

AFTER RECORDING MAIL TO:

Name Adams Country Properties

Address PO Box 427

City/State Bingen, WA 98605

SR 26249

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

1. Affidavit
2. Death Cert
- 3.
- 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, Michael S.
- 2.
- 3.
- 4.
5. Additional names on page _____ of document

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

1. Heintz, David O.
- 2.
- 3.
- 4.
5. Additional names on page _____ of document

REAL ESTATE EXCISE TAX

23634

FEB 11 2004

PAID Exempt
Vickie Clelland, Deputy
SKAMANIA COUNTY TREASURER

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

Complete legal description is on page _____ of document

Date 2/11/04 Parcel # 3-9-14-3-400
P.T. C.S.

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

AFFIDAVIT

Lack of Probate

State of Oregon

County of Washington

David O. Heintz, being first duly sworn, deposes and says:
(affiant)

1. The undersigned affiant is the Brother of Michael S. Heintz
(relationship to decedent) (decedent)
who died December 11, 1989, at Portland,
(date of death) (city)
State of Oregon, then being a legal resident of Portland,
(city)
Multnomah, Oregon.
(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:

David O. Heintz 56 Brother Hillsboro, Oregon
(full name) (age) (relationship) (residence)

DA 12-11-03

HEIRS AT LAW (continued)

(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(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:

NONE

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 \$ 0.

7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

[Signature] 12-11-03

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.

[Signature]
Affiant's Full Name

12-11-03
Date

Affiant's Full Name

Date

State of Oregon)
County of Washington) ss.

On this day personally appeared before me David O. 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 his free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 11th day of December, 2003.



Mary Caccucchio
Notary Public in and for the State of Oregon
Residing at Hillsboro, OR
My appointment expires 9/15/2007

UNCO COPY

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN SERVICES
HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

C-9596
LD. TAG NO.
06598

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH 136

89-023711

Local File Number State File Number

1. DECEDENT'S NAME: **Michael Steven HEINTZ** 2. SEX: **Male** 3. DATE OF DEATH (Month, Day, Year): **December 11, 1989**

4. SOCIAL SECURITY NUMBER: **47** 5. UNDER 1 YEAR: **None** 6. UNDER 1 DAY: **None** 7. PLACE OF BIRTH (Month, Day, Year): **Bend, Oregon July 8, 1942**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? **No** 9. PLACE OF DEATH (Check only one): **Holladay Park Hospital, Portland, Multnomah**

10. FACILITY NAME (If not institution, give street and number): **Holladay Park Hospital, Portland, Multnomah**

11. DECEDENT'S OCCUPATION (Give kind of work done during most of working life. Do not use initials): **Business Manager, Transportation Services, Divorced**

12. RESIDENCE - STATE: **Oregon** 13. COUNTY: **Multnomah** 14. CITY, TOWN, OR LOCATION: **Portland** 15. STREET AND NUMBER: **421 W. Burnside Apt. #306**

16. MARITAL STATUS: **Divorced**

17. RACE: **White** 18. DECEDENT'S EDUCATION: **Elementary/Secondary (9-12) College (1-4 or 5+)**

19. FATHER - NAME: **Oscar B. Heintz** 20. MOTHER - NAME: **Clarissa Mary McElroy** 21. IMPORTANT NAME and relationship to decedent: **David Heintz - Brother**

22. METHOD OF DISPOSITION: Burial Cremation Other: **Portland Memorial Crematory, Portland, Oregon**

23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: **James A. Mastena** 24. LICENSE NUMBER: **47-3501** 25. NAME, ADDRESS AND ZIP OF FACILITY: **Portland Memorial Funeral Home, 6631 S.E. 14th Ave., Portland, OR 97202**

26. DATE FILED (Month, Day, Year): **DEC 21 1989** 27. SIGNATURE OF REGISTRAR: **Jennifer A. Woodward**

28. HAS MEDICAL REPRESENTATIVE MADE REQUEST FOR ANATOMICAL GIFT CONSENT? **No** 29. WAS GIFT MADE? **No**

30. TO BE COMPLETED BY CERTIFYING PHYSICIAN: 31. TO BE COMPLETED ONLY BY MEDICAL EXAMINER

32. DATE OF DEATH: **December 11, 1989** 33. TIME OF DEATH: **7:54P**

34. CAUSE OF DEATH: **CHRONIC ETHANOLISM WITH MASSIVE FATTY METAMORPHOSIS OF LIVER AND PROBABLE TERMINAL SEIZURE**

35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN: **KAREN GURSON, M.D., DEPUTY MEDICAL EXAMINER, 201 N. E. KNOTT, PORTLAND, OREGON 97212**

36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN: **None**

37. Did someone else contribute to the death? **No** 38. AUTHORITY: **Yes** 39. If Yes, State Change (Indicate authority over death): **None**

40. MANNER OF DEATH: Natural Poisoning Accidental Undetermined Suicide Homicide Legal Other

41. DATE OF INJURY: **None** 42. TIME OF INJURY: **None** 43. INJURY AT WORK? **No**

44. PLACE OF INJURY: **None** 45. LOCATION (Street and number or Rural Route Number, City or Town, State): **None**

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

DOC # 2004151969
Page 5 of 5

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.

SEP 25 2003

DATE ISSUED:

Jennifer A. Woodward
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

