148972

243 PAGE 663

Olsen Hom LLC
P Lavry

After recording return to:

Olsen, Hom L.L.C.
PO Box 688
St. Helens, OR 97051

Document Title(s) or transactions contained herein:

Certificate of Death

GRANTOR(S) (Last name, first name, middle initial)
LILLIAN H. SCHNEIDER, Deceased

[ ] Additional names on page ____ of document.

REAL ESTATE EXCISE TAX
23019
MAY 27 2003
PAID Exempt
Willard Cleland Deputy
SKAMANIA COUNTY TREASURER

GRANTEE(S) (Last name, first name, middle initial)
HERMANN SCHNEIDER

[ ] Additional names on page ____ of document.

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

Lots 15, 16, 17 in Block 2 in the Original town of Cooks as recorded in Book A of Plats at Page 33, Skamania County, Washington.
ALSO that road easement as recorded in Book 151 at Page 965, Skamania County, Washington, further described as portion of Third Street of Cooks, Washington.

[ ] Complete legal on page ____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

Book 206, Page 640

Additional numbers on page ____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
03-09-34-2-1-0800-00

Gary H. Martin, Skamania County Assessor
Date 5-27-03 Parcel # 03 09 34 2 1 0800 00

[ ] 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.

BOOK 243 PAGE 664

In re: The Estate of,)
) AFFIDAVIT OF HEIRSHIP
LILLIAN H. SCHNEIDER,) (TESTATE ESTATE)
)
Deceased.)

STATE OF OREGON)
) ss.
County of Columbia)

I, HERMANN SCHNEIDER, being first duly sworn, say that: I am the husband of the above-named decedent.

(1) Relevant facts relating to the decedent are as follows:

NAME: LILLIAN H. SCHNEIDER

DATE OF BIRTH: August 24, 1929

DOMICILE: Columbia County, Oregon

POST OFFICE ADDRESS: 32685 SW Callahan Road
Scappoose, OR 97056

SOCIAL SECURITY NO: 536-24-3955

(2) Decedent died on the 13th day of January, 2003, in the City of Scappoose, County of Columbia, State of Oregon. A copy of decedent's death certificate is attached hereto.

(3) A description of the unprobated property in decedent's estate is as follows:

Lots 15, 16, 17 in Block 2 in the Original town of Cooks as recorded in Book A of Plats at Page 33, Skamania County, Washington. ALSO that road easement as recorded in Book 151 at Page 965, Skamania County, Washington, further described as portion of Third Street of Cooks, Washington.

(4) No application has been made or petition for the appointment of a personal representative has been granted in Oregon or in any other state. No probate of Decedent's estate has been commenced in any state.

(5) The decedent died testate. A copy of her Last Will and Testament is attached hereto.

(6) Decedent married Hermann Schneider on January 23, 1998. No children were born as the issue of this marriage.

(7) Decedent's heirs, their ages, their relationship to the decedent and their last-known addresses are:

Name	Relationship	Last Known Address
Hermann Schneider	Husband	32685 SW Callahan Road Scappoose, OR 97056
Mike Spengler	Son	21727 Crescent Heights Spring, TX 77388

(8) The interest in decedent's property described in this affidavit to which each devisee is entitled is:

Name	Interest
Hermann Schneider	100-percent

Hermann Schneider

Hermann Schneider

SUBSCRIBED and SWORN to before me this 21st day of May, 2003.

OFFICIAL SEAL
HAROLD L OLSEN
NOTARY PUBLIC-OREGON
COMMISSION NO. 327330
MY COMMISSION EXPIRES OCT 11, 2003

Harold L. Olsen

NOTARY PUBLIC for Oregon
My Commission Expires: 10/11/03

Harold L. Olsen, OSB #67096
OLSEN, HORN L.L.C.
PO Box 688
St. Helens, OR 97051
Telephone: (503) 397-4222

CERTIFICATION OF VITAL RECORD

BOOK 243 PAGE 666

384789
ID NO

13
Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

DECEDENT

1 DECEDENT'S NAME: First: Lillian; Middle: H.; Last: SCHNEIDER
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): January 13, 2003
4 SOCIAL SECURITY NUMBER: [redacted]
5a AGE-Last Birthday (Years): 73
5b If Under 1 Year: Months / Days
5c If Under 1 Day: Hours / Minutes
6 BIRTHPLACE (City and State or Foreign Country): Battle Creek, MI.
7 DATE OF BIRTH (Month, Day, Year): August 24, 1929
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): 32685 SW Callahan Rd.
9c CITY, TOWN, OR LOCATION OF DEATH: Scappoose
9d COUNTY OF DEATH: Columbia
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Land & Title Research
10b KIND OF BUSINESS/INDUSTRY: Columbia County
11 MARITAL STATUS (Married, Never Married, Widowed, Divorced, Specify): Married
12 SPOUSE (If Married, Widowed, or Divorced): Hermann
13a RESIDENCE - STATE: Oregon
13b COUNTY: Columbia
13c CITY, TOWN OR LOCATION: Scappoose
13d STREET AND NUMBER: 32685 SW Callahan Rd.
13e INSIDE CITY LIMITS? ☒ Yes ☐ No
13f ZIP CODE: 97056
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15 RACE - American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17 FATHER'S NAME: First: Jennings; Middle: B.; Last: Kephart
18 MOTHER'S NAME: First: Martha; Middle: P.; Maiden: Pfaff
19 INFORMANT'S NAME and relationship to deceased: Hermann Schneider-husband

DISPOSITION

20a METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oregon Crematory
20c LOCATION - City or Town, State: Portland, Oregon

REGISTRAR

21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b OREGON LICENSE NO. (If Licensee): 3312
22 NAME, ADDRESS AND ZIP OF FACILITY: Columbia Funeral Home 97051 681 Columbia Blvd. St. Helens, OR.
23 DATE FILED (Month, Day, Year): January 21, 2003
24 REGISTRAR'S SIGNATURE: Elizabeth E. Huser, REgistrar

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 4:53 P
28 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
30 DATE SIGNED (Month, Day, Year): 1/20/03
31a TIME OF DEATH
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
32 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)
33 DATE SIGNED (Month, Day, Year) COUNTY
34 NAME, ADDRESS AND ZIP OF CERTIFIER (MEDICAL EXAMINER) (Type or Print): Julia Tank, M.D. 1130 NW 22nd Suite 640 Portland, Oregon 97210
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

36 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I (a) End stage renal failure — Interval between onset and death: months
DUE TO, OR AS A CONSEQUENCE OF:
(b) Diabetes mellitus — Interval between onset and death: Years
DUE TO, OR AS A CONSEQUENCE OF:
(c) 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: Congestive heart failure
37 Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38 AUTOPSY ☐ Yes ☒ No
39 If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N.A.

40 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a DATE OF INJURY (Month, Day, Year)
41b TIME OF INJURY
41c INJURY AT WORK? ☐ Yes ☐ 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)

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE COLUMBIA COUNTY REGISTRAR

DATE ISSUED: January 24, 2003

Elizabeth E. Huser
ELIZABETH E. HUSER
COUNTY REGISTRAR
COLUMBIA COUNTY, OREGON

THIS COPY NOT VALID WITHOUT EMBOSSED STATE SEAL AND BORDER

STATE OF OREGON 1859

COLUMBIA COUNTY HEALTH DEPARTMENT ST. HELENS, ORE.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BOOK 243 PAGE 667

Last Will and Testament

of

LILLIAN HOPE SCHNEIDER

I, LILLIAN HOPE SCHNEIDER, a resident of and domiciled in the County of Columbia, and State of Oregon, being of sound and disposing mind and memory, but mindful of mortality, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and Codicils at any time heretofore made by me.

FIRST: I declare that I married Hermann Schneider on January 23, 1998. I have one child by a former marriage, to-wit: Michael Frederick Spengler and a stepson, to-wit: Thomas Raymond Jones. My husband has one surviving child by a former marriage, to-wit: Marianne Lloyd. I have no adopted children, nor do I have any children who have predeceased me.

SECOND: I direct that my Personal Representative hereinafter named pay all my just debts, whether secured or unsecured, expenses allowed in the administration of my estate, expenses of my last illness and funeral, and all inheritance or other taxes imposed upon my estate by reason of my death, as soon as practicable after my death.

THIRD: I direct my Personal Representative to abide by any memorandum made by me directing the disposition of personal and household effects of every kind, including but not limited to furniture, appliances, furnishings, pictures, china, silverware, glassware, books, jewelry, wearing apparel and other personal effects. Otherwise, the personal and household effects shall be distributed according to the directions given in this will for the distribution of the rest and remainder.

 LS.

of my estate.

FOURTH: I give, devise and bequeath all the rest, residue and remainder of my property of every kind and description (including lapsed legacies and devises), wherever situate and whether acquired before or after the execution of this Will, absolutely in fee simple to my beloved spouse, **HERMANN SCHNEIDER**, if my spouse shall survive me.

FIFTH: In the event my said spouse should predecease me, or should we meet death in a common calamity, I direct my Personal Representative to sell all of the assets of my estate to the extent that such a sale is economically feasible. I then give, devise and bequeath the proceeds and all the rest, residue and remainder of my property of every kind and description (including lapsed legacies and devises) wherever situate and whether acquired before or after the execution of this Will to the following named persons in the percentages set forth following their names:

a) Michael Frederick Spengler - 30-percent
b) Thomas Raymond Jones - 30-percent
c) Thomas Beynon Jones - 15-percent
d) Michael W. Jones - 15-percent
e) Marianne Lloyd - 10-percent

However, if one or more of the above-named persons should predecease me, or should we meet death in a common calamity, I give such deceased person's respective share of the rest and residue of my estate to the then living lineal heirs of said deceased person, such lineal heirs to take per stirpes and not per capita.

SIXTH: In the event any of the persons specifically named above in paragraph **FIFTH** a) through e) cannot be located by the use of reasonable means and diligent efforts within three (3) years following my death, my Personal Representative shall then distribute such person's

respective share of my estate to those persons above named in paragraph FIFTH a) through e) who are then living at the time of such distribution in accordance with the proportions set forth in paragraph FIFTH following their respective named.

SEVENTH: I hereby nominate, constitute and appoint HERMANN SCHNEIDER as Personal Representative of this, my Last Will and Testament, and direct that he shall serve without bond. If for any reason he is unable or unwilling to serve or continue to serve, then I hereby nominate, constitute and appoint HAROLD L. OLSEN as substitute or successor Personal Representative and direct that he shall serve without bond.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 25 day of August, 2000.

Lillian Hope Schneider
LILLIAN HOPE SCHNEIDER, Testatrix

The foregoing instrument, consisting of three (3) pages, including this page, was signed, sealed, declared and published by the said LILLIAN HOPE SCHNEIDER as and for her Last Will and Testament, in the presence of us, who at her request and in her presence and the presence of each other, have subscribed our names as witnesses hereto.

Jan L Long
Residing at: Warrenton, OREGON

James C. Horn
Residing at: Scappoose, Or.

BOOK 243 PAGE 670

AFFIDAVIT OF ATTESTING WITNESSES TO WILL

STATE OF OREGON)
) ss.
County of Columbia)

We, the undersigned, being sworn, each for myself say:

On the date of the attached Last Will and Testament of **LILLIAN HOPE SCHNEIDER** in our presence, said **LILLIAN HOPE SCHNEIDER** signed the same and declared it to be her Last Will and Testament, whereupon, at her request and in her presence, we attested the Will by signing our names thereto.

To the best of my knowledge and belief, the Testatrix was, at that time, over the age of 18 years and of sound mind.

Lois L. Long Warren, OREGON

James C. Hem

SUBSCRIBED and SWORN to by each of the affiants above named this 25 day of August, 2000.

OFFICIAL SEAL
KYRA M. MOORE
NOTARY PUBLIC-OREGON
COMMISSION NO. 062680
MY COMMISSION EXPIRES MARCH 12, 2001

Kyra M Moore
NOTARY PUBLIC for Oregon
My Commission Expires:

AFFIDAVIT OF WITNESSES