



After recording, return to:  
George T. Risley  
PO BOX 921  
Woodland, WA  
98674

Grantor (Name of Decedent): Judy Risley  
Grantee (Heirs): George T. Risley  
Abbreviated Legal Description: Tax/Map ID(s):  
Tax Parcel No.(s): 04072620080000

### INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA

COUNTY OF Clark

The undersigned, George T. Risley, executes this affidavit relating to the estate of Judy Risley (herein "Decedent"), who died on 6/10/2019, in the County of Clark, State of WA, then being a resident of the City of Woodland, County of Clark, State of WA.

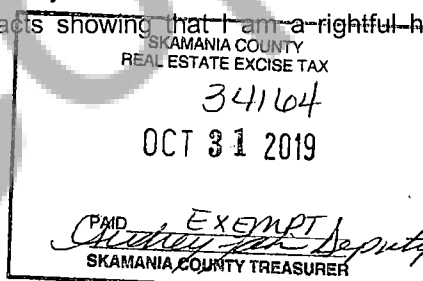
(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

#### Relationship of the Affiant to the Decedent

2. The undersigned is (check one):
- ☒ the lawful surviving spouse of the Decedent
  - ☐ Registered domestic partner of the Decedent
  - ☐ Surviving child of the Decedent
  - ☐ One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.
  - ☐ other (identify): \_\_\_\_\_



**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: Thomas E. Risley (son)  
Name and relationship: David W. Risley (son)  
Name and relationship: Robert R. Risley (son / Deceased)  
Name and relationship: Michael A. Risley (son)

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skamania, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

- ☒ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

George T. Risley  
Signature

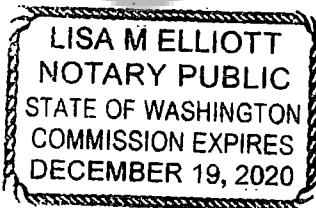
10-8-19  
Date

\_\_\_\_\_  
Print Name

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on 10/8/19 by \_\_\_\_\_  
George T. Risley (name of person making statement).



Name: Lisa Elliott  
Notary Public in and for the State of Washington,  
Residing at: Vancouver  
My appointment expires: 12/19/20

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds**

This is a two (2) part form. The first affidavit is for title company internal use. The second, shorter affidavit is for recording in connection with claiming an exemption from real estate excise tax.

STATE OF WA

Title Insurance Commitment No.: 622-115629

COUNTY OF Clark

County: Skamania

The undersigned, George T. Risley, executes this affidavit relating to the estate of Judy Risley (herein "Decedent"), who died on 6/10/2019, in the County of Clark, State of WA.

**(A copy of the death certificate is attached hereto.)**

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
- ☐ Surviving child of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☐ One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington,
- ☐ other (identify): \_\_\_\_\_

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; and
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving grandchildren, parents, brothers and sisters of decedent); and
3. ***all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death; see RCW11.04.015.***

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name and relationship: Thomas E. Risley (son)

Address: \_\_\_\_\_

Name and relationship: David W. Risley (son)

Address: \_\_\_\_\_

Name and relationship: Robert R. Risley (son / Deceased)

Address: \_\_\_\_\_

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds**  
(continued)

Name and relationship: Michael A. Risley (son)

Address: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Address: \_\_\_\_\_

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☐ Community property  
☐ Separate property  
☐ Joint tenancy property

**CHECK ALL BOXES WHICH APPLY IN EACH SECTION:**

1. That on the date the Real Estate was purchased the Decedent was:  
☒ married to George T. Risley  
☐ unmarried, not a registered domestic partner  
☐ unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:  
☒ married to George T. Risley  
☐ unmarried, not a registered domestic partner  
☐ unmarried, a registered domestic partner of \_\_\_\_\_
3. That on the date of death the Decedent was a citizen of the following country USA and a permanent resident of USA (if Decedent was a resident different from that of their citizenship).
4. ☒ That the decedent left a Will, a copy of which is attached hereto.  
☐ That the decedent left no Will.  
☐ That the decedent executed a Community Property Agreement. It was recorded under \_\_\_\_\_ County recording no. \_\_\_\_\_ (if unrecorded, attach a copy)
5. ☒ That the decedent's estate is not being probated.  
☐ That the decedent's estate is subject to probate proceedings in \_\_\_\_\_ County, State of \_\_\_\_\_, under Probate No. \_\_\_\_\_.
6. If title transferred pursuant to a Transfer of Death Deed:  
☐ That there was no consideration (monetary, non-monetary, in-kind, etc.) given for the deed  
☐ That there was consideration given in the amount of \$\_\_\_\_\_, including the value of monetary, non-monetary, in-kind, and other consideration.

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds**  
(continued)

7. ☐ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
- ☐ That State and/or Federal succession or inheritance taxes in the amount of \$ \_\_\_\_\_ have been paid. Copies of the release/discharge are attached hereto.
- ☐ That State and/or Federal succession or inheritance taxes are due in the approximate amount of \$ \_\_\_\_\_, but have not been paid.
8. ☒ That the decedent has not received assistance from the State of Washington for medical care.
- ☐ That the decedent has received assistance from the State of Washington for medical care.
- ☐ That the State of Washington has been fully reimbursed for assistance for medical care.
9. If title was owned by the decedent in **joint tenancy**:
- ☐ That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real estate was held in joint tenancy.
- ☐ That the interest of no one (1) or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law;
- ☐ That the joint tenancy continued in full force until the death of the Decedent and, if there are two (2) or more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness; funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (*use reverse side or attach a list if necessary*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 570,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 570,000, and including the value of Decedent's separate property, if any, of approximately \$ \_\_\_\_\_, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 1,140,000.00

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds**  
(continued)

This affidavit is made to induce Chicago Title Insurance Company (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance to full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

George T. Riskey  
Signature

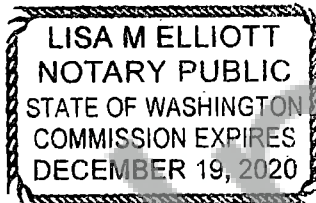
10-8-19  
Date

\_\_\_\_\_  
Print Name

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on 10/8/19 by \_\_\_\_\_  
George T. Riskey (name of person making statement).



Name: Lisa Elliott  
Notary Public in and for the State of Washington,  
Residing at: Vancouver  
My appointment expires: 12/19/20



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-026582

LOCAL FILE NUMBER: 1794

DATE ISSUED: 06/17/2019

FEE NUMBER: 08WFH0312

FIRST AND MIDDLE NAME(S): JUDY ANN

LAST NAME(S): RISLEY

AKA: JUDITH RISLEY

COUNTY OF DEATH: CLARK

DATE OF DEATH: JUNE 10, 2019

HOUR OF DEATH: 10:00 PM

SEX: FEMALE

AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO; NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: NOVEMBER 06, 1942

BIRTHPLACE: NEWBERG, OR

MARITAL STATUS: MARRIED

SPOUSE: GEORGE RISLEY

OCCUPATION: CAREGIVER

INDUSTRY: HEALTH CARE

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: NO

INFORMANT: ERICA RIPP

RELATIONSHIP: GRANDDAUGHTER

ADDRESS: 283 LARCH ST, WOODLAND, WA, 98674

CAUSE OF DEATH:

A: STAGE IV ENDOMETRIAL CANCER WITH LUNG METASTASIS

INTERVAL: 12/2015

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE  
WITH HYDRONEPHROSIS (HISTORY OF OF BILATERAL URETERAL STENTS  
3/2019).

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

AKA:

AKA:

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 39503 NW 29TH AVE

CITY, STATE, ZIP: WOODLAND, WASHINGTON 98674

RESIDENCE STREET: 39503 NW 29TH AVE

CITY, STATE, ZIP: WOODLAND, WA 98674

INSIDE CITY LIMITS: NO

COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 45 YEARS

FATHER/PARENT: EDWARD EMIL ZIMBRICK

MOTHER/PARENT: RUBY CLARA PAULINE SCHULTZ

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: LONGVIEW MEMORIAL PARK CREMATORY

CITY, STATE: LONGVIEW, WASHINGTON

DISPOSITION DATE: JUNE 17, 2019

FUNERAL FACILITY: WOODLAND FUNERAL HOME

ADDRESS: 660-A GOERIG STREET

CITY, STATE, ZIP: WOODLAND, WASHINGTON 98674

FUNERAL DIRECTOR: ROBERT D. PAINTER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: KRISTINA SCHAEFER, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 222 NE PARK PLAZA DR. SUITE #100

CITY, STATE, ZIP: VANCOUVER, WA 98684

DATE SIGNED: JUNE 13, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: KRISTINA SCHAEFER

LOCAL DEPUTY REGISTRAR: KIMBERLY ST. CYR

DATE RECEIVED: JUNE 14, 2019



# Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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<b>Required</b>	<b>Required information must match current information on record</b>			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				

7. Return Mailing Address:  
PO Box or Street Address City State Zip

Telephone Number: ( ) Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):

Printed name: Date: Printed name: Date:

## INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

### Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
  2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
  3. Documentary proof must be five or more years old or established within five years of birth
- | Child under 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Adult (18 years or older)                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• If legal guardian(s), include certified court order proving guardianship</li><li>• Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*</li><li>• After age one, a court order is required to change the last name</li><li>• No proof is required to change the first or middle name*</li><li>• To correct parent's information, one documentary proof is required.</li><li>• To correct the sex of the child, one documentary proof from a medical provider is required</li></ul> | <ul style="list-style-type: none"><li>• Only the adult can change his or her birth certificate</li><li>• If the first or middle name is missing, three pieces of documentary proof are required</li><li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li><li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li></ul> |
- \*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

### Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

### Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015

**CERTIFIED**

Dr. Alan Melnick, MD, MPH  
Health Officer/Registrar  
Cowlitz County Health Department  
Longview, WA





# Last Will and Testament

OF

JUDY RISLEY

KNOW ALL MEN BY THESE PRESENTS: That I, JUDY RISLEY, of Route 1, Box 555-A, Woodland, Clark County, State of Washington, being of legal age and of sound and disposing mind and memory and under the influence of no person whomsoever but realizing the uncertainties of life, do make, publish, and declare this to me my LAST WILL AND TESTAMENT in the matter and form following:

I.

For the record, I state that I am married to George T. Risley, and by that marriage have four children, to-wit: Thomas E. Risley; David W. Risley; Robert R. Risley; and Michael A. Risley. I have no other children and no deceased children with issue surviving.

II.

I direct that my just debts be paid as soon after my death as it is convenient so to do.

III.

I do hereby revoke any Will or other testamentary disposition of property heretofore made or published by me.

IV.

My Executor shall pay all estate, inheritance and succession taxes assessed by the reason of my death, whether attributable to property passing under this Will or outside it, from the residue of my estate disposed of by this Will. I waive for my estate all rights to reimbursement for any such payment.

V.

Should my husband survive me by thirty (30) days, then I give, devise, and bequeath to my beloved husband all of my property, real, personal or mixed, of every description and wheresoever situate, owned by me or in which I have an interest at the time of my death.

VI.

In the event that my husband does not survive me for thirty (30) days, I give, devise, and bequeath to my beloved son David W. Risley the following described real estate, with appurtenances, situate in Skamania County, State of Washington, to-wit:

That portion of the West half of the West half of the Northeast quarter of the Northwest Quarter of Section 26, Township 4 North, Range 7 East of the Willamette Meridian, described as follows:

Beginning at the intersection of the centerline of the County Road known and designated as the Hemlock Road with the East line of the West half of the West half of the Northeast quarter of the Northwest quarter of said Section 26; thence South along said East line 150 feet; thence West 60 feet; thence North 150 feet, more or less, to the center line of said road; thence Easterly following the centerline of said road to the point of beginning.

EXCEPT right of way for said Hemlock Road.

That such devise shall not be considered in determining the distributive share of David W. Risley in the property of my estate passing by virtue of the residuary clause hereinafter appearing.

VII.

In the event that my husband does not survive me by thirty (30) days, then I give, devise and bequeath the rest, residue and remainder of my property, real, personal or mixed of every description and wheresoever situate owned by me or in which I may have an interest at the time of my death to Thomas E. Risley; David W. Risley; Robert R. Risley; Michael A. Risley

and any child of mine born or adopted subsequent to the execution of this Last Will and Testament, equally, share and share alike, and if any of the above-named beneficiaries predecease me with issue surviving, then the portion of my estate which such beneficiary would have taken if living at the time of my death shall go to the issue thereof by right of representation, and if there be no issue of any such person, then such portion of my estate shall go to those beneficiaries who are living at the time of my death.

VIII.

I do hereby appoint my husband George T. Risley, unrestricted Executor of this Will. If he at any time fails, refuses, or is for any reason unable to act as such Executor, I appoint Thomas E. Risley, to act in his stead, with all the power, authority, and discretion herein given to my Executor. In the event that both of the above are for any reason unable or unwilling to serve as such Executor, then I appoint Michael A. Risley to act in their stead, with all the power, authority, and discretion herein given to my Executor. I direct that no bond be required of any of them in their capacity as Executor hereof, and that my estate be settled in the manner provided for in this Will, without the intervention of any court or courts insofar as may be conformable to law; provided, that my Executor may, in his discretion determine whether to submit to the court in the proceedings for the probate of my estate a final accounting thereof, or of any transaction involved in such administration. Furthermore, my Executor shall, in carrying out the provisions of this Will, and in otherwise administering my estate, have full power, authority, and discretion, without court authorization, confirmation, or intervention, to do all that may to him seem desirable in managing, conserving, and distributing the assets of my estate during the administration thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal and published and declared this to be my Last Will and Testament this 22 day of June, 1987.

Judy Risley  
JUDY RISLEY (SEAL)

THE FOREGOING INSTRUMENT, consisting of four (4) pages, of which this is the last, was at the date thereof, by the said JUDY RISLEY signed, sealed, and published as and declared by her to be her Last Will and Testament, in the presence of us, who at her request and in her presence and in the presence of each other, have subscribed our names as witnesses thereto.

Jon D Anderson  
Residing at Woodland Wn

Leona J. Carter  
Residing at

AFFIDAVIT OF SUBSCRIBING AND ATTESTING WITNESSES

STATE OF WASHINGTON)

COUNTY OF COWLITZ )

The undersigned subscribing and attesting witnesses, each being duly sworn on oath, out of court, depose and state:

DECLARATION: On this date last below stated Testatrix, JUDY RISLEY, declares the foregoing instrument to be her Last Will and Testament.

SIGNATURE, ATTESTATION AND SUBSCRIPTION: Immediately following Testatrix' declaration, Testatrix signed and published such instrument as her last Will, in the presence of each of the undersigned, and then each of the undersigned, as witnesses, at Testatrix' request, subscribed our names thereto in the presence of Testatrix and each other.

COMPETENCY: At the time of Testatrix' declaration, signing and publication of the attached Last Will and Testament, Testatrix appeared to be of sound and disposing mind and not to be acting under duress or undue influence of any person. The other subscribing and attesting witness appeared to be competent and each of the undersigned states, for himself, that he is now competent.

TESTATRIX' REQUEST: After the above declaration, signature, attestation, and subscription, Testatrix requested that each of the undersigned make this affidavit in proof of Testatrix' attached Last Will and Testament.

WITNESS

*Jon D Anderson*  
Rt #1, Box 554  
Woodland WA 98674

WITNESS

*James E. Carter*  
J.E. 956  
Woodland wa 98674

SUBSCRIBED AND SWORN to before me this 22 day  
of June, 1987.

*James E. Carter*  
NOTARY PUBLIC in and for the  
State of Washington  
Residing at Woodland

My commission expires: 3-15-91