

151733

BOOK 256 PAGE 709

SKAMANIA COUNTY JUDICIAL

JAN 15 1 15 PM '04

O'Dawry

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

REAL ESTATE EXCISE TAX

23570

JAN 14 2004

PAID W/empt

Vicki Cleland
SKAMANIA COUNTY TREASURER

SCR 26335

AFFIDAVIT OF INHERITANCE

1. I, Dorothy Biesanz, 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, June Larsen and Frank Richards 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 Assessor

EX-1003
02-07-01-2-0-0900-00
05-00-00
05-00-00
05-00-00
05-00-00

Date 1-14-04 Parcel # 02-07-01-2-0-0900-00
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 portion 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 June Larsen and Frank Richards 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 20th day of November, 2003.

Dorothy Biesanz
DOROTHY BIESANZ

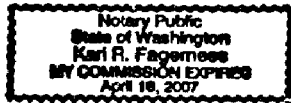
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BOOK 256 PAGE 711

STATE OF WASHINGTON)
COUNTY OF Skamania) ss.

I certify that I know or have satisfactory evidence that DOROTHY BIESANZ 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 20th day of November, 2003.



Karl R. Fagerness
Notary Public in and for the State of Washington
Commission expires: 4-18-2007

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 256 PAGE 712

W191-OS-9-67
OR PRINT IN
PERMANENT INK

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

STATE FILE NUMBER 9577

DECEASED — NAME		Frank Lee Richards		SEX	Male	DATE OF DEATH (MONTH, DAY, YEAR)	April 4, 1976
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	AGE — LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	1 YEAR TO 10 YEARS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
White	79			June 9, 1896	Klickitat		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
White Salmon		yes		Skyline Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
Stevenson, Washington U.S.A.		U.S.A.		married		NIX, Ellen Richards	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
		logging		Lumber Industry 4319			
RESIDENCE — STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
Washington		Skamania		Stevenson		Rt. 1, Box 20	
FATHER — NAME		MOTHER — MAIDEN NAME					
Samuel Richards		Unknown Alameda					
INFORMANT — NAME		Mailing Address		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
Dorothy Biesanz		Star Route - Carson, Washington 98610					
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE							
(a) <i>Cardiorespiratory Arrest</i>							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) <i>Hemorrhagic Cerebral Vascular Accident</i>							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, STATE	
CERTIFICATION — MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON		I HAD NOT VIEWED THE BODY AFTER DEATH	
5 MONTH 20 DAY 76 YEAR		4 MONTH 3 DAY 76 YEAR		4 MONTH 3 DAY 76 YEAR		1	
PHYSICIAN: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000.							



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STATE OF WASHINGTON DEPARTMENT OF HEALTH



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146 2 19399

CERTIFICATE OF DEATH

18

LOCAL FILE NUMBER

STATE 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 MOS DAYS HOURS MINS 4/11/1901	6. BIRTHPLACE (City, State or Foreign Country) Stevenson, WA	7. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) NO
8. CITY/TOWN OR LOCATION OF DEATH Stevenson		9. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME a. HOME b. IN TRANSPORT c. EMERG. RESCUE PTN. d. HOSP. e. NURS. HOME f. OTHER PLACE 986 NW Rock Creek Drive	
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		11. SURVIVING SPOUSE (if wife, give maiden name) Nora Bevens	12. SOCIAL SECURITY NO. 8
13. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		14. KIND OF BUSINESS OR INDUSTRY Own Home	
15. RESIDENCE—NUMBER AND STREET 986 NW Rock Cr. Dr.		16. CITY/TOWN OR LOCATION Stevenson	17. INSIDE CITY LIMITS? (Yes/No) NO
18. FATHER'S NAME—FIRST, MIDDLE, LAST Jeff Nix		19. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Nora Bevens	20. LENGTH OF RES. IN CO. 101yrs
21. BIRTH DATE (Mo, Day, Yr) 5/11/2002		22. CEMETERY/CREMATORY—NAME Stevenson Cemetery	23. LOCATION—CITY/TOWN, STATE Stevenson, Washington
24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		25. NAME OF FACILITY Gardner Funeral Home	26. ADDRESS OF FACILITY POB 390 White Salmon, WA 98672
<p>TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN</p> <p>27. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.</p> <p>SIGNATURE AND TITLE <i>Ray FitzSimmons MD</i></p> <p>40. DATE SIGNED (Mo, Day, Yr) 5/3/02</p> <p>41. HOUR OF DEATH (24 Hrs) 0120</p> <p>42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ray FitzSimmons, M.D. PO Box 1519 White Salmon, WA 98672</p> <p>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.</p> <p>SIGNATURE AND TITLE <i>[Signature]</i></p> <p>44. DATE SIGNED (Mo, Day, Yr) 5/8/02</p> <p>45. HOUR OF DEATH (24 Hrs) 0120</p> <p>46. PRONOUNCED DEAD (Mo, Day, Yr) 5/8/02</p> <p>47. HOUR PRONOUNCED DEAD (24 Hrs) 0120</p> <p>48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Ray FitzSimmons, M.D. PO Box 1519 White Salmon, WA 98672</p> <p>49. MEDICORNER FILE NUMBER 5/8/02</p>			
<p>50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) CONGESTIVE HEART FAILURE</p> <p>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.</p> <p>a. DUE TO OR AS A CONSEQUENCE OF ATHEROSCLEROTIC VASCULAR DISEASE</p> <p>b. DUE TO OR AS A CONSEQUENCE OF COPD</p> <p>c. DUE TO OR AS A CONSEQUENCE OF NO</p> <p>d. DUE TO OR AS A CONSEQUENCE OF NO</p> <p>51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE COPD</p> <p>52. AUTOPSY? (Yes/No) NO</p> <p>53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) YES</p> <p>54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) NO</p> <p>55. INJURY DATE (Mo, Day, Yr) 5/8/02</p> <p>56. HOUR OF INJURY (24 Hrs) 0120</p> <p>57. DESCRIBE HOW INJURY OCCURRED NO</p> <p>58. INJURY AT WORK? (Yes/No) NO</p> <p>59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify) NO</p> <p>60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE NO</p> <p>61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE NO</p> <p>62. REGISTRAR SIGNATURE <i>[Signature]</i></p> <p>63. DATE RECEIVED (Mo, Day, Yr) 5/8/02</p>			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 1110-008 (Rev. 7/91) (formerly DOH 9-150)

DOH 01-003 (5/99)

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