

148972

24B PAGE 663

Olsen Horn Llc

Gary

After recording return to:

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

Document Title(s) or transaction contained herein:

Certificate of Death

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

[] Additional names on page _____ of document.

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

[] Additional names on page _____ of document.

REAL ESTATE EXCISE TAX

2009
MAY 27 2003

PAID exempt
Vic/Chilld Rpty
SKAMANIA COUNTY TREASURER

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

[] Property Tax Parcel ID is not yet assigned Date 5-27-03 Parcel # 03093421080000

[] 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.

In re: The Estate of

LILLIAN H. SCHNEIDER,

Deceased.

STATE OF OREGON

County of Columbia

**AFFIDAVIT OF HEIRSHIP
(TESTATE ESTATE)**

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.

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(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

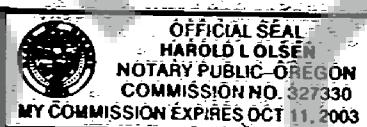
Hermann Schneider

Hermann Schneider

SUBSCRIBED and SWEORN to before me this 21st day of May, 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

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CERTIFICATION OF VITAL RECORD

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

384789	10. NAME Lillian	11. ADDRESS H.	12. SEX M	13. DATE OF DEATH (Month Day Year) January 13, 2003
13. LOCAL FILE NUMBER 13	14. SOCIAL SECURITY NUMBER [REDACTED]	15. AGE AT DEATH 73	16. PLACE OF DEATH (City, State or Foreign Country) Battle Creek, MI.	17. DATE OF BIRTH (Month Day Year) August 24, 1929
18. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19. DECEASED'S OCCUPATION Land & Title Research	20. PLACE OF DEATH (Other than Hospital or Nursing Home) Scappoose	21. CITY/TOWN/COUNTY OF DEATH Scappoose	22. COUNTY OF DEATH Columbia
23. FACILITY NAME, PAYMENT SOURCE AND ADDRESS 32685 SW Callahan Rd.	24. MARRITAL STATUS Married	25. SPOUSE (Name, Maiden Name) Hermann	26. DECEASED'S EDUCATION Elementary School (K-12) College (14-18)	27. DECEASED'S RELIGION [REDACTED]
28. RESIDENCE STATE Oregon	29. COUNTY Columbia	30. CITY, TOWN OR LOCATION Scappoose	31. STREET AND NUMBER 32685 SW Callahan Rd.	32. LOCATION (City, Town, State) Portland, Oregon
33. POSTAL ZIP CODE 97056	34. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35. PLACE OF BURIAL (Name of Cemetery, Crematory, or other place) Oregon Crematory	36. RACE (Black, White, Asian, etc.) White	37. INFORMANT'S NAME AND RELATION TO DECEASED Hermann Schneider-husband
38. PARENTS Jennings B. Kephart	39. MOTHER'S NAME Martha	40. FATHER'S NAME Elmer E. Hause	41. MOTHER'S EDUCATION Elementary School (K-12) College (14-18)	42. INFORMANT'S EDUCATION Elementary School (K-12) College (14-18)
43. DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation from Site <input type="checkbox"/> Burial <input type="checkbox"/> Removal from Site <input type="checkbox"/> Other <input type="checkbox"/> None Specified	44. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Oregon Crematory	45. DATE BURIED (Month Day Year) January 21, 2003	46. DATE OF DEATH (Month Day Year) January 13, 2003	47. DATE PRONONCED DEAD (Month Day Year) 1/13/03
48. REGISTRAR Elizabeth E. Hause	49. SIGNATURE Elizabeth E. Hause	50. DATE SIGNED (Month Day Year) 1/26/03	51. TIME OF DEATH 4:53 PM	52. TIME OF DEATH 4:53 PM
53. CERTIFIER Julia Tank, M.D.	54. ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Julia Tank, M.D., 1130 NW 22nd Suite 640 Portland, Oregon 97210	55. DATE PRONOUNCED DEAD (Month Day Year) 1/13/03	56. DATE PRONOUNCED DEAD (Month Day Year) 1/13/03	57. PLACE OF BURIAL - At home, Cemetery, Street, Factory, Office building, etc. (County) [REDACTED]
58. CONDITIONS AT ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST End stage renal failure	59. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 50, 51, AND 52) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest End stage renal failure	60. PLACE OF BURIAL - At home, Cemetery, Street, Factory, Office building, etc. (County) [REDACTED]	61. LOCATION (Street and Number or Rural Route Number, City or Town, State) [REDACTED]	62. ON THE BASIS OF A MEDICAL AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE SAME DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED [Signature]
63. CAUSE OF DEATH Congestive heart failure	64. DATE OF DEATH 1/13/03	65. TIME OF DEATH 4:53 PM	66. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	67. MANNER OF DEATH Natural
68. CAUSE OF DEATH Congestive heart failure	69. DATE OF BURIAL 1/13/03	70. TIME OF BURIAL 4:53 PM	71. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	72. MANNER OF DEATH Natural
73. CAUSE OF DEATH Congestive heart failure	74. DATE OF BURIAL 1/13/03	75. TIME OF BURIAL 4:53 PM	76. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	77. MANNER OF DEATH Natural
78. CAUSE OF DEATH Congestive heart failure	79. DATE OF BURIAL 1/13/03	80. TIME OF BURIAL 4:53 PM	81. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	82. MANNER OF DEATH Natural
83. CAUSE OF DEATH Congestive heart failure	84. DATE OF BURIAL 1/13/03	85. TIME OF BURIAL 4:53 PM	86. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	87. MANNER OF DEATH Natural
88. CAUSE OF DEATH Congestive heart failure	89. DATE OF BURIAL 1/13/03	90. TIME OF BURIAL 4:53 PM	91. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	92. MANNER OF DEATH Natural
93. CAUSE OF DEATH Congestive heart failure	94. DATE OF BURIAL 1/13/03	95. TIME OF BURIAL 4:53 PM	96. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	97. MANNER OF DEATH Natural
98. CAUSE OF DEATH Congestive heart failure	99. DATE OF BURIAL 1/13/03	100. TIME OF BURIAL 4:53 PM	101. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	102. MANNER OF DEATH Natural
103. CAUSE OF DEATH Congestive heart failure	104. DATE OF BURIAL 1/13/03	105. TIME OF BURIAL 4:53 PM	106. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	107. MANNER OF DEATH Natural
108. CAUSE OF DEATH Congestive heart failure	109. DATE OF BURIAL 1/13/03	110. TIME OF BURIAL 4:53 PM	111. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	112. MANNER OF DEATH Natural
113. CAUSE OF DEATH Congestive heart failure	114. DATE OF BURIAL 1/13/03	115. TIME OF BURIAL 4:53 PM	116. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	117. MANNER OF DEATH Natural
118. CAUSE OF DEATH Congestive heart failure	119. DATE OF BURIAL 1/13/03	120. TIME OF BURIAL 4:53 PM	121. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	122. MANNER OF DEATH Natural
123. CAUSE OF DEATH Congestive heart failure	124. DATE OF BURIAL 1/13/03	125. TIME OF BURIAL 4:53 PM	126. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	127. MANNER OF DEATH Natural
128. CAUSE OF DEATH Congestive heart failure	129. DATE OF BURIAL 1/13/03	130. TIME OF BURIAL 4:53 PM	131. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	132. MANNER OF DEATH Natural
133. CAUSE OF DEATH Congestive heart failure	134. DATE OF BURIAL 1/13/03	135. TIME OF BURIAL 4:53 PM	136. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	137. MANNER OF DEATH Natural
138. CAUSE OF DEATH Congestive heart failure	139. DATE OF BURIAL 1/13/03	140. TIME OF BURIAL 4:53 PM	141. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	142. MANNER OF DEATH Natural
143. CAUSE OF DEATH Congestive heart failure	144. DATE OF BURIAL 1/13/03	145. TIME OF BURIAL 4:53 PM	146. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	147. MANNER OF DEATH Natural
148. CAUSE OF DEATH Congestive heart failure	149. DATE OF BURIAL 1/13/03	150. TIME OF BURIAL 4:53 PM	151. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	152. MANNER OF DEATH Natural
153. CAUSE OF DEATH Congestive heart failure	154. DATE OF BURIAL 1/13/03	155. TIME OF BURIAL 4:53 PM	156. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	157. MANNER OF DEATH Natural
158. CAUSE OF DEATH Congestive heart failure	159. DATE OF BURIAL 1/13/03	160. TIME OF BURIAL 4:53 PM	161. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	162. MANNER OF DEATH Natural
163. CAUSE OF DEATH Congestive heart failure	164. DATE OF BURIAL 1/13/03	165. TIME OF BURIAL 4:53 PM	166. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	167. MANNER OF DEATH Natural
168. CAUSE OF DEATH Congestive heart failure	169. DATE OF BURIAL 1/13/03	170. TIME OF BURIAL 4:53 PM	171. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	172. MANNER OF DEATH Natural
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193. CAUSE OF DEATH Congestive heart failure	194. DATE OF BURIAL 1/13/03	195. TIME OF BURIAL 4:53 PM	196. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	197. MANNER OF DEATH Natural
198. CAUSE OF DEATH Congestive heart failure	199. DATE OF BURIAL 1/13/03	200. TIME OF BURIAL 4:53 PM	201. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	202. MANNER OF DEATH Natural
203. CAUSE OF DEATH Congestive heart failure	204. DATE OF BURIAL 1/13/03	205. TIME OF BURIAL 4:53 PM	206. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	207. MANNER OF DEATH Natural
208. CAUSE OF DEATH Congestive heart failure	209. DATE OF BURIAL 1/13/03	210. TIME OF BURIAL 4:53 PM	211. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	212. MANNER OF DEATH Natural
213. CAUSE OF DEATH Congestive heart failure	214. DATE OF BURIAL 1/13/03	215. TIME OF BURIAL 4:53 PM	216. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	217. MANNER OF DEATH Natural
218. CAUSE OF DEATH Congestive heart failure	219. DATE OF BURIAL 1/13/03	220. TIME OF BURIAL 4:53 PM	221. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	222. MANNER OF DEATH Natural
223. CAUSE OF DEATH Congestive heart failure	224. DATE OF BURIAL 1/13/03	225. TIME OF BURIAL 4:53 PM	226. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	227. MANNER OF DEATH Natural
228. CAUSE OF DEATH Congestive heart failure	229. DATE OF BURIAL 1/13/03	230. TIME OF BURIAL 4:53 PM	231. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	232. MANNER OF DEATH Natural
233. CAUSE OF DEATH Congestive heart failure	234. DATE OF BURIAL 1/13/03	235. TIME OF BURIAL 4:53 PM	236. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	237. MANNER OF DEATH Natural
238. CAUSE OF DEATH Congestive heart failure	239. DATE OF BURIAL 1/13/03	240. TIME OF BURIAL 4:53 PM	241. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	242. MANNER OF DEATH Natural
243. CAUSE OF DEATH Congestive heart failure	244. DATE OF BURIAL 1/13/03	245. TIME OF BURIAL 4:53 PM	246. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	247. MANNER OF DEATH Natural
248. CAUSE OF DEATH Congestive heart failure	249. DATE OF BURIAL 1/13/03	250. TIME OF BURIAL 4:53 PM	251. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	252. MANNER OF DEATH Natural
253. CAUSE OF DEATH Congestive heart failure	254. DATE OF BURIAL 1/13/03	255. TIME OF BURIAL 4:53 PM	256. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	257. MANNER OF DEATH Natural
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268. CAUSE OF DEATH Congestive heart failure	269. DATE OF BURIAL 1/13/03	270. TIME OF BURIAL 4:53 PM	271. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	272. MANNER OF DEATH Natural
273. CAUSE OF DEATH Congestive heart failure	274. DATE OF BURIAL 1/13/03	275. TIME OF BURIAL 4:53 PM	276. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	277. MANNER OF DEATH Natural
278. CAUSE OF DEATH Congestive heart failure	279. DATE OF BURIAL 1/13/03	280. TIME OF BURIAL 4:53 PM	281. PLACE OF BURIAL At home, Cemetery, Street, Factory, Office building, etc. (County)	282. MANNER OF DEATH Natural
283. CAUSE OF DEATH Congestive heart failure	284. DATE OF BURIAL 1/13/03 </			

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.

Page 1 - LAST WILL AND TESTAMENT OF LILLIAN HOPE SCHNEIDER

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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

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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.

Joe J. Long
Residing at: Warrenton, Oregon

James C. Horn
Residing at: Scappoose, Or.

AFFIDAVIT OF ATTESTING WITNESSES TO WILL

STATE OF OREGON

County of Columbia

)
ss.

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.

*Jesse L. Long
James C. Nem*

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



Kyra M. Moore
NOTARY PUBLIC for Oregon
My Commission Expires:

AFFIDAVIT OF WITNESSES