

151731

BOOK 256 PAGE 702

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

REAL ESTATE EXCISE TAX

23568
JAN 14 2004

PAID exempt
Vicki Chelland, Deget
SKAMANIA COUNTY TREASURER

SCR 26335

AFFIDAVIT OF INHERITANCE

1. I, June Larsen, am an heir to Ellen M. Richards who died on May 1, 2002. Her death certificate is attached as Exhibit "A". My father Frank L. Richards predeceased her on April 4, 1975. I have two siblings, Frank Richards and Dorothy Biesanz who are also heirs of the decedent.
2. On April 20th, 1963 Frank and Ellen Richards purchased a portion of a parcel of land from Roy R. Howell and Mulda D. Howell described as:

Beginning at a Skamania County Monument marking the intersection of the north line of the Baughman D.L.C. with the west line of Section 1, Township 2 North, Range 7 E. W.M.; thence north along the west line of the said Section 1 a distance of 426 feet to an iron pipe, the initial point of the tract hereby described; thence south 63° 40' east 29.05 feet; thence north 60° east to the northerly right of way line of that certain road formerly known and designated as the North Bank Highway as approved by the State Highway Commission under date of March 14, 1921; thence following said northerly right of way line in a southwesterly direction to intersection with the west line of the said Section 1; thence north to the initial point; said tract containing 0.05 acre, more or less;

Gary H. Martin, Skamania County, WA
Date 1-14-04 Parcel # 02-07-01-2-D-0900-00

SUBJECT TO easements and rights of way for existing public roads.

3. Ellen M. Richards, as a widowed woman, subsequently sold her property on April 6th, 1988 to Rick and Sharon Brandenburg, Husband and Wife without including the portion of the

parcel of land purchased from Roy R. Howell and Mulda D. Howell (described above). Sharon Brandenburg/Stone in turn sold the adjacent property to George M. Roberts on August 28, 1996.

4. None of the property sales subsequent to the April 20, 1963 deed included the portion of property purchased from Roy R. Howell and Mulda D. Howell. This failure was apparently inadvertent.

5. The triangular piece of property described above is therefore still vested in the heirs to the estate of Ellen M. Richards and Frank L. Richards.

6. No probate has been filed for Ellen M. Richards or Frank L. Richards. I make no claim whatsoever regarding this asset to either estate. I am presenting this affidavit to have this property interest as described above, pass to George M. Roberts, the current owner of this property. I do not intend to probate these estates.

Except as set forth above, there are no other heirs of the decedent except my siblings Frank Richards and Dorothy Biesanz whom I understand will be signing identical Affidavits to this one and quit claiming their interest in the subject parcel to George Roberts.

Date this 5th day of November, 2003.

June Larsen
JUNE LARSEN

/////
/////
/////
/////
/////

STATE OF OREGON)
COUNTY OF Clackamas) ss.

I certify that I know or have satisfactory evidence that JUNE LARSEN is the person who appeared before me, and said person acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 5th day of November, 2003.

Donna Luginbuhl
Notary Public in and for the State of Oregon
Commission expires: Nov 12, 2004



STATE OF WASHINGTON DEPARTMENT OF HEALTH

BOOK 256 PAGE 705

W191-05-9-67

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

9577

DECEASED — NAME Frank Lee Richards		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) April 4, 1976
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) White	AGE — LAST BIRTHDAY (YEARS, MONTHS, DAYS) 79	DATE OF BIRTH (MONTH, DAY, YEAR) June 9, 1896	COUNTY OF DEATH Klickitat
CITY, TOWN, OR LOCATION OF DEATH White Salmon	HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER, GIVE STREET AND NUMBER) Skyline Hospital	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) NIX, Ellen Richards	
STATE OF BIRTH (IF NOT IN W.S.A., NAME COUNTRY) Washington U.S.A.	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	
SOCIAL SECURITY NUMBER [REDACTED]	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) logging	KIND OF BUSINESS OR INDUSTRY Lumber Industry	
RESIDENCE — STATE Washington	COUNTY Skamania	CITY, TOWN, OR LOCATION Stevenson	
FATHER — NAME Samuel Richards	MOTHER — MAIDEN NAME Unknown Alameda	STREET AND NUMBER Rt. 1, Box 20	
INFORMANT — NAME Dorothy Biesanz			
MARRIAGE ADDRESS Star Route - Carson, Washington 98610			
PART I. DEATH WAS CAUSED BY:			
(a) Cardiorespiratory Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15 minutes	
(b) Hemorrhagic Cerebral Vascular Accident		14 days	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) (b) (c)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) NO	DATE OF INJURY (MONTH, DAY, YEAR) NO	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 15)	AUTOPSY (YES OR NO) NO
INJURY AT WORK (SPECIFY YES OR NO) NO	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.) (SPECIFY) NO	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) NO	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? NO
CERTIFICATION — 5 MONTH 20 DAY 76 YEAR 4 MONTH 3 DAY 76 YEAR			
PHYSICIAN: I ATTENDED THE DECEASED FROM JOHN A. PEARSON, M.D.			
CERTIFICATION — CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND FOR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			
CERTIFIER — NAME (TYPE OR PRINT) JOHN A. PEARSON, M.D.			
SIGNATURE [Signature]			
DEGREE OR TITLE M.D.			
DATE SIGNED (MONTH, DAY, YEAR) 4-5-76			
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	CEMETERY OR CREMATORY — NAME Skamania Co. Cemetery Dist. 1	CITY OR TOWN Stevenson	STATE WA.
DATE 24 April 9, 1976	FUNERAL HOME — NAME AND ADDRESS Gardner's Funeral Home - P. O. Box 276 - White Salmon, Washington	CITY OR TOWN Stevenson	STATE WA.
FUNERAL DIRECTOR — SIGNATURE [Signature]	REGISTERAR — SIGNATURE [Signature]	DATE RECEIVED BY LOCAL REGISTRAR 4-6-76	



THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR RESEARCH IN STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

STATE OF WASHINGTON DEPARTMENT OF HEALTH



BOOK 256 PAGE 706
146 2 19399

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

18

LOCAL FILE NUMBER

1. NAME First Middle Last Myrtle Ellen RICHARDS		2. SEX (M / F) F	3. DEATH DATE (Mo. Day Yr.) May 1, 2002
4. AGE LAST BIRTHDAY (Yr.) 101	5. UNDER 1 YEAR Mo. Day Yr. 4/11/1901	6. BIRTH-PLACE (City, State or Foreign Country) Stevenson, WA	7. BIRTH-DATE (Mo. Day Yr.) 4/11/1901
11. CITY, TOWN OR LOCATION OF DEATH Stevenson		10. COUNTY OF DEATH Skamania	
12. PLACE OF DEATH. IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN HOME 3. IN LONG TERM CARE 4. IN HOSP. 5. IN NURSING HOME 6. IN OTHER PLACE 986 NW Rock Creek Drive			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) 8 College (13 or 14) No
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY Own Home	20. WAS DECEDENT OF HISPANIC ORIGIN OR DESCENT? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	21. RACE (Specify) White
22. RESIDENCE—NUMBER AND STREET 986 NW Rock Cr. Dr.	23. CITY/TOWN OR LOCATION Stevenson	24. INSIDE CITY LIMITS? (Yes / No) No	25. COUNTY Skamania
26. FATHER'S NAME—FIRST, MIDDLE, LAST Jeff Nix	27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Nora Bevans	28. LENGTH OF RES. IN CO. 101yrs	29. STATE WA
30. INFORMANT—NAME Dorothy Biesanz	31. MAILING ADDRESS 192 Cedar Creek Road Carson, WA 98610	32. BURIAL CREMATION REMOVAL OTHER (Specify) Burial	33. DATE (Mo. Day Yr.) 5/11/2002
34. CEMETERY/CREMATORY—NAME Stevenson Cemetery	35. LOCATION—CITY/TOWN, STATE Stevenson, Washington	36. ADDRESS OF FACILITY POB 390 White Salmon, WA 98672	37. NAME OF FACILITY Gardner Funeral Home
38. 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 Ray FitzSimmons MD		39. 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 Ray FitzSimmons MD	
40. DATE SIGNED (Mo. Day Yr.) 5/3/02	41. HOUR OF DEATH (24 Hrs) 0120	42. DATE SIGNED (Mo. Day Yr.)	43. HOUR OF DEATH (24 Hrs)
44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		45. PHONOUNCED DEAD (Mo. Day Yr.)	46. HOUR PHONOUNCED DEAD (24 Hrs)
47. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Ray FitzSimmons, M.D., PO Box 1519 White Salmon, WA 98672			
48. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH			
IMMEDIATE CAUSE (Final disease or condition resulting in death) 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		INTERVAL BETWEEN ONSET AND DEATH	
A. Congestive Heart Failure		years	
B. Atherosclerotic Vascular Disease		years	
C.		INTERVAL BETWEEN ONSET AND DEATH	
D.		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE COPD			
52. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)	53. INJURY DATE (Mo. Day Yr.)	54. HOUR OF INJURY (24 Hrs)	55. DESCRIBE HOW INJURY OCCURRED
56. INJURY AT WORK? (Yes / No)	57. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)	58. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	59. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No
60. RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE	61. REGISTRAR SIGNATURE Ray FitzSimmons, MD	62. DATE RECEIVED (Mo. Day Yr.) 5/8/02	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/81) (formerly DSHS 9-1100)

THIS IS A CERTIFIED COPY OF THE RECORD. WITH CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.