

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

PAID EXEMPT

Judrey Ann Denny
SKAMANIA COUNTY TREASURER

Additional names on page N/A of document.

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 *AUP*
- 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

\\
\\

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

2	<u>Name</u>	<u>Relationship to Decedent</u>
3	ALISON JANE KITCHENS	Daughter
4	JOHN ALAN KITCHENS	Son
5	JULIE ANN KITCHENS (Maier)	Daughter

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

9	<u>Name</u>	<u>Relationship to Decedent</u>
10	ALISON JANE KITCHENS	Daughter
11	JOHN ALAN KITCHENS	Son
12	JULIE ANN KITCHENS (Maier)	Daughter

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

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

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

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

22 10. This affidavit is made to quiet title in the affiant LEERAE V. KITCHENS, and
23 to extinguish any interest of the Decedent in the real property described in
24

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

3
4 IN WITNESS WHEREOF, the undersigned affiant has executed this Affidavit of
5 Heirship on this 21st day of September, 2012.

6
7 Leerae V. Kitchens, an individual

8 /s/ Leerae V. Kitchens
9 By: Leerae V. Kitchens

10
11 STATE OF OREGON)
12) ss.
13 County of Hood River)

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

21 /s/ Michael R. Coad
22 By: /s/ MICHAEL R. COAD
23 Notary Public for Oregon
24 Residing at: Portland, Oregon
25 My commission expires: 2.1.16



26 * * *

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 First: Donald Middle: William Last: Kitchens Suffix:			2. Death Date February 02, 2012	
3. Sex Male	4. Age 75 years	5. Social Security Number		6. County of Death Hood River
7. Birthdate September 04, 1936		8. Birthplace Kansas City, Missouri		9. Decedent's Education Bachelor's degree
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 133 Hassalo Street			14. City/Town Cascade Locks	
15. Residence County Hood River		16. State or Foreign Country Oregon		17. Zip Code + 4 97014
18. Inside City Limits? Unknown		19. Marital Status at Time of Death Married		
20. Spouse's Name Prior to First Marriage Leerae Kitchen			21. Usual Occupation Accountant MSGT	
22. Kind of Business/Industry Air Force			23. Father's Name Harold Arthur Chroninger	
24. Mother's Name Prior to First Marriage Jo Geneva Sharp			25. Informant's Name Leerae V. Kitchens	
26. Telephone Number Not Available		27. Relationship to Decedent Spouse		28. Mailing Address 133 Hassalo Street, Cascade Locks, OR 97014
29. Place of Death Decedent's Residence		30. Facility Name		
31. Location of Death 133 Hassalo Street		32. City/Town or Location of Death Cascade Locks		33. State Oregon
34. Zip Code + 4 97014		35. Method of Disposition Cremation		
36. Place of Disposition Cascade Locks Cemetery		37. Location Cascade Locks, Oregon		
38. Name and Complete Address of Funeral Facility Anderson's Tribute Center (Funerals Receptions Cremations) 1401 Belmont Avenue, Hood River, Oregon 97031				
39. Date of Disposition February 07, 2012		40. Funeral Director's Signature Jack Trumbull		41. OR License Number FS-3807
42. Registrar's Signature <i>[Signature]</i>		43. Date Received FEB 10 2012		44. Local File Number 020-2012
45. Amendment Zip code was 97031; corr. by Fun. Dir. Off. February 10, 2012 M. Santoyo, Co. Reg. ym				
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
49. Time of Death 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.				
51. Final disease or condition resulting in death -> 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).		52. IMMEDIATE CAUSE a. <u>metastatic liver disease; primary undetermined</u> Due to (or as a consequence of) ↓ b. _____ Due to (or as a consequence of) ↓ c. _____ Due to (or as a consequence of) ↓ d. _____		Approximate Interval: Onset to Death <u>one month</u>
53. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>arteriosclerotic cardiovascular disease</u>				
54. Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		55. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		56. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
57. Date of Injury (mm/dd/yyyy)		58. Time of Injury		59. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
60. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)		61. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
62. Describe how injury occurred				
63. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
64. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) RALPH CARTER M.D. 1304 MONTOMO AVENUE HOOD RIVER, OREGON 97031				
65. Name and Title of Attending Physician if Other than Certifier				
66. Title of Certifier <i>[Signature]</i>		67. License Number 02-09648		68. Date Signed (mm/dd/yyyy) 2/09/2012
69. 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.				
70. 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.				
71. Amendment				

402701

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

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

