

Return Address:

MARK R. Smith  
16050 S.W. Roberts Rd.  
Sherwood, Oregon 97140

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A  
OCT 11 2016

PAID N/A  
Vickie Pittman Treasurer  
SKAMANIA COUNTY TREASURER

**AFFIDAVIT (LACK OF PROBATE)**

MARK R. Smith, being first duly sworn, deposes and says:  
Notary

The undersigned affiant/grantee MARK R. Smith is a rightful heir, as listed on  
Affiant/Grantee  
heirs at law, to the real property described below, and is SON  
Relationship to decedent  
of Richard Frederick Smith, who died on Feb. 9, 1988  
Decedent/Grantor Date  
at Portland Multnomah OREGON  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Section 10 Township 2 NORTH RANGE  
7 E. W. M. Interlaken Resort Cabin #6

Assessor's Property Tax Parcel/Account Number: 620 714002 10600  
(Attach full legal description of the property)

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent.

Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of 5)

Dated : Oct. 11, 2016

Mark Robert Smith

Affiant's full name

503-936-5363

Telephone number

16050 S.W. Roberts Rd.

Sherwood,

OREGON

97140

City

State

Zip Code

Mark Robert Smith

Oct. 11, 2016

Signature

Date

State of Washington

County of Skamania

I know or have satisfactory evidence that Mark R. Smith

(name of person)

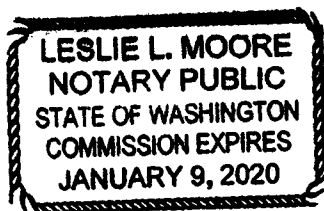
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10/11/2016

Leslie L. Moore

Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: Carson

Notary Public in and for the State of Washington

My appointment expires: 1/9/2020

GOOSE NO. N.I.

INCORPORATED UNDER THE LAWS OF THE  
STATE OF WASHINGTON



INTER LAKEN RESORT COMPANY  
VANCOUVER, WASHINGTON

AUTHORIZED CAPITAL \$50,000  
TWENTY SHARES COMMON STOCK

This Certifies That

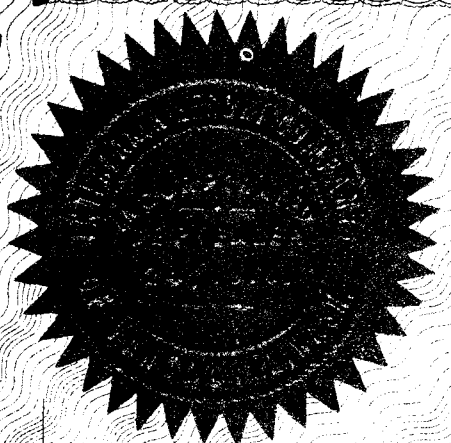
Mark R. Smith

One

is the owner of  
Shares of the Capital Stock of

INTER LAKEN RESORT COMPANY

transferable only on the Books of the Corporation by the  
holder hereof in person or by duly authorized Attorney; on  
surrender of this Certificate properly endorsed.



In Witness Whereof the duly authorized officers of this Corporation have hereunto subscribed  
their names and caused the corporate seal to be hereunto affixed  
this 2nd day of August A.D. 1903

Mary P. Oltman  
SECRETARY

W. G. H. Brown  
PRESIDENT

Shares

PAR VALUE  
\$750.00

Each.



This certificate is issued by the company and accepted by the holder subject to all the terms and conditions pertaining to the stock of the company as contained in the Amended Articles of Incorporation and the By-Laws of said Company (adopted January 4, 1960), together with any amendments to either, copies of which are on file in the office of the company, and available to any stockholder.

Included is a provision that by action of two-thirds of stockholders periodic dues may be charged stockholders to pay certain obligations of the company, and a further provision restricting sale of share for a period of 60 days from notice to the company of intended sale, during which time the company shall have a preferential option to arrange for purchase or sale of such share.

**CERTIFICATE**

FOR

SHARES

**Capital Stock**

**INTERLAKEN RESORT COMPANY  
VANCOUVER, WASHINGTON**

**ISSUED TO**

**PAID**

*For Value Received* hereby sell, assign and transfer  
unto

*Shares*  
*of the 'Capital' Stock represented by the within*  
*Certificate, and do hereby irrevocably constitute and appoint*  
*to transfer the said Stock on the books of the within named*  
*Corporation with full power of substitution in the premises.*

*Dated* 19

*In presence of*

NOTICE: THE SIGNATURE OF THIS ASSIGNMENT  
MUST CORRESPOND WITH THE NAME AS WRITTEN UPON THE  
FACE OF THE CERTIFICATE. IN EVERY PARTICULAR WITHOUT  
ALTERATION OR ENLARGEMENT OR ANY CHANGE WHATSOEVER



# CERTIFICATION OF VITAL RECORD

26874 I.D. NO. <b>01324</b> Local File Number		OREGON STATE HEALTH DIVISION DEPARTMENT OF HUMAN SERVICES Vital Records Unit <b>CERTIFICATE OF DEATH</b> 138-		88-003611 State File Number	
1. DECEDENT'S NAME First Middle Last <b>Richard Frederick SMITH</b>		2. SEX <b>M</b>		3. DATE OF DEATH (Month, Day, Year) <b>February 9, 1988</b>	
4. AGE - Last Birthday (Years) <b>76</b>		5. UNDER 1 YEAR Months Days <b>76</b>		6. BIRTHPLACE (City and State or Foreign Country) <b>Bedford, Pennsylvania</b>	
7. DATE OF BIRTH (Month, Day, Year) <b>July 3, 1911</b>		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/> Other (Specify): <b>Home</b>			
9. FACILITY NAME (If not institution, give street and number) <b>Good Samaritan Hospital</b>		10. CITY, TOWN, OR LOCATION OF DEATH <b>Portland</b>		11. COUNTY OF DEATH <b>Multnomah</b>	
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Consulting Forester</b>		13. KIND OF BUSINESS/INDUSTRY <b>Forestry</b>		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
15. RESIDENCE - STATE <b>Oregon</b>		16. CITY, TOWN, OR LOCATION <b>Sherwood</b>		17. STREET AND NUMBER <b>21800 SW Padelford Hwy, #37</b>	
18. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. ZIP CODE <b>97140</b>		20. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		22. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elementary/Secondary (0-12) College (13-16 or 17)</b>		23. DEGREE OF DEATH (Specify) <b>4</b>	
24. FATHER - NAME first middle last <b>Edgar Smith</b>		25. MOTHER - NAME first middle last <b>Mabel Krisley</b>		26. SPOUSE - NAME and relationship to decedent <b>Ruth Smith, wife</b>	
27. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <b>Willamette National Cemetery</b>		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Willamette National Cemetery</b>		29. LOCATION - City or Town, State <b>Portland, Oregon</b>	
30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Harold D. Alt</i>		31. LICENSE NUMBER (If Licensee) <b>30187</b>		32. NAME, ADDRESS AND ZIP OF FACILITY <b>Attrell's Sherwood Chapel 1st &amp; Main, Sherwood, Oregon 97140</b>	
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
33. TIME OF DEATH <b>2:00 A</b>		34. DATE OF DEATH <b>2/15/88</b>		35. DATE PRONOUNCED DEAD (Month, Day, Year) <b>2/15/88</b>	
36. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>Frank J. ...</i>		37. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>Frank J. ...</i>			
38. DATE SIGNED (Month, Day, Year) <b>2/15/88</b>		39. DATE SIGNED (Month, Day, Year) <b>2/15/88</b>			
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Frank J. ... MD 2011 N. ... Portland, OR 97209</b>					
41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Frank J. ... MD 2011 N. ... Portland, OR 97209</b>					
42. 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.)					
PART I (a) <b>Respiratory Failure (Arrest)</b>		Interval between onset and death			
(b) <b>Hypoxemia</b>		Interval between onset and death			
(c) <b>Pulmonary Embolism</b>		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)					
<b>Deep venous thrombosis</b>		33. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		35. DATE OF INJURY (Month, Day, Year) <b>2/15/88</b>		36. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <b>Home</b>		38. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>21800 SW Padelford Hwy, #37, Sherwood, Oregon 97140</b>			
39. REGISTRAR'S SIGNATURE <i>Edward J. Johnson II</i>		40. DATE FILED (Month, Day, Year) <b>FEB 25 1988</b>			
41. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		42. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
RESERVED FOR REGISTRAR'S USE					

Item 34, added by supplemental, 5/18/88, Edward J. Johnson II, State Registrar tlb

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-85

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:

AUG 23 2005

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



**CERTIFICATE OF RIGHTS**

Pursuant to the understanding with stockholders of the Interlaken Resort Company ("Interlaken") and to a resolution adopted by the Board of Directors of Interlaken on June 6, 1986, this document will evidence the right of MARK R. SMITH ("stockholder") to construct, maintain, use, own, and control one cabin on Interlaken land so long as such construction, maintenance, and use are in accordance with the rules, regulations, and by-laws of Interlaken and the applicable federal, state, and local laws and regulations. Such cabin may be sold only with a share of Interlaken stock owned by the stockholder, or to another Interlaken stockholder. A condition of the issuance of this certificate shall be the observance by the stockholder of the rules, regulations and by-laws of Interlaken and the payment of assessments and taxes lawfully imposed.

Executed by the President and attested by the Secretary this 2<sup>ND</sup> day of AUGUST, 2003

INTERLAKEN RESORT COMPANY

By: [Signature]  
VICE President

Attest:

[Signature]  
SecretaryCertificate No. 51

Not valid without Corporate seal