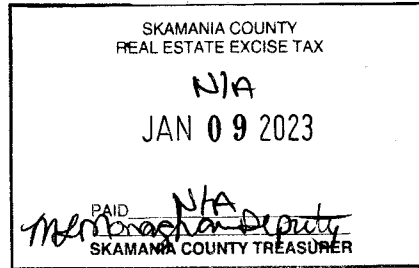




Return Address:

Nicholas Brokenshire
16 Big Buck Creek RD
White Salmon WA 98672



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Susannah G. Kingsbury, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is wife

Relationship to decedent

of Henry L Kingsbury, who died on March 15th 1998
Decedent/Grantor Date

at Portland Multnomah Oregon
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Northwestern lake Cabin Site No.5 Located in Government Lot 2, Section 2,
Township 3 North, Range 10 East of the Willamette Meridian, lying in
Skamania County, Washington
TAX Parcel Number : 43100200040500

Skamania County Assessor

Date 1-9-23 Parcel# 43100200040500

Assessor's Property Tax Parcel/Account Number: 43100200040500
(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 3)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 12/21/2022

Susannah G. Kingsbury
Affiant's full name

503-415-1307
Telephone number

6507 SW Ebb Ave.

Lincoln City OR 97367
City State Zip Code

Susannah G. Kingsbury 12/21/22
Signature Date

State of Oregon County of Lincoln

I know or have satisfactory evidence that Susannah Goodwin Kingsbury
(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: 12/21/2022

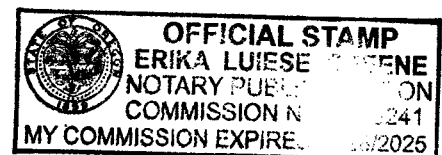
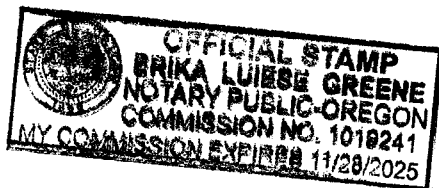
[Signature]
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: 1815 NW Hwy 101 Lincoln City, OR
97367

Notary Public in and for the State of Oregon

My appointment expires: 11/28/2025



CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

269166
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

Local File Number

State File Number

1. DECEDENT'S NAME Henry Lee KINGSBURY		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) March 15, 1998
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE-Last Birthday (Years) 66	5b. Under 1 Year Mo. Days Hours Mins.	5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Portland Oregon		7. DATE OF BIRTH (Month, Day, Year) August 10, 1931	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) Legacy Emanuel Hospital		11. CITY, TOWN, OR LOCATION OF DEATH Portland	
12. COUNTY OF DEATH Multnomah		13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Manager	
14. KIND OF BUSINESS/INDUSTRY Printing Company		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
16. SPOUSE (If married, widowed) Susannah Kingsbury		17. RESIDENCE - STATE Oregon	
18. COUNTY Washington		19. CITY, TOWN OR LOCATION Portland	
20. STREET AND NUMBER 5149 SW Scholls Ferry Road		21. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
22. ZIP CODE 97225		23. RACE (Specify) White	
24. WAS DECEDENT EVER A MEMBER OF THE U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. DECEDENT'S EDUCATION Elementary/Secondary (0-12) College (13-16 or 17+) 4	
26. FATHER - NAME first middle last Richard Lee Kingsbury		27. MOTHER - NAME first middle maiden Dorothy Eunice Wiebke	
28. SPOUSE - NAME first middle maiden Susannah Kingsbury - Wife		29. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
30. PLACE OF DISPOSITION (Name of cemetery, crematorium, etc.) Spring Grove City		31. LOCATION - City or Town, State Portland Oregon	
32. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE <i>[Signature]</i>		33. SIGNATURE OF MEDICAL EXAMINER <i>[Signature]</i>	
34. DATE FILED (Month, Day, Year) MAR 24 1998		35. REQUEST FOR COPY <i>[Signature]</i>	
RESERVED FOR REGISTRAR'S USE			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
36. TIME OF DEATH 5:15 PM		37. TIME OF DEATH 5:15 PM	
38. TO THE BEST OF MY KNOWLEDGE, I HAVE EXAMINED THE BODY OF THE DECEDENT AND I CERTIFY THAT THE CAUSE OF DEATH IS AS STATED.		39. TO THE BEST OF MY KNOWLEDGE, I HAVE EXAMINED THE BODY OF THE DECEDENT AND I CERTIFY THAT THE CAUSE OF DEATH IS AS STATED.	
40. DATE SIGNED (Month, Day, Year) 3/18/98		41. DATE SIGNED (Month, Day, Year) 3/18/98	
42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Keith Hansen MD 265 N. Broadway Portland Oregon 97227		43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
44. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE FOR EACH PART I, II, AND III. Do not enter more than one cause.)			
PART I (a) Cardiopulmonary arrest		Interval between onset and death 10 min	
(b) Sepsis/shock		Interval between onset and death 24 hrs	
(c) Metastatic Ca prostate		Interval between onset and death 10 yrs	
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I			
45. 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"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		46. DATE OF INJURY (Month, Day, Year)	
47. TIME OF INJURY M		48. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		50. DESCRIBE HOW INJURY OCCURRED	
51. LOCATION (Street and Number or Rural Route Number, City or Town, State)		52. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
53. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		54. IF YES, was findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED

MAR 24 1998

EDWARD J. JOHNSON II
STATE REGISTRAR

Unofficial
Copy

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