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

[X] 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.

SKAMANIA COUNTY
FILED
OCT 20 2008
SHARON K. VANCE, CLERK
DEPUTY

SUPERIOR COURT OF WASHINGTON
FOR SKAMANIA COUNTY

Estate of	)	
	)	NO. 08 4 00003-5
HELEN B. HEGEWALD	)	
	)	AMENDED NOTICE OF APPOINTMENT
Deceased.	)	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 scribner's error in spelling.

REAL ESTATE EXCISE TAX
27815
OCT 13 2008
PAID Exempt
by deputy
SKAMANIA COUNTY TREASURER

ROBERT K. LEICK, WSBA #3432
Attorney for 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

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Helen Middle: Beatrice LAST: HEGEWALD Suffix:
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? ☒ Yes ☐ No ☐ 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.: PO Box 409 City or Town: Stevenson State: WA Zip: 98648-
24. Place of Death, if Death Occurred in a Hospital: Emergency Room
Place of Death, if Death Occurred Somewhere Other than a Hospital:
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

Part 2 completed by Certifier

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
Due to (or as a consequence of):
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
Due to (or as a consequence of):
c. Diabetes — Interval between Onset & Death: Years
Due to (or as a consequence of):
d. — Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ 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? ☐ Yes ☐ No ☐ 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: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
48a. **Certifying Physician**- To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
X Ray FitzSimmons MD
48b. **Medical Examiner/Coroner** - On the basis of jurisdictional authority and investigation in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated.
X
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? ☐ Yes ☒ No
57. Registrar Signature X
58. Date Received (MM/DD/YYYY): FEB 22 2008
59. Amendments

DOH/CHS 003 Rev 2/08 DPH01-003 (5/99)

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 NW¼ of the NE¼ of Sec. 2 T. 2 N. R. 7 E.W.M.

Beginning at the N.E. Corner of Sec. 2 T. 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 NW¼ NE¼ 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 stateof 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.

John C. Wachter
Skamania County Auditor.

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#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

BK 42 PG 110

WARRANTY DEED

(STATUTORY FORM)

FOR PROPERTY WITHIN THE STATE OF WASHINGTON

The grantor s, J. O. Price and Hazel O. Price, husband and wife

of the city of Carson, 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 800 feet of the following described real property:

The West Half of that certain tract of land in the Felix O. Iman D.L.C. described as being in the Northeast Quarter of the Northeast Quarter (NE¼ NE¼) of Section 2, 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. COUNTY ON EXCISE TAX

PAID JUL 23 1956

COUNTY TREASURER

BY

DEPUTY

RECEIVED AUG 1956 SKAMANIA COUNTY AUDITOR

CONVEYANCES ONE DOLLAR

DOCUMENTARY 10 CENTS

Dated this 23rd day of July, 1956

J. O. Price

Hazel O. Price

STATE OF WASHINGTON
County of Skamania } ss.

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

to me known to be the individual s 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.

Notary Public in and for the State of Washington,
residing at Stevenson

BK 43 PG 272