

RETURN ADDRESS:

REAL ESTATE EXCISE TAX

Stewart Title

303 E. 16th Street

Vancouver, WA 98663

Escrow Number: 128011LF

24232

SEP 0 8 2004

PAID

exempt

Vicki Pittland

SKAMANIA COUNTY TREASURER

Document Title(s):

SEC 27093

ORDER OF SOLVENCY

& Death Cert.

Reference Number(s) of related documents:

128011LF/27093

Additional Reference #'s on page *

Grantor(s) (Last, First and Middle Initial)

HENRIKSEN, MARY E., DECEASED

*

Additional grantors on page *

Grantee(s) (Last, First and Middle Initial)

HENRIKSEN, NAN A., PERSONAL
REPRESENTATIVE

*

Additional grantees on page *

Legal Description: (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

NW 1/4 SEC 35 T2N R5E

Additional Legal is on page * 5

Assessor's Property Tax Parcel / Account Number:

02-05-35-0-0-0806-00

9-8-04

ETM

Additional parcel #'s on page *

The Auditor/Record will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK

IN THE MATTER OF THE ESTATE

OF

MARY E. HENRIKSEN,

Deceased.

)
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)
)

NO.

ORDER OF SOLVENCY

02 4 00377 1

The Personal Representative of this estate, having filed with the Court a Petition for an Order of Solvency, the Court finds:

1. The assets of the estate exceed its liabilities;
2. The estate is fully solvent; and
3. The Will of the decedent provides that the estate be settled without the intervention of Court, NOW, THEREFORE,

IT IS ORDERED: The Estate of Mary E. Henriksen, Deceased, is declared to be fully solvent and further administration thereof shall be completed in accordance with the laws of the State of Washington pertaining to the settlement of estates without the intervention of Court; Nan A. Henriksen, as Personal Representative of the estate is hereby authorized without further order of this Court to transmit to transfer agents for transfer and to registrars for change of registration and to have transferred and have registered and to convey and/or distribute any and all stocks and bonds standing in the name of Mary E. Henriksen; and from and after the date of the making of this Order, the Personal Representative shall have the power to transfer any and all of the real and personal property of Mary E. Henriksen,

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COPY
ORIGINAL FILED

MAY 22 2002

KNAPP, O'DELL, LEWIS
ATTORNEYS AT LAW
430 N.E. EVERETT STREET
CAMAS, WASHINGTON 98607
TELEPHONE (360) 834-4811

JoAnne McBride, Clerk, C11108

DOC # 2004154367
Page 2 of 6

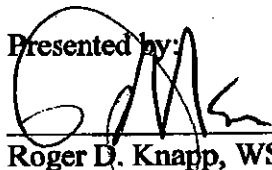
1 Deceased, without further Order of this Court; that this Order is entered by virtue of the
2 power conferred in RCW 11.68.010.

3 DONE IN OPEN COURT on this 22 day of May, 2002.

4 /s/ Barbara D. Johnson

5
6 JUDGE

7 Presented by:

8 
9 Roger D. Knapp, WSB #6851, of
10 Knapp, O'Dell, Lewis & MacPherson,
11 Attorneys for Personal Representative.
12 430 N.E. Everett Street, Camas, WA 98607
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Page 2 - Order of Solvency

DOC # 2004154367
Page 3 of 6

KNAPP, O'DELL, LEWIS
& MACPHERSON
ATTORNEYS AT LAW
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CAMAS, WASHINGTON 98607
TELEPHONE (360) 634-4811

FILED
MAY 22 2002
 Joanne McBride, Clerk, Clark Co.

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
 IN AND FOR THE COUNTY OF CLARK

IN THE MATTER OF THE ESTATE

OF

MARY E. HENRIKSEN,
 Deceased.

) NO.

) LETTERS TESTAMENTARY

)

02 4 00 377 1

WHEREAS, the Last Will and Testament of Mary E. Henriksen, deceased, was on the 22 day of May, 2002, exhibited, proven and recorded in our said Superior Court; and

WHEREAS, it appears in and by the said Will that Nan A. Henriksen is appointed Personal Representative therein; and

WHEREAS, said Nan A. Henriksen has duly qualified;

WHEREFORE, know all men by these presents, that we do hereby authorize the said Nan A. Henriksen to execute said Will according to law.

Witness my hand and seal of said Court this 22 day of May, 2002.

15/ JOANNE MCBRIDE

Clerk of said Court.

Deputy.

Seal of the Superior Court
 STATE OF WASHINGTON
 Of Clark County
 COUNTY OF CLARK

) ss. CERTIFICATE OF TRANSCRIPT AND RECORDING

I, JOANNE MCBRIDE, County Clerk and Clerk of the above-entitled Court, do hereby certify that the foregoing Letters Testamentary have been by me duly recorded as required by law, and that the above LETTERS TESTAMENTARY is a true and correct copy of the original on file and recorded in this office, AND THAT THE SAME ARE STILL OF FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, I have hereunto set my hand and official Seal of the above-entitled Court

15/ JOANNE MCBRIDE

Clerk of said Superior Court.

Deputy.

Page 1 of 6 Letters Testamentary

EXHIBIT 'A'

A tract of land in the Southeast Quarter of the Northwest Quarter of Section 35, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the Mill Land Estates Short Plat, recorded in Book 3 of Short Plats, Page 323, Skamania County Records.

Gary H. Martin, Skamania County Assessor

Date 9-8-04 Parcel # 2-5-35-806
GHM

STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Mary Middle: Ellen Last: HENRIKSEN				2. SEX (M/F) Female		3. DEATH DATE (Mo, Day, Yr) May 21, 2002	
4. AGE LAST BIRTHDAY (Yrs) 86		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		7. BIRTHDATE (Mo, Day, Yr) 12/23/1915		8. BIRTHPLACE (City, State or Foreign Country) Snake River, WA	
11. CITY, TOWN OR LOCATION OF DEATH Vancouver				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. REMOUT PTN 4. <input type="checkbox"/> HOSP. 5. <input checked="" type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Rose Vista Nursing Center		13. COUNTY OF DEATH Clark	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): College (1-4 or 5+): 2	
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 3510 NE 4th Ave.		23. CITY/TOWN, OR LOCATION Camas		24. INSIDE CITY LIMITS? (Yes/No) Yes		25A. COUNTY Clark	
25B. LENGTH OF RES. IN CO. 62 Yrs		26. STATE WA		27. ZIP CODE 98607			
28. FATHER'S NAME — FIRST, MIDDLE, LAST Frank Davis				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Ada Pettijohn			
30. INFORMANT — NAME Nan Henriksen		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 2823 NW Alpine Ln. Camas WA 98607					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) 5/29/2002		34. CEMETERY/CREMATORY — NAME Camas Cemetery		35. LOCATION — CITY/TOWN, STATE Camas, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY STRAUB'S FUNERAL HOME		38. ADDRESS OF FACILITY 325 NE 3rd Ave. Camas, Washington 98607			
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>[Signature]</i> Graham Glass MD				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> X			
40. DATE SIGNED (Mo, Day, Yr) 5/21/02		41. HOUR OF DEATH (24 Hrs) 1205		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)				46. PRONOUNCED DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED DE (24 Hrs)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Graham Glass, MD 315 SE Stonemill Dr. Vancouver, WA 98684				49. ME/CORONER FILE NUM			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. CHF (Congestive heart failure)				INTERVAL BETWEEN ONSET / 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.		B. Chronic Atrial Fibrillation				INTERVAL BETWEEN ONSET / DEATH	
		C. Coronary Artery Disease S/P M.I.				INTERVAL BETWEEN ONSET / DEATH	
		D.				INTERVAL BETWEEN ONSET / DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				52. AUTOPSY? (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No	
54. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY REVIEWED BY DATE				62. REGISTRAR SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo, Day, Yr) MAY 22 2002	

DOC # 2004154367