

After recording mail documents to:  
Michael R. Coad  
c/o Offices of Michael R. Coad  
Attorney and Counselor at Law, P.C.  
The Holloway House, Suite #100  
4220 S.W. 109th Avenue  
Beaverton, Oregon 97005-3027

WASHINGTON STATE RECORDER'S COVER SHEET  
Please print or type information (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document must be filled in)

- 1. Affidavit of Heirship.
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released: Not Applicable

Additional reference number(s) on page N/A of document.

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

- 1. KITCHENS, Donald W.
- 2. KITCHENS, Leerae V.
- 3.
- 4.

REAL ESTATE EXCISE TAX

29762

OCT 24 2012

Additional names on page N/A of document.

PAID EXEMPT  
*Judrey Ann Denney*  
SKAMANIA COUNTY TREASURER

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

- 1. KITCHENS, Leerae V.
- 2.
- 3.
- 4.

Additional names on page N/A of document.

Legal Description: (Abbreviated: i.e., lot, block, plat or section, township, range)

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

- 1. Affecting Parcel Number: 03073644030000 *Aur*
- 2.
- 3.
- 4.

Assessor tax #not yet assigned. The auditor/recorder 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 therein.

AFFIDAVIT OF HEIRSHIP

I, LEERAE V. KITCHENS, being duly sworn, do hereby affirm:

- 1. I am the lawful wife of DONALD W. KITCHENS, now deceased.
- 2. Decedent DONALD W. KITCHENS, died in Hood River County, Oregon, on February 2, 2012. An original of the Oregon Certificate of Death for Decedent DONALD W. KITCHENS, marked Exhibit 1, is attached hereto, incorporated herein by this reference and made a part hereof.
- 3. At the time of his death, Decedent DONALD W. KITCHENS, was the owner with LEERAE V. KITCHENS, of the following real property:

The following described real property situated in Skamania County, Washington, to-wit:

A Tract of land located in the Henry Shepard D. L. C. in Section 36, Township 3 North, Range 7 East of the Willamette Meridian in the County of Skamania, State of Washington, described as follows:

Beginning at a point marked by an iron pipe, said point being the intersection of the centerline of Vancouver Avenue and Kanaka Creek Road; thence Northerly along the centerline of Kanaka Creek Road a distance of 420 feet, more or less, to a point which bears South 61°40' West from an iron pipe on the West Bank of Kanaka Creek; thence North 61°40' East to the centerline of Strawberry Road to the true Point of Beginning; thence continuing North 61°41' East 156 feet, more or less, to said iron pipe; thence continuing North 61°40' East 20 feet, more or less, to the centerline of Kanaka Creek; thence following the centerline of Kanaka Creek in a Northerly direction to the centerline of Strawberry Road; thence following the centerline of Strawberry Road in a Southerly direction to the true Point of Beginning.

SUBJECT TO AND TOGETHER WITH easements, restrictions and reservations of record.

Skamania County Assessor  
Date 10/24/12 Parcel 3-7-36-4-4-30000 AWP

\\  
\\

4. Decedent DONALD W. KITCHENS, had the following children or next of kin:

| <u>Name</u>                | <u>Relationship to Decedent</u> |
|----------------------------|---------------------------------|
| ALISON JANE KITCHENS       | Daughter                        |
| JOHN ALAN KITCHENS         | Son                             |
| JULIE ANN KITCHENS (Maier) | Daughter                        |

5. The children or next of kin listed below constitute all of the children or next of kin of the Decedent shown in Paragraph No. 2 above, surviving on the Decedent's date of death:

| <u>Name</u>                | <u>Relationship to Decedent</u> |
|----------------------------|---------------------------------|
| ALISON JANE KITCHENS       | Daughter                        |
| JOHN ALAN KITCHENS         | Son                             |
| JULIE ANN KITCHENS (Maier) | Daughter                        |

6. If any children predeceased the Decedent and left children of their own, said children are listed in Paragraph No. 4 above.

7. Decedent DONALD W. KITCHENS left the entire rest, residue and remainder of his estate to his lawful wife, LEERAE V. KITCHENS.

8. There is no probate of any estate of the Decedent in any state and no probate will be initiated by affiant.

9. All claims against the estate of the Decedent, all bills of the Decedent, including the costs of any last illness and/or her death, have been paid in full. In addition any and all estate taxes, federal or state, have been paid.

10. This affidavit is made to quiet title in the affiant LEERAE V. KITCHENS, and to extinguish any interest of the Decedent in the real property described in

Paragraph No. 3 above, without requiring the probate of the estate of the Decedent.

IN WITNESS WHEREOF, the undersigned affiant has executed this Affidavit of Heirship on this 21<sup>st</sup> day of September, 2012.

Leerae V. Kitchens, an individual  
/s/ Leerae V. Kitchens  
By: Leerae V. Kitchens

STATE OF OREGON )  
 ) ss.  
County of Hood River )

On this day before me, the undersigned, a Notary Public in and for the State of Oregon, duly commissioned and sworn, personally appeared Leerae V. Kitchens, and certified or upon satisfactory evidence known to be the individual(s) who executed the within foregoing document, and acknowledged this document to be a true and accurate copy and that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned. Given my hand and official seal hereto affixed this 21<sup>st</sup> day of September, 2012.

/s/ Michael R. Coad  
By: Michael R. Coad  
Notary Public for Oregon  
Residing at: Portland, Oregon  
My commission expires: 2.1.16



\* \* \*



## CERTIFICATION OF VITAL RECORD

677780

I.D. TAG NO.

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NUMBER

|   |  |  |  |  |
|---|--|--|--|--|
| 1. Legal Name<br>First: Donald Middle: William Last: Kitchens   |  |  | 2. Death Date<br>February 02, 2012           |  |
| 3. Sex<br>Male  | 4. Age<br>75 years                     | 5. Social Security Number  |  | 6. County of Death<br>Hood River   |
| 7. Birthdate<br>September 04, 1936  | 8. Birthplace<br>Kansas City, Missouri |  | 9. Decedent's Education<br>Bachelor's degree |  |
| 10. Was Decedent of Hispanic Origin?<br>No  |  | 11. Decedent's Race(s)<br>White  |  | 12. Was Decedent Ever in U.S. Armed Forces?<br>Yes   |
| 13. Residence: Number and Street<br>133 Hassalo Street  |  |  | 14. City/Town<br>Cascade Locks               |  |
| 15. Residence County<br>Hood River  |  | 16. State or Foreign Country<br>Oregon   | 17. Zip Code + 4<br>97014                    | 18. Inside City Limits?<br>Unknown   |
| 19. Marital Status at Time of Death<br>Married  |  | 20. Spouse's Name Prior to First Marriage<br>Leerae Kitchen  |  |  |
| 21. Usual Occupation<br>Accountant MSGT   |  | 22. Kind of Business/Industry<br>Air Force   |  |  |
| 23. Father's Name<br>Harold Arthur Chroninger   |  | 24. Mother's Name Prior to First Marriage<br>Jo Geneva Sharp   |  |  |
| 25. Informant's Name<br>Leerae V. Kitchens  |  | 26. Telephone Number<br>Not Available  | 27. Relationship to Decedent<br>Spouse       | 28. Mailing Address<br>133 Hassalo Street, Cascade Locks, OR 97014   |
| 29. Place of Death<br>Decedent's Residence  |  | 30. Facility Name  |  |  |
| 31. Location of Death<br>133 Hassalo Street   |  | 32. City/Town or Location of Death<br>Cascade Locks  | 33. State<br>Oregon                          | 34. Zip Code + 4<br>97014  |
| 35. Method of Disposition<br>Cremation  |  | 36. Place of Disposition<br>Cascade Locks Cemetery   |  |  |
| 38. Name and Complete Address of Funeral Facility<br>Anderson's Tribute Center (Funerals Receptions Cremations) 1401 Belmont Avenue, Hood River, Oregon 97031   |  |  |  |  |
| 39. Date of Disposition<br>February 07, 2012  |  | 40. Funeral Director's Signature<br>Jack Trumbull  |  | 41. OR License Number<br>FS-3807   |
| 42. Registrar's Signature<br>[Signature]  |  | 43. Date Received<br>FEB 10 2012   |  | 44. Local File Number<br>020-2012  |
| 46. Amendment<br>Zip code was 97031; corr. by Fun. Dir. Aff. February 10, 2012 M. Santoyo, Co. Reg. ym  |  |  |  |  |
| 48. Was case referred to Medical Examiner?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 47. Autopsy?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | 49. Time of Death<br>11:27                   |  |
| CAUSE OF DEATH  |  |  |  |  |
| 50. 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. |  |  |  |  |
| Final disease or condition resulting in death -><br>Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).                          |  | IMMEDIATE CAUSE<br>a. metastatic liver disease; primary undetermined one month<br>b. Due to (or as a consequence of) ↓<br>c. Due to (or as a consequence of) ↓<br>d. Due to (or as a consequence of) ↓   |  |  |
| 51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:<br>arteriosclerotic cardiovascular disease   |  |  |  |  |
| 52. Manner of Death:<br><input type="checkbox"/> Natural <input type="checkbox"/> Homicide<br><input type="checkbox"/> Accident <input type="checkbox"/> Undetermined<br><input type="checkbox"/> Suicide <input type="checkbox"/> Pending                  |  | 53. If Female:<br><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year<br><input type="checkbox"/> Not pregnant, but pregnant within 42 days before death |  | 54. Did tobacco use contribute to death?<br><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 55. Date of Injury (mm/dd/yyyy)   | 56. Time of Injury                     | 57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)  |  | 58. Injury at Work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |
| 59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)  |  |  |  |  |
| 60. Describe how injury occurred  |  |  |  |  |
| 61. If transportation injury, specify:<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Other (Specify)   |  |  |  |  |
| 62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4)<br>RALPH CARTER M.D. 1304 MONTOMO AVE HOOD RIVER, OREGON 97031  |  |  |  |  |
| 63. Name and Title of Attending Physician if Other than Certifier   |  |  |  |  |
| 64. Title of Certifier<br>[Signature]   |  | 65. License Number<br>OR 09648   |  | 66. Date Signed (mm/dd/yyyy)<br>2/09/2012  |
| 67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  |  | 68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.   |  |  |
| 69. Amendment   |  |  |  |  |

45-2DP (01/06)

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:

FEB 10 2012

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE