

Doc # 2005158827
Page 1 of 13
Date: 09/26/2005 09:13A
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$44.00

AFTER RECORDING MAIL TO:

CASTEEL & CARSON
2035 N.E. 42ND AVENUE
PORTLAND, OR 97213
ATTN: JAMES L. CASTEEL

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

1. AFFIDAVIT - LACK OF PROBATE
2. ////
- 3.
- 4.

REAL ESTATE EXCISE TAX

Reference Number(s) of Documents assigned or released:

25314
SEP 26 2005

[] Additional numbers on page _____ of document

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

1. //// CHRISTAL, Carole A.
2. ////
- 3.
4. [] Additional names on page _____ of document

PAID *except*
Vickie Chelland, Deputy
SKAMANIA COUNTY TREASURER

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

1. //// CHRISTAL Roger M.
2. ////
3. ////
4. [] Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Sec 26, T20N, R5E

☒ Complete legal description is on page ¹³ of document

Assessor's Property Tax Parcel/Account Number(s):

9-26-05
Gtm 02-05-26-0-0-1300-00
02-05-26-0-0-1400-00

AFTER RECORDING MAIL TO:

James L. Casteel
CASTEEL & CARSON
2035 N.E. 42nd Avenue
Portland, OR 97213

AFFIDAVIT
LACK OF PROBATE

STATE OF OREGON)
) ss.
County of Multnomah)

ROGER M. CHRISTAL, being first duly sworn, deposes and says:

1. The undersigned affiant is the brother of CAROLE ANN CHRISTAL, who died June 14, 2004, at Portland, State of Oregon, then being a legal resident of Portland, Multnomah County, Oregon. Death certificate of CAROLE ANN CHRISTAL is attached.

2. Decedent Carole Ann Christal left a Will which was probated in Multnomah County, State of Oregon. A copy of an Order Admitting Will To Probate, and General Judgment Of Distribution are attached hereto.

3. Decedent was never married and never had children, and Roger M. Christal is her sole sibling. Decedent's father, MILLARD E. CHRISTAL, died August 6, 1985, and decedent's mother, VERA M. CHRISTAL, died October 5, 1993. Therefore, the sole heir at law of the decedent is:

<u>Full Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Residence</u>
ROGER M. CHRISTAL	58 years	Brother	6905 N.E. Sacramento St. Portland OR 97213

Death certificates of MILLARD E. CHRISTAL and VERA M. CHRISTAL are attached.

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.

CERTIFICATION OF VITAL RECORD

PRINT IN
PERMANENT
BLACK INK

422069
I.D. TAG NO.

002954

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME First: Carole Middle: Ann Last: CHRISTAL			2. SEX F	3. DATE OF DEATH (Month, Day, Year) June 14, 2004
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE-Last Birthday (Years) 63	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Country Portland, Oregon
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other		8. DATE OF BIRTH (Month, Day, Year) July 31, 1940
9b. FACILITY NAME (If not institution, give street and number) Providence Portland Medical Center			9c. CITY, TOWN, OR LOCATION OF DEATH Portland	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Executive Assistant			10b. KIND OF BUSINESS/INDUSTRY Continental Can Company	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced			12. SPOUSE (If Married, Widowed) Brother	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Multnomah	13c. CITY, TOWN OR LOCATION Portland	
13d. STREET AND NUMBER 6905 NE Sacramento St.		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 4 College (1-4 or 5+)		
17. FATHER - NAME first middle last Millard Eugene Christal		18. MOTHER - NAME first middle maiden Verna Mae Bale		19. INFORMANT - NAME and relationship to deceased Roger Millard Christal
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Omega Crematory		20c. LOCATION - City or Town, State Portland, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Kathleen [Signature]</i>		21b. OREGON LICENSE NO. (Of Licensee) 3492		22. NAME, ADDRESS AND ZIP OF FACILITY. Omega Funeral & Cremation Service 223 SE 122nd Ave., Portland, OR 97233
23. DATE FILED (Month, Day, Year) JUN 22 2004		24. REGISTRAR'S SIGNATURE <i>Conner [Signature]</i>		
RESERVED FOR REGISTRAR'S USE				
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH 2:40 P.		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		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) <i>[Signature]</i>		
30. DATE SIGNED (Month, Day, Year) 6/17/04		33. DATE SIGNED (Month, Day, Year)		
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Richard Craft, M.D. 10373 NE Hancock, Suite 222, Portland, Oregon 97220				
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) Renal Failure				Interval between onset and death
(b) Polycystic Kidney Disease				Interval between onset and death
(c)				Interval between onset and death
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown				38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39. If YES were findings considered in determining cause of death?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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	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				

CAUSE OF DEATH
INSTRUCTIONS
ON REVERSE SIDE
OF GREEN AND
PINK COPY

ORIGINAL-VITAL STATISTICS COPY

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

JUN 23 2004

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

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

45-2-Rev

DOC # 2005158827
Page 3 of 13

CERTIFICATION OF VITAL RECORD

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

85-014155

4026

CERTIFICATE OF DEATH

Local File Number		State File Number	
1 DECEASED - NAME First Middle Last Millard Eugene CHRISTAL		2 DATE OF DEATH (month, day, year) August 7, 1985	
3 RACE (White, Black, American Indian, etc.) White	4 SEX Male	5 AGE - Last birthday (years) 85	6 DATE OF BIRTH (month, day, year) February 21, 1900
7a CITY, TOWN OR LOCATION OF DEATH Portland	7b HOSPITAL OR OTHER INSTITUTION - NAME (If not in 7b, give street and number) Hillhaven Care Center	7c IF HOSP. OR INST. and care DOA OP Emer. Res. Inpatient (Specify) inpatient	7d COUNTY OF DEATH Multnomah
8 STATE OF BIRTH (If not in U.S.A. name country) Louisiana	9 CITIZEN OF WHAT COUNTRY USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	11 SPOUSE (IF MARRIED WIDOWED) Verna M.
12 SOCIAL SECURITY NUMBER [REDACTED]	13a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor Retired	13b KIND OF BUSINESS OR INDUSTRY Construction	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) NO
15a RESIDENCE - STATE Oregon	15b COUNTY Multnomah	15c CITY, TOWN, OR LOCATION Portland	15d STREET AND NUMBER OR R.F.D., ZIP 5107 N. E. Hancock 23.02
16a FATHER NAME Walter Abraham Christal	16b MOTHER NAME Susan Elizabeth Washburn	17 INFORMANT - Name and relationship to deceased Verna M. Christal - wife	
18a BURIAL, CREMATION, REMOVAL, MAUS. (Specify) cremation	18b CEMETERY OR CREMATORY NAME Portland Memorial Crematory	18c LOCATION - City or town, State Portland, Oregon	
19a FUNERAL SERVICE LICENSEE (If Person Acting As Such) [Signature]	19b NAME AND ADDRESS OF FACILITY 6631 S. E. 14th Portland, Oregon 97202		
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated [Signature]		20b DATE SIGNED (Month, Day, Year) 8/5/85	20c HOUR OF DEATH 0640
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Arnold H. Israelit, M.D. 5314 N. E. Irving Portland, Oregon			
21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
22a DATE RECEIVED BY REGISTRAR (Month, Day, Year) AUG 12 1985		22b REGISTRAR [Signature]	

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

SEP 15 2005

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

DOC # 2005158827
Page 4 of 13

CERTIFICATION OF VITAL RECORD

135209
I.D. TAG NO.
05462
Local File Number

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

State File Number

1. DECEDENT'S NAME First: Verna Middle: Mae Last: CHRISTAL		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) October 5, 1993
4. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE (Last Birthday) 90	6. BIRTHPLACE (City and State or Foreign Country) Detroit, MI
7. DATE OF BIRTH (Month, Day, Year) December 8, 1902		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other	
9. FACILITY NAME (If not institution, give street and number) Providence Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Portland	
11. DECEASED'S USUAL OCCUPATION Homemaker		12. COUNTY OF DEATH Multnomah	
13. RESIDENCE - STATE Oregon		14. CITY, TOWN OR LOCATION Portland	
15. INSIDE CITY LIMITS Yes		16. ZIP CODE 97202	
17. FATHER - NAME first middle last Charles W. Bale		18. MOTHER - NAME - first middle maiden Millie A. Day	
19. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		20. SPOUSE (If Married, Widowed, Divorced (Specify) Millard E. Christal	
21. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Portland Memorial Crematory	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Keith Richey</i>		24. NAME, ADDRESS AND ZIP OF FACILITY Portland Memorial Funeral Home 6631 SE 14th Portland, OR 97202	
25. DATE FILED (Month, Day, Year) OCT 12 1993		26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
27. TIME OF DEATH 2:30 M		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
29. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Edith Gunterson MD</i>		30. DATE SIGNED (Month, Day, Year) 10/07/93	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Todd Engstrom, MD 4212 NE Broadway Portland, OR 97213		32. DATE SIGNED (Month, Day, Year) 10/07/93	
33. 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.) PANCREATITIS - BIPHATHIC		34. INTERNAL CAUSE (Between onset and death) 1 wk	
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. RENAL FAILURE, OSTEOPOROSIS, HTN, INFLAMM. ARTERY		36. AUTOPEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		38. DATE OF INJURY (Month, Day, Year) M	
39. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify) At home		40. LOCATION (Street and Number or Rural Route Number, City or Town, State) Portland, OR	

ORIGINAL VITAL STATISTICS COPY

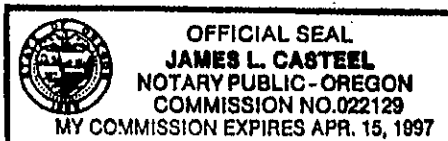
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

46-2 Rev 11-92

OCT 19 1993

DATE ISSUED:

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



STATE OF OREGON
COUNTY OF MULTNOMAH

I hereby certify that I am one of the attorneys for Personal Rep.
In the within entitled causa, that I have prepared the foregoing copy of
death certificate and have carefully compared it with the original
thereof, and that it is a true and correct copy of said original, and of the
whole thereof.

3.

In said Will, decedent nominated your petitioner herein as Personal Representative of decedent's Will, to serve without bond; your petitioner is of adult age and is in all respects competent to serve as Personal Representative herein and is not disqualified so to serve under any provision of ORS 113.095.

4.

Venue is established in the County of Multnomah, Oregon, in that at the time of her death,

a. decedent had a place of abode in said county; and

b. property of the decedent was located in said county, or is located in said county at the time this petition is filed; and

c. decedent died in said county.

5.

Decedent's father, MILLARD E. CHRISTAL, and mother, VERNA M. CHRISTAL, having predeceased decedent, the name and relationship to the decedent and post office address of decedent's sole heir is:

<u>Name/Address</u>	<u>Relationship/Age, if minor</u>
ROGER M. CHRISTAL 6905 NE Sacramento Street Portland OR 97213	Brother

Reasonable efforts have been made to identify and locate all heirs of the decedent. Petitioner does not know of any actual or possible omissions from the list.

6.

Decedent's father, MILLARD E. CHRISTAL, and mother, VERNA M. CHRISTAL, having predeceased decedent, the name and post office address of the sole devisee of the decedent is:

<u>Name/Address</u>	<u>Age, if minor</u>
ROGER M. CHRISTAL 6905 NE Sacramento Street Portland OR 97213	

7.

The extent and nature of assets of the estate are unknown at this time. Decedent's Will provides that the petitioner herein shall serve without bond.

8.

Petitioner does not know of any person asserting an interest in the estate, or on whose behalf an interest has been asserted, under ORS 113.035(7)(a)-(c).

9.

Petitioner has employed JAMES L. CASTEEL and CASTEEL & CARSON, Attorneys at Law, to represent petitioner in this proceeding.

WHEREFORE, petitioner prays for an Order:

1. Declaring said Will to be the Last Will And Testament of decedent and admitting the same to probate;
2. Appointing ROGER M. CHRISTAL as Personal Representative, to serve without bond; and
3. For such further orders as the Court may deem proper.

DATED: JUNE 18, 2004.

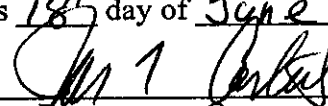


ROGER M. CHRISTAL, Petitioner

STATE OF OREGON)
) ss.
County of Multnomah)

I, ROGER M. CHRISTAL, being first duly sworn, depose and say that I am the petitioner herein. I have read the foregoing Petition For Probate Of Will And Appointment Of Personal Representative, know the contents thereof and the statements therein are true as I verily believe.

SUBSCRIBED AND SWORN TO before
me this 18th day of June, 2004.



NOTARY PUBLIC FOR OREGON
My Commission Expires: 4-15-05



ROGER M. CHRISTAL



OFFICIAL SEAL
JAMES L. CASTEEL
NOTARY PUBLIC-OREGON
COMMISSION NO. 344645
MY COMMISSION EXPIRES APRIL 15, 2005

1 Petitioner:
2 Roger M. Christal
3 6905 NE Sacramento Street
4 Portland OR 97213
5 Telephone: 503-288-5510

Attorney for Petitioner:
James L. Casteel, OSB #71201
CASTEEL & CARSON
2035 NE 42nd Avenue
Portland OR 97213
Telephone: 503-288-9291

Unofficial Copy

DOC # 2005158827
Page 9 of 13

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF MULTNOMAH

Probate Department

In the Matter of the Estate
Of

CAROLE ANN CHRISTAL,

Deceased.

)
)
)
)
)

No. 0406-91027

ORDER APPROVING FINAL ACCOUNT (SHORT
FORM); GENERAL JUDGMENT OF FINAL
DISTRIBUTION

The Personal Representative having filed herein his verified statement in lieu of the Final Account otherwise required, and the time for filing objections being waived, with Consent To First And Final Account And Waiver Of Notice Of Time For Filing Objections Thereto having been filed by the sole devisee herein; the Court finds that:

1.

Pursuant to ORS 116.083(3)(a), all Oregon income, and personal property taxes have been paid, and all required tax returns have been filed.

2.

The Personal Representative has waived his right to compensation from the estate.

3.

Remaining unsatisfied claims and expenses of administration, including reasonable attorney fees, are:

(a) Reasonable attorney fees in the amount of \$15,000.00; and

(b) Administration costs advanced by the Personal Representative's attorneys in the amount of \$87.07.

///

////

4.

The remainder of the estate assets after payment of the claims and expenses set forth above are distributable to ROGER M. CRISTAL.

5.

Consent to the Final Account and waiver of notice of time for filing objections thereto has been filed by the sole devisee.

THEREFORE, IT IS HEREBY ORDERED AND ADJUDGED:

1. The Final Account and all interim accountings, if any, are approved;

2. The Personal Representative is directed to pay, or to retain funds for the payment of, the remaining claims and expenses of administration as set forth above;

3. The Personal Representative is allowed and directed to pay attorney fees in the amount of \$15,000.00, and administration costs advanced by the Personal Representative's attorneys in the amount of \$87.07;

4. The Personal Representative is directed to make distribution of all remaining estate property to ROGER M. CRISTAL, and said property is hereby vested in him; and

5. Upon filing herein Receipt showing payment and distribution as herein directed, the Personal Representative be discharged and Personal Representative's bond, if any, exonerated.

DATED: MAY 24 2005, 2005.

ELIZABETH WELCH

CIRCUIT COURT JUDGE

Personal Representative:
Roger M. Cristal
6905 NE Sacramento Street
Portland OR 97213
Telephone: 503-288-5510

Submitted by:
Attorney for Personal Representative:
James L. Casteel, OSB #71201
CASTEEL & CARSON
2035 NE 42nd Avenue
Portland OR 97213
Telephone: 503-288-9291

5. The decedent 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 \$None. The value of all separate property of the decedent was approximately \$75,000 of Washington real property.

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

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 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.

DATE: September 19, 2005.

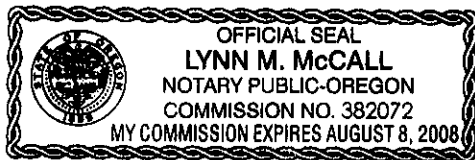


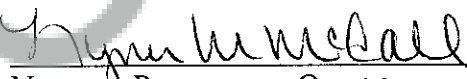
ROGER M. CHRISTAL

STATE OF OREGON)
) ss.
County of Multnomah)

On this day personally appears before me ROGER M. CHRISTAL 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 office seal this 19th day of September, 2005.





NOTARY PUBLIC FOR OREGON
My Commission Expires: 8/8/2008
file:christal(carol)/probate/assets/wash property/affidavit of heirship (lack of probate) carole.doc

EXHIBIT 'A'

A tract of land located in the Northwest Quarter of the Southwest Quarter of Section 26, Township 2 North, Range 5 East of the Willamette Meridian, described as follows:

Beginning at a point on the West line of said Section 26 South 992.6 feet from the Quarter corner common to Sections 26 and 27 said point being the initial point of the tract hereby described; thence Northeasterly to a point South 67°53' East 77.2 feet from a point on the West line of said Section 26, South 792.6 feet from the aforesaid Quarter corner; thence Northeasterly to a point South 67°53' East 83 feet, more or less, from a point on the West line of said Section 26, South 692.6 feet from the aforesaid Quarter corner; thence South 67°53' East 300 feet to a point on the meander line of the Washougal River; thence Southerly along the meander line of the Washougal River to a point South 67°53' East 307.5 feet from a point on the West line of said Section 26, South 992.6 feet from the aforesaid Quarter corner, said point being the Northeasterly corner of a tract of land conveyed to Millard E. Christal, et ux, by deed recorded at Page 328 of Book 35 of Deeds, records of Skamania County, Washington; thence North 67°53' West 307.5 feet to the intersection with the West line of the said Section 26 to the initial point.

Gary H. Martin, Skamania County Assessor

Date 9-26-05 Parcel # 2-5-26-1300
1400
GHM