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Date: 12/09/2004 02:49P
Filed by: KATHERINE M ZELKO
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$24.00

Document Title(s):

Affidavit of Heirship

Grantors:

Leonard Feammelli, Deceased

REAL ESTATE EXCISE TAX

24502
DEC - 9 2004

PAID EXEMPT

Audrey Fekari
SKAMANIA COUNTY TREASURER

Grantees:

Josephine Boyer and Sharon Gunderson

Tax Parcel Number(s):

03-09-10-0-0-0900-00

G.S.

Legal Description:

Lot 4, Block 6 of the Manzanola Orchard Land Company Tracts, according to the recorded plat thereof, recorded in Book "A" of Plats, Page 37, in the County of Skamania, State of Washington

Reference Auditor File Numbers:

AFFIDAVIT OF HEIRSHIP

STATE OF OREGON)
) ss.
COUNTY OF MULTNOMAH)

We, the undersigned JOSEPHINE BOYER and SHARON GUNDERSON, being first duly sworn, depose and say that:

1. This Affidavit is made concerning the following real property:

Lot 4, Block 6 of the Manzanola Orchard Land Company Tracts, according to the recorded plat thereof, recorded in Book "A" of Plats, Page 37, in the County of Skamania, State of Washington.

Gary H. Martin, Skamania County Assessor
Date 12/9/04 Parcel # 24-9-10-900
6.5

2. We are the daughters of LEONARD FEAMMELLI (hereafter "the Decedent"), who died on March 31, 2003 in Portland, County of Multnomah, State of Oregon. We are also his only heirs at law, in that his wife and our mother predeceased him, he was unmarried at the time of his death, and we are only surviving children. The Decedent had no other children, living or deceased.

3. The Decedent left a Will, a copy of which is attached, which was admitted to probate in the Circuit Court of the State of Oregon for the County of Multnomah under Case No. 030590827, under which we are the sole beneficiaries.

4. The Will was not admitted to probate in the State of Washington nor has any probate administration of the Decedent's estate been commenced in the State of Washington.

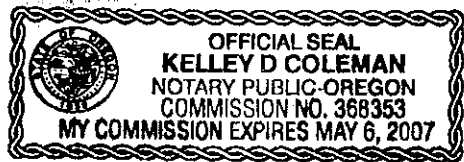
5. All debts of the Decedent have been paid in full, including all medical, funeral, tax and other claims against the Decedent's estate.

Dated on the date or dates set forth below.

Josephine A. Boyer
JOSEPHINE BOYER

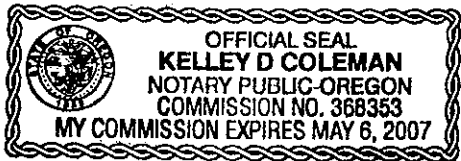
Sharon Gunderson
SHARON GUNDERSON

Subscribed and sworn to before me this 10th day of June, 2004 by JOSEPHINE BOYER.



Kelley D. Coleman
Notary Public for Oregon
My commission expires: 5/6/07

Subscribed and sworn to before me this 10 day of June, 2004 by SHARON GUNDERSON.



Kelley D. Coleman
Notary Public for Oregon
My commission expires: 5/6/07

LAST WILL AND TESTAMENT

OF

LEONARD FEAMMELLI

I, LEONARD FEAMMELLI, of the City of Portland, County of Multnomah and State of Oregon, being of lawful age and of sound and disposing mind, memory and understanding, and not acting under duress, fraud or undue influence of any person whomsoever, and not acting by reason of any contract or agreement with any person whomsoever, hereby revoking all former Wills by me heretofore at any time made, do make, publish and declare the following to be my Last Will and Testament; that is to say:

FIRST: I do direct that all my just debts, expenses of last illness and funeral expenses shall be paid by my co-executrices hereinafter named as soon after my death as may be found convenient.

SECOND: All the rest, residue and remainder of my estate of every kind and nature and wheresoever situate I give, devise and bequeath to my daughters, JOSEPHINE ANN BOYER, and SHARON ARLENE GUNNERSON, share and share alike.

LASTLY: I hereby nominate and appoint my daughters, JOSEPHINE ANN BOYER and SHARON ARLENE GUNNERSON, to be co-executrices of this, my Last Will and Testament; but if, for any reason whatsoever, either one of my said daughters cannot or does not desire to serve as such co-executrix, the other may act alone.

In no event shall either of my said daughters be required to furnish bond in order to so serve.

IN WITNESS WHEREOF, I have hereunto set my hand and seal to this, my Last Will and Testament, this 7th day of January, 1999.

 (SEAL)

The foregoing instrument was, on the date it bears, signed, sealed, published and declared by the said LEONARD FEAMMELLI, as and for his Last Will and Testament, in the presence of us, who at his request and in his presence, and in the presence of each other, all being present at the same time, have hereunto set our names as witnesses thereto.

Carol Dean Schaffert

Residing at Portland, Ore.

Richard E. Ace

Residing at Portland, Oregon

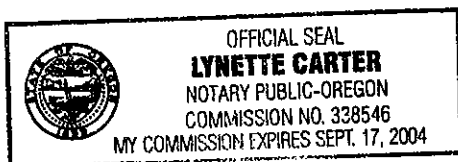
STATE OF OREGON)
) ss.
County of Multnomah)

That I am one of the attesting witnesses to the Last Will and Testament of LEONARD FEAMMELLI dated January 7, 1999, a photographic copy of which is attached hereto.

To the best of my knowledge and belief, at the time of executing the Will, LEONARD FEAMMELLI was of legal age, of sound mind and not acting under any restraint, undue influence, duress or fraudulent misrepresentation.

Richard E. Paul

SUBSCRIBED AND SWORN to by the affiant above named this 2nd day of May, 2003.



Lynette Carter
Notary Public for Oregon
My Commission Expires: 9-17-04

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

369485

I.D. TAG NO.

001789

Local File Number

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

136-

State File Number

DECLINER

1

2

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PARENTS

DISPOSITION

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REGISTRAR

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CERTIFIER

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1. DECEDENT'S NAME Leonard		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) March 31, 2003	
4. SOCIAL SECURITY NUMBER 542-36-5835		5a. AGE-Last Birthday (Years) 94		5b. Under 1 Year Mos. Days Hours Mins.	
6. BIRTHPLACE (City and State or Foreign Country) Portland, OR		7. DATE OF BIRTH (Month, Day, Year) December 7, 1908			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) Foster Care			
9b. FACILITY NAME (If not institution, give street and number) 628 NE 155th Ave.		9c. CITY, TOWN, OR LOCATION OF DEATH Portland		9d. COUNTY OF DEATH Multnomah	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Co-Owner/Operator		10b. KIND OF BUSINESS/INDUSTRY Grocery		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
12. SPOUSE (If Married, Widowed) Minnie -		13a. RESIDENCE - STATE Oregon		13b. COUNTY Multnomah	
13c. CITY, TOWN OR LOCATION Portland		13d. STREET AND NUMBER 2374 SE 81st			
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify: White		15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5 +) 4	
17. FATHER - NAME first middle last Vincent - FEAMPELLI		18. MOTHER - NAME first middle maiden Josephine - Patrone		19. INFORMANT - NAME and relationship to decedent Sharon - Gunderson Daughter	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) River View Mausoleum		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Portland Oregon		20c. LOCATION - City or Town, State	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Scott A. Nankirk		21b. OREGON LICENSE NO. (Of Licensee) CO 3683		22. NAME, ADDRESS AND ZIP OF FACILITY Holman's Funeral Service 2610 SE Hawthorne Blvd. Portland Oregon 97214-2998	
23. DATE FILED (Month, Day, Year) APR 16 2003		24. REGISTRAR'S SIGNATURE [Signature]			

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED BY MEDICAL EXAMINER	
27. TIME OF DEATH 0400		31a. TIME OF DEATH [Blank]	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) [Blank]	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [Signature]		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [Signature]	
30. DATE SIGNED (Month, Day, Year) 04/05/03		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James Carlisle, MD 5050 NE Hoyt #240 Portland, OR 97213			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)		Interval between onset and death	
(a) Metastatic Bladder cancer		2 weeks	
(b) Primary Bladder Cancer		Interval between onset and death Many years	
(c) OTHER SIGNIFICANT CONDITIONS - Acute cerebrovascular accident Chronic bloodless anemia Chronic renal failure		Interval between onset and death	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. # YES were findings considered in determining cause of death?			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

APR 17 2003

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Lila Wickham RN MS
LILA WICKHAM, RNMS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

