

151735

BOOK 256 PAGE 716

SKAMANIA COUNTY

JAN 15 1 43 PM '04

O'Leary

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

REAL ESTATE EXCISE TAX

23572

JAN 14 2004

PAID *Exempt*
Vicki Chittenden
SKAMANIA COUNTY TREASURER

SEP 26 3:35

AFFIDAVIT OF INHERITANCE

1. I, Frank Richards, 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 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 Assessor

Date 1-11-04Parcel # 02-07-01-2-0-0900-00SUBJECT TO easements and rights of way for existing public roads. *fr*

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

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 June Larsen 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 10 day of Dec, 2003.

Frank Richards
FRANK RICHARDS

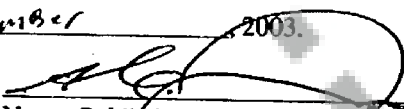
AFFIDAVIT OF INHERITANCE – Page 2

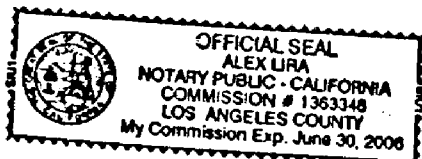
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STATE OF CALIFORNIA)
COUNTY OF Los Angeles) ss.

I certify that I know or have satisfactory evidence that FRANK RICHARDS 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 10 day of December, 2003.


Notary Public in and for the State of California
Commission expires June 30, 2006



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 256 PAGE 719

1976-05-9-47

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, MONTHS, DAYS)	UNDER 1 YEAR	1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)	June 9, 1896	COUNTY OF DEATH	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)	Skyline Hospital				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married				
SURVIVING SPOUSE (IF WIFE, GIVE MARRIED NAME)	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	Lumber Industry				
RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION	Stevenson				
FATHER — NAME	FIRST	MIDDLE	LAST	MOTHER — MARRIED NAME	FIRST	MIDDLE	LAST
Samuel			Richards	Unknown			Alameda
INFORMANT — NAME	Dorothy Biesanz						
MARRIAGE ADDRESS	Star Route - Carson, Washington 98610						
PART I. DEATH WAS CAUSED BY:							
(a) Immediate Cause						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(b) <i>Cardiorespiratory Arrest</i>						15 minutes	
(c) <i>Hemorrhagic Cerebral Vascular Accident</i>						14 days	
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 23)				
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 — PHYSICIAN: I ATTENDED THE DECEASED FROM	5 MONTH 20 DAY 76 YEAR	4 MONTH 3 DAY 76 YEAR	LAST SAW HIM/HER ALIVE ON		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
CERTIFICATION — CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	CORONER'S SIGNATURE: <i>John A. Pearson, M.D.</i>						
CERTIFIER — NAME (TYPE OR PRINT)	SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)			
John A. Pearson, M.D.	<i>John A. Pearson</i>		M.D.	4-5-76			
MARRIAGE ADDRESS — CERTIFIER	STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP		
Box 398	Stevenson		WA.	98648			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY — NAME		LOCATION		CITY OR TOWN, STATE		
Burial	Skamania Co. Cemetery Dist. 1		Stevenson,		Washington		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME — NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		DATE RECEIVED BY LOCAL REGISTRAR		
April 9, 1976	Gardner's Funeral Home - P. O. Box 276 - White Salmon, Washington				4-6-76		
FUNERAL DIRECTOR — SIGNATURE	REGISTRAR — SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
<i>Samuel H. Gardner</i>	<i>Archie Morgan</i>		4-6-76				



THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE BUREAU OF VITAL STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

STATE OF WASHINGTON DEPARTMENT OF HEALTH



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146 2 19399

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

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 BIRTH DAY (Yr) 101		5. UNDER 1 YEAR MOS DAYS 4/11/1901		6. UNDER 1 DAY HOURS MOS Stevenson, WA		7. BIRTH DATE (Mo Day Yr)	
8. BIRTH PLACE (City, State or Foreign Country) Stevenson, WA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No		10. COUNTY OF DEATH Skamania		11. CITY, TOWN OR LOCATION OF DEATH Stevenson	
12. PLACE OF DEATH - BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. ENROUTE ROUTE 4. HOSP 5. N/A HOME 6. OTHER PLACE 986 NW Rock Creek Drive				13. SMOKE IN LAST 15 YEARS (Yes/No) No		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 (1-12) College (1-4 or 5-) 8		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker	
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		25A. COUNTY Skamania		25B. LENGTH OF RES. IN CO. 101 yrs	
26. FATHER'S NAME - FIRST, MIDDLE, LAST Jeff Nix		27. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Nora Bevans		28. STATE WA		29. ZIP CODE 98648	
30. INFORMANT - NAME Dorothy Biesanz		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 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, M.D. DATE SIGNED (Mo Day Yr) 5/3/02				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, M.D. DATE SIGNED (Mo Day Yr) 5/3/02			
40. DATE SIGNED (Mo Day Yr) 5/3/02		41. HOUR OF DEATH (24 Hrs) 0120		42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of Print) Ray FitzSimmons, M.D. PO Box 1519 White Salmon, WA 98672		43. HOUR OF DEATH (24 Hrs) 0120	
44. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type of Print) Ray FitzSimmons, M.D. PO Box 1519 White Salmon, WA 98672		45. HOUR PRONOUNCED DEAD (24 Hrs) 0120		46. PRONOUNCED DEAD (Mo Day Yr) 5/3/02		47. HOUR PRONOUNCED DEAD (24 Hrs) 0120	
48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type of Print) Ray FitzSimmons, M.D. PO Box 1519 White Salmon, WA 98672		49. MEASUREMENT FILE NUMBER		50. 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. A Congestive Heart Failure Atherosclerotic Vascular Disease COPD		51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE COPD	
52. AUTOPSY (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes		54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) No		55. INJURY DATE (Mo Day Yr) 5/3/02	
56. HOUR OF INJURY (24 Hrs) 0120		57. DESCRIBE HOW INJURY OCCURRED		58. INJURY AT WORK? (Yes/No) No		59. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) At Home	
60. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE		61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE Ray FitzSimmons, M.D.		62. DATE RECEIVED (Mo Day Yr) 5/8/02		63. DATE RECEIVED (Mo Day Yr) 5/8/02	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/81) (Formerly DSHS 9-150)

DOH 01-003 (5-99)

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