (Formerly DSHS 9-150)
DOH 01-003 (5-99)

LAST WILL AND TESTAMENT

of

EARL WAINRIGHT MANN

I, EARL WAINRIGHT MANN, of Stevenson, Skamania County, State of Washington, do hereby declare this to be my Last Will and revoke all former wills and codicils by me made.

ARTICLE I
Identification of Family

I hereby declare that I am a single man, having previously been married, and that my immediate family now consists of my daughter, KATHERINE A. WIECKIEC, my son, GUST J. MANN, and my son, PAUL M. MANN. I have no deceased children and except as provided below I make no provisions in this will for any of my children herein named and who survive me, nor for the descendants of any child who does not survive me.

ARTICLE II
Devises and Bequests

I hereby give, devise and bequeath my entire estate, of whatsoever kind and nature, wheresoever situate, owned by me at the time of my demise, to my three children named herein, in equal shares, per stirpes.

ARTICLE III
Appointment of Co-Executors

I appoint my two sons, PAUL M. MANN and GUST J. MANN, as co-executors of my estate, to act as such without bond and without the intervention of any court except as may be required under the laws of the State of Washington in the case of nonintervention wills. They shall have full power to sell, convey and encumber, without notice or confirmation, any assets of my estate, real or personal, at such prices and terms as to them may seem just; to advance funds and borrow money, secured or unsecured, from any source; to mortgage or pledge estate property; to select any part of the estate in satisfaction of any partition or distribution hereunder, in kind, in money, or both. Such powers may be exercised whether or not necessary for the administration of my estate.

ARTICLE IV
Taxes

My co-executors shall pay all estate, inheritance and succession taxes assessed by reason of my death, whether attributable to property passing under this will or outside of it, from the residue of my estate disposed of by this will. I waive for my estate all rights of reimbursement for any such payment.

DATED at Stevenson, Washington, this 26th day of October, 1931.

Earl W. Mann
Testator

STATE OF WASHINGTON)
County of Skamania) ss. AFFIDAVIT OF WITNESSES

The undersigned attesting witnesses, being duly sworn on oath, depose and state:

1. DECLARATIONS. Immediately prior to the execution of the attached document dated the 26th day of October, 1981, the Testator, EARL WAINRIGHT MANN, declared it to be his Last Will and requested the undersigned witnesses to subscribe their names to it.

2. SIGNATURE, ATTESTATION AND SUBSCRIPTION. Immediately following his declaration, the Testator signed the attached will in the presence of the undersigned witnesses. Each of the undersigned witnesses attested the execution thereof by subscribing his name thereto in the presence of the Testator and of the other subscribing witness.

3. COMPETENCY. Each of the undersigned witnesses, for himself, states that he is competent and of legal age, and that the other subscribing witness and the Testator appeared to be of legal age, competent, and of sound mind; that the Testator further appeared to be fully able to dispose of his estate and to be acting of his own free will and without duress.

The Testator requested that this affidavit in proof of his attached will be made by the undersigned subscribing witnesses thereto.

Witness: Rosalind M. Davis

Witness: Shirley A. Ritter

SUBSCRIBED AND SWORN to before me this 26th day of October, 1981.

Robert K. Lewis
Notary Public in and for the State of
Washington, residing at Stevenson