145581

BOOX 227 PAGE 892

Kielpinske & Woodrick

After recording return to: Kielpinski & Woodrich PO Box 510 Stevenson, WA 98648 REAL ESTATE EXCISE TAX

100 14 12 38 Ph '02 PLANTY

AUG - 9 2002

PAID exempt

SKAMANIA COUNTY TREASURER
AFFIDAVIT OF INHERITANCE

Explain the

- 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 2:322
 Parcet H 02 0701 11/30100

 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. 18823 KH passed to the children named in paragraph 1 of this Affidavit.

BOOK 227 PAGE 893

| Date this day of August, 2002 | a sand |
|---|---|
| | 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 | SOUTH & RATTLERING A. WIECKIEC |
|) ss. | |
| COUNTY OF SKAMANIA | |
| i certify that I know or have satisfactory e who appeared before me, and said person acknowledged it to be his free and voluntary act instrument. | evidence that PAUL M. MANN is the person owledged that he signed this instrument and for the uses and purposes mentioned in the |
| Dated this day of August, 2002. | At 1 M |
| | MIL MAN Velrer |
| NOTARY PUBLIC Com STATE OF WASHINGTON KATY JANE ABORER My Appointment Expires May 17, 2004 | ry Public in and for the State of Washington. mission expires: 5717 54 |
| | |
| RECURDER'S NOTE: NOT AN ORIGINAL SIGNATI | URE PAGE |

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

BOOK 227 PAGE 894

and the Company of the State of the Company of the

| 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 _____ day of August, 2002.

Notary Public in and for the State of Washington.
Commission expires: 5/14/0-(

MOTARY PUBLIC STATE OF WASHINGTON KANY JUNE ARCHER My Appointment Expires May 17, 2004

STATE OF WASHINGTON

COUNTY OF SCAMANIA

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 ______

day of August, 2002.

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

NOTARY PUBLIC STATE OF WASHINGTON KATY-JANE ARCHER

pointment Expires May 17, 2004

| | | | MATERIAL | I WAS | nneinn | Y | W | |
|----------|--|--|--|--|--|--|--|--|
| | | | VAINED NOT I | | | | X | SY |
| inc - | | | | 12 | | | | A |
| 70 | | FLE MARER | CER | TIFICAT | E OF DEAT | HROOM | STATEFRE NU | |
| 77 | 1. NAME | Earl | wada Wainwright | Li | | 2 SER (M/F) | DEATH DATE (MO, DIE) | F 89 |
| STAL | AGE LAST BIRTH | | MOER I DAY 7 BIRTHOATE | | N HELACE State or Foreign Country) | Male Mas DECEDEN | August 4, | 2000 |
| LIPPICE | 11. CITY, TOWN OR LO | ! | 1/26/1 | 1917 Pa | rtland. ND | B WAS DECEDEN IN U.S. AFIMED (Yes r No) | es Cla | |
| | Vanc | ouver | | | ACE THEN GIVE ADDRESS OF MERG PRODUCETH & ETHOSP | SENTENDE LEDICITIES | PAGE 13 | SMOKING IN 1 15 YEARS? (Y |
| DE CE | E 14. MARITAL STATUS - Never married, Wido Divorced (Specify) | - Marred 15 SUR | IVING SPOUSE IN Mre, give made | of Vancou | ver Health & | | EPENT SEDUCATION | Yes |
| 10万 | Divorced | | | | | 134 | Fully and highest grade comp | |
| | 18 USUAL OCCUPATION of working most of working | IN (Greeking of work done og Me DO NOT USE RETIRED | 19 NAC OF BUSINESS ON | NOUSTRY | 20 was because a reco | | 8 | iollege (1-4 pr 5 |
| UPATON | Barber | | Barber Sho | n | (Yes / No.) Speci | nic origin or descure? (Ances Py Cubin, Mexican, Pueric P. Ty: | ry) (Specify 21 RACE) | Specify) |
| | 22. RESIDENCE - NUM | BER AND STREET | 25 CITYTOWN, OR LO | CATION 24 PASIDE CIT | | NO 258 LENGTH OF RES IN CO | | ite ZP CODE |
| | 400 E. 3 | 3rd St. | | | Clark | Lin Was | WA 9 | 8663 |
| | Earl Mon | roe Mann | | 2 | MOTHER'S NAME - FIRST | LUCCLE, MAIDEN SURVAI | É | 0003 |
| | N 30 MEDIBLIANT - NAME | ŧ | 31. MARE | PVS ADDRESS | Alice Wain | wright Mack | ey STATE | ŽIP. |
| | Paul Mans Paul M | I 33 DATE (Mo, Day Y | 34 CEMETERIAREM | 141 | Lacock-Kelc | hner Rd., V | nderwood, W | 9865 |
| | Burial 35 FUNEAU DHECTOR | 8/9/2000 | Willamett | e National | | Portland | TOWN STALE | |
| | x C.M. | Doniel | 3. NAME OF FACILITY | S FUNERAL | | 38 ADDRESS OF FAC | 325 NE | Brd Av |
| | | | | | | | | |
| 1914 | 20 TO THE REST OF | O BE COMPLETED DALY B | CEPTIFYING PRIVILEIAN | | | PLETED ONLY BY BUTDICA | shington 98 | 3607 |
| | 39 TO THE BEST OF | MY KNOW! EDGE | CEPTIFYING PHYSICIAN ATH OCCUPRED AT THE TAKE, DA | | TO BE COM | PLETED ONLY BY MEDICAL | EXAMINES OF COROUR | |
| | 39 TO THE BEST OF AND WAS DUE TO THE SIGNATURE AND THE X | E CAUSE(S) STATED | CERTURING PHYSICIAN ATH OCCURRED AT THE TIME, DI W | ATE AND PLACE | TO BE COM 43 ON THE BASIS OF EXAM THE TIME DATE RAD FL SIGNATURE AND TITLE | PLETED ONLY BY MEDICAL PHATION AND/OR INVESTIGACE AND WAS DUE TO THE | EXAMINES OF COROUR | |
| | 39 TO THE BEST OF AND WAS DUE TO TH SIGNATURE AND LEE X 40 DATE SIGNED (Mu_D. | F MY KNOWLEDGE CE E CAUSE(S) STATED (17. Vr) | ATH OCCURRED AT THE TAKE, DI | ATE AND PLACE | TO BE COM 43 ON THE BASIS OF EXAM THE TIME DATE AND PL SIGNATURE AND TITLE | PLETED ONLY BY MEDICAL PHATION AND/OR INVESTIGACE AND WAS DUE TO THE | EXAMINER OR CORONE ATION, IN MY OPINION DEA CAUSE(S) STATED | R TH OCCURRE |
| | 39 TO THE BEST OF AND WAS DUE TO TH SIGNATURE AND LEE X 40 DATE SIGNED (Mu_D. | F MY KNOWLEDGE CE E CAUSE(S) STATED (17. Vr) | ATH OCCURRED AT THE TAKE, DA THOUR OF DEATH | ATE AND PLACE | TO BE COM 43 ON THE BASIS OF EXAM THE TIME DATE RAD FL SIGNATURE AND TITLE | PLETED ONLY BY MEDICAL PHATION AND USE THESE TO ACE AND WAS DUE TO THE | EXAMINER OR CORONE ATION, N. MY DEPARON DEA CAUSE(S) STATED 45 HOUR OR 47 HOUR OR | R TH OOCURREI DEATH (24 Hz) |
| | 39 TO THE BEST OF MAN DAS DEE 19 TH SOMETIME AND PLEASE AND PLEASE AND PAGE 19 THE OF A SOMETIME OF | F MY ANOWLEDGE CO E CAUSE(S) STATED OF 71) OF - 07 - 201 ATTENDING PRIVICUAN FO | ATH OCCURRED AT THE TIME OF TIME OF THE TIME OF TIME OF THE TIME OF THE TIME OF TIME OF THE TIME OF TIME O | ATE AND PLACE | TO BE COM 43 ON THE BASIS OF EXAM THE TIME DATE KNO PL SYSMATURE AND TITLE X 8 DATE SKONED (Mo., Day,) | PLETED ONLY BY MEDICAL PHATION AND USE THESE TO ACE AND WAS DUE TO THE | EXAMINEA OR CORONE ATION, IN MY OPPINON DEA CAUSEIS) STATED 45 HOUR OR CY HOLD OF | R TH OCCURRED DEATH (24 H/s) DEATH (25 H/s) |
| | 39 TO THE BEST OF AND MAD SIDE TO THE SOMETIME AND PUBLIC TO THE STORED PRODUCT OF AN AMERICAN AND ADDRESS Timothy R | T MY NOWLEDGE CO | ATH OCCURRED AT THE TIME, DO 17 HOUR OF DEATH 18 HOUR OF DEATH 19 0200 THER THAN CERTIFIER (Type or Pr | ATE AND PLACE (C) Has) (ER (Type to Print) (ER (Type to Print) | FO BE COM THE BASIS OF EXAM THE TIME DATE MOD PL SPONATURE AND TIME REPORT OF THE STORY OF T | PLETED DATA BY MEDICAL PLATIFICATION AND CORREST PO ACCE AND WAS DUE TO THE (1) (2) (3) | EXAMINEA OR CORONE ATION, IN MY OPPINON DEA CAUSEIS) STATED 45 HOUR OR CY HOLD OF | R TH OCCURRED DEATH (24 H/s) DEATH (25 H/s) |
| | Timothy R 30 ENTER HE DISEA 40 DAME AND THE OF A 40 DAME AND THE OF A 40 DAME AND ADDRESS Timothy R 50 ENTER HE DISEA | T MY NOWLEDGE CE E CAUSE(S) STATED TO T | ATH OCCURRED AT THE TIME OF TIME OF THE TIME OF TIME OF THE TIME OF THE TIME OF TIME OF THE TIME OF TIME O | ATE AND PLACE (C) Has) (ER (Type to Print) (ER (Type to Print) | FO BE COM THE BASIS OF EXAM THE TIME DATE MOD PL SPONATURE AND TIME REPORT OF THE STORY OF T | PLETED DATA BY MEDICAL PLATIFICATION AND CORREST PO ACCE AND WAS DUE TO THE (1) (2) (3) | EXAMINES OR CORONE ATION, IN MY DEPARTOR DEA CAUSEIS) STATED 45 HOUR PR CE HS 47 HOUR PR CE HS 48 MECORD | R TH OCCURRED DÉATH (24 H/s DNOUNCED DE |
| | TIMOTHY RESTORATED THE SECRET SHEET OF A SHE | THY KNOWLEDGE CE CAUSE(S) STATED CO. TO THE CAUSE (S) STATED CO. TO THE | ATH OCCURRED AT THE TIME DO 17 HOUR OF DEATH 0 200 THER THAN CERT FIER (Type o Pr MEDICAL EXAMINER OR CORO 715 S. And Teso FLICATIONS WHECH CAUSE | ATE AND PLACE (C) Has) (ER (Type to Print) (ER (Type to Print) | 10 BE COM 43 ON THE BASSON EXAM THE TIME DATE MOD TO SISMATURE AND TITLE X 4 CATE SIGNED (MO. Day) 6 FROMOUNCED DEAD (MO. | PLETED DALV BY MEDICAL PLATFORMANDOR BINEST PO ACE AND WAS DUE TO THE PO . Oay, Yo | EXAMINEA OR CORONE ATION, IN MY OPPINON DEA CAUSEIS) STATED 45 HOUR OR CY HOLD OF | TH OCCURPED DEATH (24 Hz DNOUNCED DE WER FILE NUM MEN ONSET / |
| | TIME BEST OF AND SOLE OF THE SECRET OF AND SOLE OF THE SECRET OF THE SEC | THY KNOWLEDGE OF CAUSE(S) STATED CONTROL OF CERTIFER - PHYSICIAN OSS, M.D. SES. NULRIES, OR CONTROL OF CERTIFER CONTROL OSS, M.D. DUE TO, OR A.S. TO T | ATH OCCURRED AT THE TAME OF PROPERTY OF CORON THER THAN CERTIFIER (TIPE OF PROPERTY OF CORON TIPE S. And Teso | MER (Type or Fring) DIÓ Vancour TO THE DEATH | 10 BE COM 43 ON THE BASSON EXAM THE TIME DATE MOD TO SISMATURE AND TITLE X 4 CATE SIGNED (MO. Day) 6 FROMOUNCED DEAD (MO. | PLETED DATA BY MEDICAL PLATIFICATION AND CORREST PO ACCE AND WAS DUE TO THE (1) (2) (3) | EXAMINES OR CORONE ATION, IN MY DEPARTOR DEA CAUSEIS) STATED 45 HOUR PR CE HS 47 HOUR PR CE HS 48 MECORD | TH OCCURPET TH OCCURPET THOUSE HER THE NUM WEEN ONSET! |
| | TIMOTHY R SO DATE SKINED ING. D AND MAN AND THE OF A AND MANE AND ADDRESS TIMOTHY R SO ENTER THE DISEA MADDATE CAUSE FIRST AND DO NOT ENTER THE MOSE OF DOING SUCH AS DURINGERS. SHOP RESPIRATORY APPEST, SHOP REART FAULTE LIST ONLY CAUSE ON EXCHANGE IS SHOP EAST FAULTE LIST ONLY CAUSE ON EXCHANGE IS SHOP EAST FAULTE LIST ONLY CAUSE ON EXCHANGE IS SHOP EAST FAULTE LIST ONLY CAUSE ON EXCHANGE IS SHOP EAST FAULTE LIST ONLY CAUSE ON EXCHANGE IS SHOP EAST FAULTE LIST ONLY CAUSE ON EXCHANGE ESCREPTION TO STORY CONTROLLED IN THE PROPERTY OF THE PROPERTY O | THY NOWLEDGE CE E CAUSE(S) STATED TO T | ATH OCCUPATED AT THE TAME OF COROL OF THE THAN CERTIFIER (TIPE OF PORCE). MEDICAL EXAMINER OR COROL OF THE C | MER (Type or Fring) DIÓ Vancour TO THE DEATH | 10 BE COM 43 ON THE BASSON EXAM THE TIME DATE MOD TO SISMATURE AND TITLE X 4 CATE SIGNED (MO. Day) 6 FROMOUNCED DEAD (MO. | PLETED DALV BY MEDICAL PLATFORMANDOR BINEST PO ACE AND WAS DUE TO THE PO . Oay, Yo | EXAMINEA OR CORONE ATOM, IN MY DEPIGNO DEA CAUSE(S) STATED 45 HOUR OF 47 HOUR PR GE HAS 49 MECORO DEATH ATTERNAL BETT | TH OCCURPET TH OCCURPET DEATH (24 Hs SHOUNGED DE SHOUNGED DE SHEET CHEET (4 Mg) |
| | TO THE BEST OF AND DOES OF THE SKINED INC. OF THE S | THY NOWLEDGE CE CAUSE(S) SYATED TO T | ATH OCCURRED AT THE TIME OF OCCURRED AT THE OCCURRED A | MER (Type or Fring) DIÓ Vancour TO THE DEATH | 10 BE COM 43 ON THE BASSON EXAM THE TIME DATE MOD TO SISMATURE AND TITLE X 4 CATE SIGNED (MO. DBY) 6 FROMOUNCED DEAD (MO. | PLETED DALV BY MEDICAL PLATFORMANDOR BINEST PO ACE AND WAS DUE TO THE PO . Oay, Yo | 47 HOUR PROPERTY BETT BETT BETT BETT BETT BETT BETT BE | TH OCCURPET TH OCCURPET MOUNCED DE MEEN ONSET I |
| 畫: | TIMOTHY RESTORATION OF THE PRINT OF THE PRIN | THY NOWLEDGE CE CAUSE(S) STATED TO THE CAUSE (S) STATED OF CERTIFER — PHYSICIAN OSS, M.D. SES, NULRIES, OR COM SES, NULRIES, OR COM DUE TO, OR AS. DUE TO, OR AS. | THOUR OF DEATH O 200 THE THAN CERT FIRE TIME OF THE TIME OF THE THAN CERT FIRE TIME OF THE TIME OF THE THAN CERT FIRE TIME OF THE TIME OF T | MER (Type to Print) MER (Type to Print) OT VARICOUNT ED THE DEATH OF CACA. | 10 BE COM 43 ON THE BASSON EXAM THE TIME CATE HAD TO SPANTURE AND TOTAL X E CATE SCORED (AU. Day). 6 FROMOUNCEDDEAD (AU. | THE TED DAY BY MEDICAL THAT TO THAT TO THAT TO THE T | EXAMINEA OR CORONE ATOM, IN MY DEPIGNO DEA CAUSE(S) STATED 45 HOUR OF 47 HOUR PR GE HAS 49 MECORO DEATH ATTERNAL BETT | TH OCCURPET TH OCCURPET MOUNCED DE MEEN ONSET I |
| | TIME THE BEST OF AND MAS DUE TO THE SCENED IND. D. O. | THY KNOWLEDGE CE E CAUSE(S) STATED TO THE CAUSE (S) STATED TO THE CAU | THE THAT COURSE OF THE TIME OF | MER (Type to Print) MER (Type to Print) OT VARICOUNT ED THE DEATH OF CACA. | 10 BE COM 43 ON THE BASSON EXAM THE TIME CATE HAD TO SPANTURE AND TOTAL X E CATE SCORED (AU. Day). 6 FROMOUNCEDDEAD (AU. | THE TED DAY BY MEDICAL THAT TO THAT TO THAT TO THE T | ATOM, IN MY OPPINON DEA CAUSE(S) STATED AS MOULTN AT HOUR PR CO HS; AT HOUR PR CO HS; NTERVAL BETT DEATH NTERVAL BETT DEATH NTERVAL BETT DEATH NTERVAL BETT DEATH STATE NTERVAL BETT DEATH NTERVAL BETT D | THE OCCURRENT AND THE NORTH AN |
| | TIMOTHY RESTORATION OF THE PRINT OF THE PRIN | THY KNOWLEDGE CE E CAUSE(S) STATED TO THE CAUSE (S) STATED TO THE CAU | THE THAN CERT FIRE OF CORON THE THAN CERT FI | MER (Type o Pring) MER (T | 10 BE COM 43 ON THE BASSON EXAM THE TIME CATE HAD TO SPANTURE AND TOTAL X E CATE SCORED (AU. Day). 6 FROMOUNCEDDEAD (AU. | THE TED DAY BY MEDICAL PARTICULANDOR SINES FO ACE AND WAS DUE TO THE TO | AS HOUNG OR CORONE AS HOUNG PROPERTY OF HOUSE OF HOUNG PROPERTY OF HOUNG PROPERTY OF HOUSE OF HOUNG PROPERTY OF HOUSE OF HOUNG PROPERTY OF HOUSE O | THE OCCURRENT AND THE NORTH AN |
| | TIMOTHY RESTORATION OF THE PROPERTY AND THE SKINED INC. D. C. | THY NOWLEDGE CE E CAUSE(S) STATED TO THE CAUSE (S) STATED TO THE CAUS | THE THE PRINCE OF THE TIME OF THE THE OWN PROPERTY OF CORP. THE THAN CERT FER TIME OF THE THAN CONSEQUENCE OF. THE CONTRIBUTING TO DEATH BUT IN CREEKING THE THAN CERT FER TIME OF THE TIME OF THE THAN CERT FER TIME OF THE THAN CERT FER TIME OF THE TIME OF THE THAN CERT FER TIME OF THE TIME OF T | DER (Type o Pring DIN Vancour DTHE DEATH OF CACA. | TO BE COM 39 ON THE BASSON EXAM THE TIME DATE AND THE SCHAUBE AND THE X 8 DATE SCHED (MO. DBy.) 6 PROMOUNCED CEAD (MO. VER, WA 9866 | THE TED DAY BY MEDICAL PARTICULANDOR SINES FO ACE AND WAS DUE TO THE TO | ATOM, IN MY OPPINON DEA CAUSE(S) STATED AS MOULTN AT HOUR PR CO HS; AT HOUR PR CO HS; NTERVAL BETT DEATH NTERVAL BETT DEATH NTERVAL BETT DEATH NTERVAL BETT DEATH STATE NTERVAL BETT DEATH NTERVAL BETT D | THE OCCURRENCE OF THE MAN MEET ORSET A LEEN OF THE MAN OF THE MAN OF THE MEET |
| | TIME THE BEST OF AND MAS DUE TO THE SCENED IND. D. O. | THY NOWLEDGE CE E CAUSE(S) STATED TO THE CAUSE (S) STATED TO THE CAUS | THOUSE OF THE TIME OF THE THE DESCRIPTION OF THE THE THE OF | DER (Type o Pring) DER (Type o Pring) DER (Type o Pring) DER (Type o Pring) OTHE DEATH OF CACA. OF RESELTING IN THE I | TO BE COM 39 ON THE BASSON EXAM THE TIME DATE AND THE SCHAUBE AND THE X 8 DATE SCHED (MO. DBy.) 6 PROMOUNCED CEAD (MO. VER, WA 9866 | PLETED DAY BY MEDICAL PURIORIANDOR INVESTOR ACE AND WAS DUE TO THE TO | ATOM, IN MY OPPINON DEA CAUSE(S) STATED AS MOULTN AT HOUR PR CO HS; AT HOUR PR CO HS; NTERVAL BETT DEATH NTERVAL BETT DEATH NTERVAL BETT DEATH NTERVAL BETT DEATH STATE NTERVAL BETT DEATH NTERVAL BETT D | THE OCCURRENCE OF THE MAN MEET ORSET A LEEN OF THE MAN OF THE MAN OF THE MEET |
| OF DEATH | TO THE BEST OF AND SOLE OF THE SCHALLER AND LESS OF THE SCHALLER AND LESS OF THE SCHALLER AND ADDRESS TIMOTHY R. SO ENTER THE DISEA MADDATE THE MODE OF THE SCHALLER LIST OF THE | THY NOWLEDGE CE E CAUSE(S) STATED TO THE CAUSE STATED TO THE CAU | ATH OCCURRED AT THE TIME OF THE TIME OF THE THAN CERTER PROPERTY OF CORON 115 S. AND THE THAN CERTER OF CORON 115 S. AND THE THAN CERTER OF CORON PLICATIONS WHICH CAUSE ACCUSEOUENCE OF. CONTRIBUTING TO DEATH BUT ME THAN CONSEQUENCE OF. | DER (Type o Pring) DER (Type o Pring) DER (Type o Pring) OTHE DEATH OF PESSETING IN THE OFTER SERVICE PRO TYPE SERVICE PR | TO BE COM 43 ON THE BASSON EXAM THE TIME DATE AND PL SCHAFURE AND TITLE X E DATE SCHED (MO. DBY, THE OF THOMOUNCEDDEAD (TAG VEY, WA 9866 THOMOUNCEDDEAD (TAG VEY, WA 9866 THOMOUNCEDDEAD (TAG NOTE: YING CAUSE GIVE AS RESE HOW INJURY OCCURRE | PLETED DAY BY MEDICAL PURIORIANDOR INVESTOR ACE AND WAS DUE TO THE TO | ATOM, IN MY DEPROVIDE A CAUSE IS I STATED AS MOUNTY AT HOUR OR OF HOUSE OF HOU | THE OCCUPANT AND THE NUMBER OF SET AND THE N |
| OF DEATH | TIMOTHY RESTORATIONS OF THE SIGNED FOR LIFE CONTROL OF THE CONTROL | F MY RNOWLEDGE CE E CAUSE(S) STATED TO THE CAUSE (S) STATED TO THE CA | THOUSEOUENCE OF: CONTRIBUTING TO CEATH BUT IN CONSEQUENCE OF: CALL SIGN. 5 ACCONSEQUENCE OF: CALL Cay YA 56 HOURGO CEATH BUT IN CALL CAY YA 57 HOURGO CEATH BUT IN CALL | DER (Type o Pring) DER (Type o Pring) DER (Type o Pring) OTHE DEATH OF PESSETING IN THE OFTER SERVICE PRO TYPE SERVICE PR | TO BE COM AS ON THE BASSON EXAM THE TIME CATE HAD TO SPANTURE AND TOTAL X E DATE SCAND (AU., Day,) FOR THOMOUNCEDCEAD (AU., Day,) WEY, WA 9866 THE PROMOUNCEDCEAD (AU., Day,) NOTE: THOMOUNCEDCEAD (AU., Day,) | TOTAL TOWN, STATE | ATOM, IN MY OPPINON DEA ATOM, IN MY OPPINON DEA CAUSE(S) STATED AT HOLE PR CE HS; AT HOLE PR CE HS; NTERVAL BET DEATH NTERVAL BET DEATH NTERVAL BET OPATH SS MAS CASE PETE CONCALER? (Yes | THE OCCURRENT AND THE NORTH AN |
| OF DEATE | TIMOTHY RESTORATIONS OF THE PROPERTY OF THE PR | SES. NULRIES, OR COMMENT A COMMENT BE TO OR AS C DUE TO, OR AS TO DUE TO, OR | ATH OCCURRED AT THE TIME OF THE TIME OF THE THAN CERTER PROPERTY OF CORON 115 S. AND THE THAN CERTER OF CORON 115 S. AND THE THAN CERTER OF CORON PLICATIONS WHICH CAUSE ACCUSEOUENCE OF. CONTRIBUTING TO DEATH BUT ME THAN CONSEQUENCE OF. | DER (Type o Pring) DER (Type o Pring) DER (Type o Pring) OTHE DEATH OF PESSETING IN THE OFTER SERVICE PRO TYPE SERVICE PR | TO BE COM AS ON THE BASSON EXAM THE TIME CATE HAD TO SPANTURE AND TOTAL X E DATE SCAND (AU., Day,) FOR THOMOUNCEDCEAD (AU., Day,) WEY, WA 9866 THE PROMOUNCEDCEAD (AU., Day,) NOTE: THOMOUNCEDCEAD (AU., Day,) | PLETED DAY BY MEDICAL PURIORIANDOR INVESTOR ACE AND WAS DUE TO THE TO | ATOM, IN MY DEPROVIDE A CAUSE IS I STATED AS MOUNTY AT HOUR OR OF HOUSE OF HOU | THE OCCURRENT AND THE NORTH AN |
| OF DEATE | TIMOTHY RESTONATIONS OF THE PROPERTY OF THE PR | SES. NULRIES, OR COMMENT A COMMENT BE TO OR AS C DUE TO, OR AS TO DUE TO, OR | ATH OCCURRED AT THE TIME OF THE TIME OF THE THAN CERTER PROPERTY OF CORON 115 S. AND THE THAN CERTER OF CORON 115 S. AND THE THAN CERTER OF CORON PLICATIONS WHICH CAUSE ACCUSEOUENCE OF. CONTRIBUTING TO DEATH BUT ME THAN CONSEQUENCE OF. | DER (Type o Pring) DER (Type o Pring) DER (Type o Pring) OTHE DEATH OF PESSETING IN THE OFTER SERVICE PRO TYPE SERVICE PR | TO BE COM AS ON THE BASSON EXAM THE TIME CATE HAD TO SPANTURE AND TOTAL X E DATE SCAND (AU., Day,) FOR THOMOUNCEDCEAD (AU., Day,) WEY, WA 9866 THE PROMOUNCEDCEAD (AU., Day,) NOTE: THOMOUNCEDCEAD (AU., Day,) | DOVE SZ AJTOPSYP (YEST NO) OTD. JOHN, STATE | ATOM, IN MY OPPINON DEA ATOM, IN MY OPPINON DEA CAUSE(S) STATED AT HOLE PR CE HS; AT HOLE PR CE HS; NTERVAL BET DEATH NTERVAL BET DEATH NTERVAL BET OPATH SS MAS CASE PETE CONCALER? (Yes | THE OCCUPANT AND THE NUMBER OF SET AND |

٤)

4

Q

LAST WILL AND TESTAMENT

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

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 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. 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 24th day of October, 1981.

STATE OF WASHINGTON

AFFIDAVIT OF WITNESSES SS. County of Skamania

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

- Page One of .Two Pages -

- 1. <u>DECLARATIONS</u>. Immediately prior to the execution of the attached document dated the had a of <u>Ochibor</u>, 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 there-

Witness: (Tosalind 17)

Witness: Shuley

SUBSCRIBED AND SWORN to before me this 26 H. day of October

1981.

Notary Public in and for the State of Washington, residing at Stevenson

- Page Two of Two Pages -

PAGE 4 OF 3