

AFTER RECORDING MAIL TO:

Name Adams Country Properties
Address PO Box 427
City/State Bingen, WA 98605

SCR 26249

Document Title(s): (or transactions contained therein)

1. Affidavit
2. Death Cert
3. will
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Heintz, John Pittenger
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Heintz, Ronald T.
2. Heintz, John E.
3. Heintz, Thomas P.
- 4.
5. ☒ Additional names on page 3 of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
The South 12 feet of the North 24 feet of the East Half of Lot 6 of the Oregon Lumber Company's Subdivision, recorded in Book 'A' of Plats, Page 29, in the County of Skamania, State of Washington.

Gary H. Martin, Skamania County Assessor
Date 2/11/04 Parcel # 3-9-14-3-400
G. S.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-09-14-3-0-0400-00
Portion of

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



REAL ESTATE EXCISE TAX

23630

FEB 1 1 2004

PAID Exempt
Wakie Chellanchery
SKAMANIA COUNTY TREASURER

AFFIDAVIT

Lack of Probate

State of Oregon

County of Clackamas

Ronald T. Heintz, being first duly sworn, deposes and says:
(affiant)

1. The undersigned affiant is the son of John P. Heintz,
(relationship to decedent) (decedent)
who died 2/23, 19 95, at Gresham,
(date of death) (city)
State of Oregon, then being a legal resident of Gresham,
(city)
Multnomah, OR.
(county) (state)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

☐ Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto.

☐ Decedent left no last Will.

☒ Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

☐ Decedent left a Will which was probated in _____ County, State of _____, A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

Ronald T Heintz 50 son Lake Oswego OR 97034
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

John E. Heintz	53	son	Eugene OR
(full name)	(age)	(relationship)	(residence)
Thomas P. Heintz	58	son	Espana CO
(full name)	(age)	(relationship)	(residence)
Edythe Heintz		wife (deceased)	
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)

(attach additional page for additional names)

4. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid, except as follows:
5. The decedent [] had ☒ had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
6. As of the date of death, the value of all community property of the decedent was approximately \$ 0. The value of all separate property of the decedent was approximately \$ 40,000.
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

DOC # 2004151965
Page 3 of 8

THIS AFFIDAVIT IS MADE TO INDUCE **FIRST AMERICAN TITLE INSURANCE COMPANY** (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Ronald T. Heintz
Affiant's Full Name

12/12/03
Date

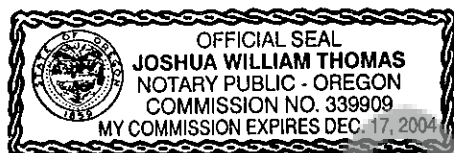
Ronald T. Heintz
Affiant's Full Name

12/12/03
Date

State of Oregon)
County of Clackamas) ss.

On this day personally appeared before me Ronald Terrence Heintz to me known to be the individual — described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as a free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 12th day of December, 2003.



John William Thomas
Notary Public in and for the State of Oregon
Residing at Washington County
My appointment expires Dec. 17, 2004

LAST WILL
OF
JOHN PITTENGER HEINTZ

950490617

* * * * *

I, JOHN PITTENGER HEINTZ, of Portland, Oregon, do make, publish and declare this my last will, hereby revoking all former wills and codicils.

ARTICLE I

FAMILY

I am single and have three children, namely:

THOMAS P. HEINTZ
JOHN E. HEINTZ
RONALD T. HEINTZ

ARTICLE II

APPOINTMENT OF FIDUCIARIES

A. Personal Representatives. I nominate my son, JOHN E. HEINTZ, as Personal Representative of my estate and of this my last will.

B. Waiver of Bond. To the extent allowed by law, I direct that any of the fiduciaries named above, or their alternates or successors, shall be entitled to serve without bond or other undertaking and without reporting or accounting to any court.

ARTICLE III

PAYMENT OF
DEBTS AND EXPENSES

I direct the payment out of my estate of all my just debts allowed in the course of administration, the expenses of my last illness and funeral and the expenses of the administration of my estate.

ARTICLE IV

RESIDUE OF ESTATE

I give the rest and residue of my estate to my son, JOHN E. HEINTZ, if living. If JOHN E. HEINTZ predeceases me or dies prior to distribution of my estate, I give the rest and residue of my estate to my sons, THOMAS P. HEINTZ and RONALD T. HEINTZ, share and share alike.

1. LAST WILL AND TESTAMENT OF

John Pittenger Heintz

ARTICLE V
SURVIVORSHIP

If any beneficiary named or described in this will dies within thirty (30) days after my death, all the provisions in this will for the benefit of such deceased beneficiary shall lapse, and this will shall be construed as though the fact were that he or she predeceased me.

ARTICLE VI

TAXES

All estate, inheritance, succession, transfer and other taxes, including any interest and penalties thereon, (death taxes) that become payable by reason of my death with respect to property passing under this will shall be paid out of the residue of my estate, without reimbursement from the recipients of such property and without apportionment. All death taxes attributable to property not passing under this will shall be apportioned in the manner provided by law.

ARTICLE VII

FIDUCIARY POWERS

A. I give to my Personal Representative all the powers conferred upon a personal representative by the laws of the State of Oregon, including, but not limited to, those set forth in ORS 114.305, whether or not such powers are exercised in the State of Oregon.

B. In addition to such powers, but without limitation thereof, I give to my Personal Representative full power and authority:

1. Division of Estate. To make any distribution in cash or in specific property and to cause any share to be composed of property different in kind from any other share and to make pro rata or non pro rata distributions, without regard to any difference in the tax basis of the property and without the requirement of making any adjustment among the beneficiaries. Any such distributions, allocations or valuations shall be binding and conclusive on all parties.

2. Tax Elections/Discretions. My Personal Representative shall have sole discretion to: (1) claim deductions available to me or to my estate on estate tax returns or on state or federal income tax returns; (2) use date-of-death values or alternate

2. LAST WILL AND TESTAMENT OF

John P. King

valuation date values for estate tax purposes; and (3) make any other election or decision available under any federal or state tax laws. Any such election or decision may be made regardless of the effect thereof on any beneficiary or on any interest passing under this Will or otherwise, and without adjustment between income and principal or among beneficiaries.

3. Distributions to Minors. To distribute any interest in my estate to which a minor beneficiary is entitled to the individual selected by my Personal Representative as Custodian under the Oregon Uniform Transfers to Minors Act or under any other comparable law of the state where the minor beneficiary is domiciled.

ARTICLE VIII

MISCELLANEOUS

A. Table of Contents, Titles, Captions. The table of contents, titles and captions used in this instrument are for convenience of reference only and shall not be construed to have any legal effect.

B. Statutory References. All statutory references in this instrument shall be construed to refer to that statutory section mentioned, related successor sections and corresponding provisions of any subsequent law, including all amendments.

ix/rt IN WITNESS WHEREOF, I execute this my last will on the day of March, 1994.

John Pittenger Heintz
JOHN PITTENGER HEINTZ

On the date of the foregoing Last Will and Testament of JOHN PITTENGER HEINTZ, I saw him sign it. Upon his declaration that it was his Will, I signed my name below as a witness.

Connie F. Berger Residing at 20606 N.E. Interlachen Ln.
Treat Dale, OR. 97060

William C. Taylor Residing at 20606 N.E. Interlachen Lane
Treat Dale, OR. 97060

3. LAST WILL AND TESTAMENT OF JOHN PITTENGER HEINTZ-----

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN SERVICES HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

TYPE OR
PRINT IN
PERMANENT
BLACK INK

165707

LO TAG NO.

01175

Local File Number

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

95-004606

State File Number

1. DECEDENT'S NAME First: John Middle: Pittenger Last: HEINTZ		2. SEX M	3. DATE OF DEATH (Month, Day, Year) February 23, 1995
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE Last Birthday (Years) 76	5b. Under 1 Year Mo: Days: Hours: Mins:	6. BIRTHPLACE (City and State or Foreign) Portland, Oregon
7. DATE OF BIRTH (Month, Day, Year) February 14, 1919		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify): Foster Home	
9. FACILITY NAME (If not institution, give street and number) Cornerstone Foster Home		10. CITY, TOWN, OR LOCATION OF DEATH Gresham	11. COUNTY OF DEATH Multnomah
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Social Worker		13. KIND OF BUSINESS/INDUSTRY Government Agency	14. MARITAL STATUS - Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> (Specify)
15. RESIDENCE - STATE Oregon	16. COUNTY Multnomah	17. CITY, TOWN OR LOCATION Gresham	18. STREET AND NUMBER 3557 SW 2nd Street
19. INHABITANT CITY Gresham	20. ZIP CODE 97030	21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22. RACE American Indian, Black, White, etc. (Specify) White
23. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) (Specify 11-4 or 5+) 5		24. INFORMANT - NAME and relationship to decedent John E. Heintz - Son	
25. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Chapel Of Memories Crematory	
27. LOCATION - City or Town, State Eugene, Oregon		28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING IN SUCH CAPACITY Andrew H. Kneib	
29. LICENSE NUMBER 3510		30. NAME, ADDRESS AND ZIP OF FACILITY Lane Memorial Gardens Funeral Home 5300 West 11th Ave., Eugene, OR 97402	
31. DATE FILED (Month, Day, Year) MAR 09 1995		32. REGISTRAR'S SIGNATURE [Signature]	
33. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		34. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
35. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
36. TIME OF DEATH 3:30 AM		37. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
38. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) of death stated. (Signature) [Signature]			
39. DATE SIGNED (Month, Day, Year) 2/28/95		40. DATE SIGNED (Month, Day, Year) [Blank]	
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Richard Craft MD, 10373 NE Hancock, Suite 222, Portland, Oregon 97220		42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
43. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IAL 26 AND 32). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.			
PART I (a) <u>Dementia</u>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(b) [Blank]		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II (c) <u>COPD</u>			
Conditions contributing to death but not resulting in the underlying cause given in PART I			
44. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		45. DATE OF INJURY (Month, Day, Year)	
46. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
48. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		49. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-92

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

OCT 16 2003

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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