

WHEN RECORDED RETURN TO:

Gary R. Hegewald _____

P.O. Box 1039 _____

Stevenson, WA 98648 _____

DOCUMENT TITLE(S)

Notice of Appointment of Personal Representative

REFERENCE NUMBER(S) of Documents assigned or released:

Book & Pages: 32/150, 42/119, 43/272

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Estate of Helen B. Hegewald, deceased

☐ Additional names on page _____ of document.

GRANTEE(S):

Personal Representative: Gary R. Hegewald

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Section 2 Township 2N Range 7E Willamette Meridian

☒ Complete legal on pages 4, 5, and 6 of document.

TAX PARCEL NUMBER(S):

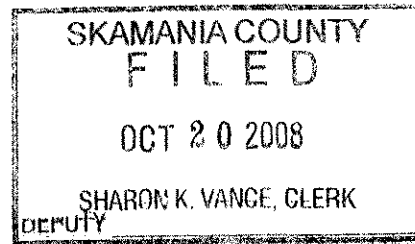
02070210010000

02070210010100

02070210010200

☐ Additional parcel numbers on page _____ of document.

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



SUPERIOR COURT OF WASHINGTON
FOR SKAMANIA COUNTY

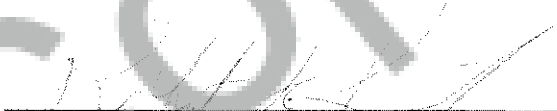
Estate of)
HELEN B. HEGEWALD) NO. 08 4 00003-5
Deceased.) AMENDED NOTICE OF APPOINTMENT
OF PERSONAL REPRESENTATIVE

NOTICE IS HEREBY GIVEN that probate proceedings are now pending in this case and that the person named below was appointed Personal Representative on the date indicated:

Personal Representative: Gary R. Hegewald
Address: P.O. Box 1039, Stevenson, WA 98648
Date of Appointment: February 29, 2008
Date of this Notice: October 17, 2008

This Amended Notice is being filed to correct a scribe's error in spelling.


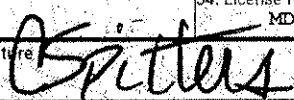
REAL ESTATE EXCISE TAX
29815
OCT 13 2008
PAID *exempt*
by deputy
SKAMANIA COUNTY TREASURER


ROBERT K. LEICK, WSBA #3432
Attorney for Personal Representative

Amended Notice of Appointment of
Personal Representative

Robert k. Leick
Attorney at Law
4348 K Court
Washougal, WA 98671
Telephone (360) 835-2888

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 2008-1013		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Helen Beatrice HEGEWALD			2. Death Date Feb 16, 2008		
3. Sex (M/F) F	4a. Age - Last Birthday 93	4b. Under 1 Year Months Days 	4c. Under 1 Day Hours Minutes 	5. Social Security Number [REDACTED]	6. County of Death Klickitat
7. Birthdate Oct 20, 1914		8a. Birthplace (City, Town, or County) Carson		8b. (State or Foreign Country) Washington	
9. Decedent's Education HS Graduate or GED			10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No		
11. Decedent's Race(s) White			12. Was Decedent ever in U.S. Armed Forces? No		
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 25 SW Ruellen Road				13b. City or Town Stevenson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable) 		13e. State or Foreign Country Washington	
13f. Zip Code + 4 98648-		13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 58y		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage) 	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) homemaker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Ulysses Hayes Freeburg			20. Mother's Name Before First Marriage (First, Middle, Last) Beatrice Fox		
21. Informant's Name Ronald Hegewald		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 409 Stevenson WA 98648-	
24. Place of Death, if Death Occurred in a Hospital: Emergency Room			25. Facility Name (if not a facility, give number & street or location) Skyline Hospital		
26a. City, Town, or Location of Death White Salmon			26b. State WA		27. Zip Code 98672-
28. Method of Disposition Burial			29. Place of Final Disposition (Name of cemetery, crematory, other place) Wind River Memorial Cemetery		30. Location-City/Town, and State Carson, Washington
31. Name and Complete Address of Funeral Facility Gardner Funeral Home PO Box 390 White Salmon, WA 98672-					32. Date of Disposition Feb 23, 2008
33. Funeral Director Signature X 					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CORONARY ARTERY DISEASE				Interval between Onset & Death YEARS	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. ATHEROSCLEROTIC VASCULAR DISEASE				Interval between Onset & Death YEARS	
c. DIABETES				Interval between Onset & Death YEARS	
d. 				Interval between Onset & Death 	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above 				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY) 	42. Hour of Injury (24hrs) 	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred 					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician - To the best of my knowledge, health sustained at the time of death, and I am a duly licensed physician in the State of Washington. Ray FitzSimmons MD			48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, place, and cause stated on this certificate. 		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Ray FitzSimmons, M.D PO Box 1519, White Salmon, WA 98672			50. Hour of Death (24hrs) 1903		
51. Name and Title of Attending Physician if other than Certifier (Type or Print) 			52. Date Signed (MM/DD/YYYY) 2/22/08		
53. Title of Certifier MD	54. License Number MD00019686	55. ME/Coroner File Number 		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature 			58. Date Received (MM/DD/YYYY) FEB 22 2008		
59. Amendments 					

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DEED RECORD No. 32

BK 32 PG 150

SKAMANIA COUNTY, WASHINGTON

#38330

Lyn Arnold et ux to R. M. Hegewald et ux

WARRANTY DEED

The grantor Lyn Arnold and Martha A. Arnold, husband and wife, of the city of Stevenson, county of Skamania, state of Washington, for and in consideration of One (\$1.00) dollars, in hand paid, convey and warrant to R. M. Hegewald and Helen Hegewald, his wife, the following described real estate, situate in the county of Skamania state of Washington:

Located in the NW $\frac{1}{4}$ of the NE $\frac{1}{4}$ of Sec. 2 T. 2 N. R. 7 E.W.M.

Beginning at the N.E. Corner of Sec. 2 T. 2 N. R. 7 E.W.M., thence West on the North line of said Sec. 2, a distance of 1305.9 feet to the true point of beginning, being the NE corner of the NW $\frac{1}{4}$ NE $\frac{1}{4}$ of said Section 2; Thence South 3° 35' West, a distance of 500 feet Thence West a distance of 550 feet, thence North 3° 35' East a distance of 500 feet to the North line of said Section 2, thence East along said Section line a distance of 550 feet to the true point of beginning. The herein described pbt to contain 6.3 acres.

Dated this 3rd day of August, 1948.

Lyn Arnold (SEAL)

Martha Arnold (SEAL)

STATE OF WASHINGTON)

ss.

County of Skamania)

I, the undersigned, a notary public in and for the state of Washington, hereby certify that on this 3rd day of August personally appeared before me Lyn Arnold and Martha A. Arnold, husband and wife to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal the day and year last above written.

(Notarial seal affixed)

Raymond C. Sly
Notary Public in and for the State of
Washington, residing at Stevenson, therein.

\$.55 USIR and \$.50 state conveyance stamps affixed and cancelled "R.M.H."

Filed for record September 3, 1948 at 10:45 a.m. by R. M. Hegewald.

Eugene C. Amann
Skamania County Auditor.

#38331

Eugene C. Amann, Trustee to Hegewald Lumber & Logging Co.

This Indenture made this 19th day of May, 1948, between Eugene C. Amann, Trustee for the Bondholders' Committee of the J. K. Lumber Company of the City of Wisconsin Dells, Columbia County, Wisconsin, party of the first part and Hegewald Lumber and Logging Company of the City of Stevenson, County of Skamania, Washington, party of the second part.

WITNESSETH that the said party of the first part for and in consideration of the sum of One (\$1.00) Dollar and other good and valuable consideration to him in hand paid as such trustee does hereby grant, bargain, sell and convey unto the party of the second part the following described real estate situated in the County of Skamania, State of Washington.

BK 42 PG 119

WARRANTY DEED

(STATUTORY FORM)
FOR PROPERTY WITHIN THE STATE OF WASHINGTON

The grantor J. C. Price and Hazel O. Price, husband and wife
 of the city of Garson, county of Skamania, State of Washington,
 for and in consideration of Ten Dollars and other valuable considerations
 (\$ 10.00) dollars,
 in hand paid, convey and warrant to R. M. Hegewald and Helen B. Hegewald,
husband and wife
 the following described real estate, situate in the county of Skamania, State of Washington:
 The north 500 feet of the following described real property:

The West Half of that certain tract of land in the Felix G. Iman
 D.L.G. described as being in the Northeast Quarter of the Northeast
 Quarter (NE 1/4 NE 1/4) of Section 8, Township 2 North, Range 7 E.W.M.,
 conveyed to Frank B. Morrison by deed dated December 27, 1910, and
 recorded January 5, 1911, at page 36 of Book N of Deeds, Records of
 Skamania County, Washington, the tract hereby described being bounded
 on the east by a line drawn south from the center of the north
 line of the tract conveyed to the said Frank B. Morrison.

1944
 NO. 12345
 COUNTY SKAMANIA
 TRANSACTION EXCISE TAX
 PAID 23-2-1956
 A. J. HUNT
 COUNTY CLERK
 BY M. J. G. Price



Dated this 23rd day of July, 1956

J. C. Price
Hazel O. Price

STATE OF WASHINGTON
 County of Skamania

I, the undersigned, a notary public in and for the state of Washington, hereby certify that on this
23 day of July, 1956 personally appeared before me

J. C. Price and Hazel O. Price, husband and wife

to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged
 that they signed and sealed the same as their free and voluntary act and deed, for the uses and
 purposes therein mentioned.

Given under my hand and official seal the day and year last above written.

Chas. E. Price
 Notary Public in and for the State of Washington,
 residing at St. Bonaventure

BK 43 PG 272

Figure 1. The effect of the number of iterations on the accuracy of the proposed algorithm. The accuracy of the proposed algorithm increases with the number of iterations. The accuracy of the proposed algorithm is 0.95 when the number of iterations is 1000.

1. *Journal of Management Studies*, 1990, 27, 1, 1-12.

The following guidelines are strictly intended to be taken into account by the user of the system.

[illegible]

Figure 1. The effect of the number of trials on the mean number of correct responses for the 100 trials condition. The number of correct responses was significantly higher than the number of incorrect responses for the 100 trials condition.

[illegible]

Figure 1. The effect of the number of trials on the mean number of correct responses for the 100% condition. The error bars represent the standard error of the mean.

Figure 1. The effect of the number of trials on the mean number of correct responses for the 100 trials condition. The number of correct responses was significantly higher than the number of incorrect responses for all conditions.

Figure 1. The effect of the number of trials on the mean number of correct responses for the 100 trials condition. The number of correct responses was significantly higher than the number of incorrect responses for all conditions.

Figure 1. The effect of the number of trials on the mean number of correct responses for the 100% condition. The number of correct responses was significantly higher than the number of incorrect responses for all conditions.

(continued)



1. **Introduction**

[illegible]

© 2004 Blackwell Publishing Ltd *Journal of Internal Medicine* 255: 111–118

Figure 1. The effect of the number of trials on the mean number of correct responses for the 100% condition. The number of correct responses was significantly higher than the number of incorrect responses for all conditions.

1. The first group of variables includes the following:

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[illegible]

Source: *Journal of the American Statistical Association*, 96(456), 1033-1042.

Figure 1. The effect of the number of trials on the number of correct responses. The number of correct responses was significantly higher than the number of incorrect responses for all conditions. The number of correct responses was significantly higher than the number of incorrect responses for all conditions. The number of correct responses was significantly higher than the number of incorrect responses for all conditions.

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1. **STATE OF**

Figure 1. The effect of the number of trials on the number of correct responses. The number of correct responses was significantly higher than the number of incorrect responses in all cases. Error bars represent the standard error of the mean.