

Doc # 2004152249
Page 1 of 3
Date: 03/11/2004 11:08A
Filed by: SHIRLEY A ANDRES
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$21.00

Filed for Record at Request of
and After Recording Return To:
Shirley A. Andres
P. O. Box 249
Underwood, WA 98651
(509) 493-2844

REAL ESTATE EXCISE TAX

23708

MAR 11 2004

PAID

exempt

SKAMANIA COUNTY TREASURER

**AFFIDAVIT OF HEIRSHIP, INHERITANCE, DOMICILE AND
INDEMNITY AGREEMENT**

STATE OF WASHINGTON }
COUNTY OF KLIKITAT } §

SHIRLEY A. ANDRES being first duly sworn, on oath, deposes and says:

I, SHIRLEY A. ANDRES, residing at 62051 Hwy. 14, Underwood, WA 98651,
(P. O. Box 249, Underwood, WA 98651), first being duly sworn, depose and say that:

1. VICTOR BENJAMIN ANDRES died in Skamania County on November 5, 2003. He was a resident of the State of Washington and owned property in Skamania County, Washington. A certified Certificate of Death is recorded herewith.
2. VICTOR BENJAMIN ANDRES had no children. I am the surviving wife and only heir at law and beneficiary of VICTOR BENJAMIN ANDRES.
3. The expenses of the last illness and burial of VICTOR BENJAMIN ANDRES and all other claims against decedent's estate have been settled and paid.
4. There are no Federal Estate taxes due or Washington inheritance taxes due.
5. The purpose of this affidavit is to induce Skamania County Title Company to accept such affidavit in forbearance of a demand made by said title insurance company to probate the decedent's estate.

6. At the time of the decedent's death, decedent owned property in Underwood, Skamania County, Washington, located at 62051 Hwy. 14, Underwood, Washington, Washington, and described as: Gary H. Martin, Skamania County Assessor

Date 3-11-04 Parcel # 03-10-21-4-0-0901-00

Abbreviated Legal Description: Lot 2, Larsen Short Plat, Skamania County, WA.
Skamania County Tax Parcel No. 03-10-21-4-0-0901-00.

Lot 2 of the Larsen Short Plat, in Government Lots 1 and 2 of Section 21, Township 3 North, Range 10 East, of the Willamette Meridian, in the County of Skamania and State of Washington, being that portion of said ENTIRE TRACT lying Westerly of a

non-radial line bearing South 17° 15' 34" East from HES 641+19.32, said line intersecting the south line of State Route 14 at a point on a curve, 30.95 feet Northeasterly from the beginning of a curve (HES 640+87.4) having a radius of 2,222 feet.

Together with mobile home thereon, the title to which was eliminated in Book 137, Page 491, Skamania County Records.


7. I, by my signature hereto, agree to indemnify and hold harmless FIRST AMERICAN TITLE INSURANCE COMPANY from any and all liability, obligations, expenses, legal fees or litigation costs which it may incur as a result of a falsity or inaccuracy of any statement contained in this affidavit.

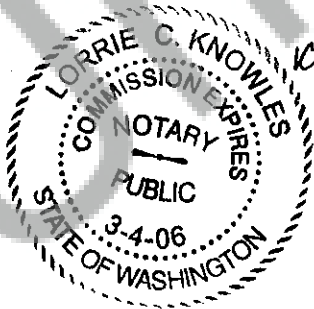
DATED this 11th day of March, 2004.


SHIRLEY A. ANDRES, Affiant and
Surviving Spouse

STATE OF WASHINGTON)
COUNTY OF KLUCKITAT) §

SUBSCRIBED and SWORN TO before me this 11th day of March, 2004.


Lorrie C. Knowles
Notary Public in and for the State of
Washington, residing at White Salmon.
My commission expires: 3/4/06.



DOC # 2004152249
Page 2 of 3

STATE OF WASHINGTON DEPARTMENT OF HEALTH

DOC # 2004152249
Page 3 of 3

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

31

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

DECEASED
RESIDENCE
OCCUPATION

1. NAME First: Victor Middle: Benjamin Last: ANDRES				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) November 5, 2003	
4. AGE LAST BIRTHDAY (Yrs) 77		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) 2/25/26		8. BIRTHPLACE (City, State or Foreign Country) St Leon, IN	
11. CITY, TOWN OR LOCATION OF DEATH Underwood				12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RMOUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE		13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Shirley Anne Nystrom		16. SOCIAL SECURITY NO. 313-22-8786		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Military		19. KIND OF BUSINESS OR INDUSTRY US Government		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 6205 Hwy 14		23. CITY/TOWN, OR LOCATION Underwood		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skamania	
				25B. LENGTH OF RES. IN CO. 16yr		26. STATE WA	
						27. ZIP CODE 98651	

28. FATHER'S NAME — FIRST, MIDDLE, LAST Peter Andres		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Ella Worst	
30. INFORMANT — NAME Shirley Andres		31. MAILING ADDRESS 62051 Hwy 14 Underwood WA 98651	

32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 11/7/03		34. CEMETERY/CREMATORY — NAME Wilhelm Crematory		35. LOCATION — CITY/TOWN, STATE Portland, OR	
36. FUNERAL DIRECTOR'S SIGNATURE <i>Male E. Seipp Sr.</i>		37. NAME OF FACILITY Neptune Cremation Service		38. ADDRESS OF FACILITY 6915 SE Lake Rd. #100 Milwaukie, OR 97267			

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. 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 <i>Paul Matson MD</i>				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. SIGNATURE AND TITLE <i>X</i>			
40. DATE SIGNED (Mo., Day, Yr) Nov 5, 2003		41. HOUR OF DEATH (24 Hrs.) 01:13		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN (If OTHER THAN CERTIFIER (Type or Print) Dr. Paul Matson, MD 1601 East 4th Plain Vancouver, WA 98661				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Paul Matson, MD 1601 East 4th Plain Vancouver, WA 98661				49. ME/CORONER 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.		INTERVAL BETWEEN ONSET AND DEATH 9 mo	
A. LARGE CELL LUNG CANCER DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 60 yrs	
B. Tobacco smoking DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: Coronary Artery Disease			
52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOW UNDERT. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)	
56. HOUR OF DEATH (24 Hrs.)		57. HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, CITY OFFICE, BLDG, ETC. (Specify)	
60. RECORD AMENDMENT (Register use only) SEABURY & SMITH		61. DATE RECEIVED (Mo., Day, Yr) 11/7/2003	

