Doc # 2004151969
Page 1 of 5
Date: 02/11/2004 02:08P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$23.00

AFTER RECORDING MAIL TO:

NameAdams Country Properties	
AddressPO_Box_427	
City/State Bingen, WA 98605	
SCR 26249	
Document Title(s): (or transactions contained therein)	
1. Affidavit	First American Title
2. Death Cert	Insurance Company
3.	1 Insurance Company
4.	-
Reference Number(s) of Documents assigned or released:	
☐ Additional numbers on page of document	(this space for title company use only)
 Grantor(s): (Last name first, then first name and initials) Heintz, Michael S. 2. 	~\'O
3. 4. REAL EST	TATE EXCISE TAX
	3634
1. Heintz, David O. 2. Ville C	1 1 2004 Lengt Clelland Worth DUNTY TREASURER
Abbreviated Legal Description as follows: (i.e. lot/block/plat or section) The South 12 feet of the North 24 feet of the Ea Oregon Lumber Company's Subdivision, recorded in F 29, in the County of Skamania, State of Washington	est Half of Lot 6 of the Book 'A' of Plats, Page
Gary H. Complete legal description is on page of document	Martin, Skamania County Assessor 11/04 Parcel # 3-9-14-3-40 C.S.
	-14-3-0-0400-00 TION OF
VA-1	
NOTE: The auditor/recorder will rely on the information on the form. The state accuracy or completeness of the indexing information provided herein.	ff will not read the document to verify the
included by the indexing information provided herein.	

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AFFIDAVIT

State of
State of <u>Oregon</u> County of <u>Wachington</u>
County of Avac nivigator
Davido Heintz, being first duly sworn, deposes and says: (affiant)
1. The undersigned affiant is the <u>Scother</u> of <u>Michael Scheints</u> (decedent)
who died <u>December 11</u> , 19 89, at <u>Fortland</u> ,
1. The undersigned affiant is the Brothor of Michael Heintz (relationship to decedent) (decedent) (decedent) who died December 11, 19 89, at Portland, (city) State of Oveson, then being a legal resident of Portland, (city)
multroman, Organi. (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.
[X] 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 Heiroz Sto Bothan Hillsborn TRaces
(full name) (age) (relationship) (residence)
Der 12-11-03

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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)
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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 [X] 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 \$_____. The value of all separate property of the decedent was approximately \$_____.
- 7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

D-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.

May	12-11-03
Affiant's Full Name	Date
Affiant's Full Name	Date
State of Oregen,) ss.	
County of WAShington;) ss.	. 0
On this day personally appeared before me known to be the individualdescribed in instrument, and acknowledged thatesigact and deed, for the use and purposes the	and who executed the within and foregoing ned the same as his free and voluntary
GIVEN under my hand and official seal this	day of December, 2003.
MY COMMISSION EXPIRES SEPTEMBER 15, 2007 Residing a	
My appoir	ntment expires 9 7 00

DEPARTMENT OF HUMAN SERVICES HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

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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:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

LENNIFER A. WOODWARD, Ph.D. STATE REGISTRAR

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