127163

BOOK 162 PAGE 49

SKAMANIA CO, TITLE

Jan 22 12 35 PM '97

O'Leary

AUDITOR

GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Tince Kauskalis

Address 582 Skamania Landing Road

City/State Skamania, WA 98648

SER 20610

Document Title(s): (or transactions contained therein)

1. DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE
2. AND INDEMNITY AGREEMENT
3.
4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

First American Title Insurance Company

(this space for title company use only)

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

1. ANSIS KAUSKALIS
2.
3.
4.
5. ☐ Additional names on page _____ of document

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

1. TINCE KAUSKALIS
2.
3.
4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

A tract of land in the Southeast Quarter of the Northwest Quarter and Northeast Quarter of the Southwest Quarter all in Section 33, Township 2 North, Range 6 East, of the Willamette Meridian.

☐ Complete legal description is on page _____ of document

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

02-06-33-0-0-1201-00
02-06-34-1-4-5000-00

REAL ESTATE EXCISE TAX

JAN 22 1997

PAID exempt

Wilkinson, Deputy

SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor
Date 1-22-97 Parcel # 02-6-33-1201
02-6-34-1-4-5000

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

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Indexed
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Mailed

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BOOK 162 PAGE 50

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON)
County of SKAMANIA)

I, TINCE KAUSKALIS, residing at ____________________, first being duly sworn, depose and say that:

1. ANSIS KAUSKALIS died testate in 12-21-87, ____________ on ____________, 19___.

2. ~~At the time of his/her death~~ xxxxxxxxxxxxxxxxxxxxxxxxxxxx ~~was a widow/widower. His/her spouse~~ xxxxxxxxxxxxxxxxxxxxxxxxxxxx ~~died in~~ xxxxxxxxxxxxxxxxxxxxxxxxxxxx ~~on~~ xxxxxxxxxxxx ~~19~~ xxxx.

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of ANSIS KAUSKALIS are TINCE KAUSKALIS.

The deceased, ANSIS KAUSKALIS, left no children or children of children who predeceased him/her other than those named herein.

4. The expenses of the last illness and burial of ANSIS KAUSKALIS and all other claims against the decedent's estate have been settled and paid.

5. There are no Federal Estate taxes due or Washington inheritance taxes due.

6. The purpose of this affidavit is to induce Skamania County Title COMPANY to accept such affidavit in forebearance of a demand made by said title insurance company to probate the decedent's estate.

7. At the time of decedent's death, decedent owned property in SKAMANIA COUNTY, WASHINGTON, located at ____________, and described as 02-06-34-1-4-5000-00 AND 02-06-33-0-0-1201-00.

8. I, by my signature hereto, agree to indemnify and hold harmless SKAMANIA COUNTY TITLE from any and all liability, obligations, expenses, legal fees or litigation costs which it may incur as a result of a falsity or inaccuracy of any statement contained in this affidavit.

REAL ESTATE EXCISE TAX
18563
JAN 22 1997
PAID exempt
[signature], Deputy
SKAMANIA COUNTY TREASURER

Dated this 1-21-97 day of JANUARY, 1997.

Tince Kauskalis

DEBI J. BARNUM
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES 5-6-98

SUBSCRIBED and SWORN TO before me this 21ST day of JANUARY, 1997.

Debi J. Barnum DEBI J. BARNUM
NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: MAY 6, 1998

Unofficial Copy

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

VITAL RECORDS

CERTIFICATE OF DEATH

BOOK 162 PAGE 51

1276 — LOCAL FILE NUMBER — 146-8 — STATE FILE NUMBER

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 5.

DECEDENT

1 NAME: FIRST MIDDLE LAST	2 SEX	3 DEATH DATE (MO DAY YR)
ANSIS KAUSKALIS	M	12/21/87

4 RACE (WHITE, BLACK, AM IND, ETC (SPECIFY))	5 AGE LAST BIRTH DAY (YRS)	6 UNDER 1 YEAR: MOS / DAYS	7 UNDER 1 DAY: HOURS / MINS	8 BIRTHDATE (MO DAY YR)	9 COUNTY OF DEATH
WHITE	65			2/1/22	CLARK

10 CITY, TOWN OR LOCATION OF DEATH	11 PLACE OF DEATH (1 HOME 2 EN TRANSPORT 3 DEVERG RM OUT PTN 4 HOSP 5 NURS HOME 6 OTHER PLACE) — IF NOT HOSP OR NURS HOME GIVE ADDRESS OR INSTITUTIONAL NAME	12 RECEIVED EMERGENCY CARE (AMBULANCE, ER) (WHERE?)
CAMAS	HIGHLAND TERRARCE NURSING HOME	NO YES NO

13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY)	14 CITIZEN OF WHAT COUNTRY	15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	16 SPOUSE (IF WIFE GIVE MAIDEN NAME)	17 WAS DECEDENT EVER IN US ARMED FORCES? (YES NO)
LATVIA	LATVIA	MARRIED	TINCE	NO

18 SOCIAL SECURITY NO	19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)	20 KIND OF BUSINESS OR INDUSTRY
[redacted]	CARPENTER	CONSTRUCTION

21 RESIDENCE NUMBER AND STREET	22 CITY/TOWN OR LOCATION	23 INSIDE CITY LIMITS? (YES NO)	24 COUNTY	25 STATE
M.P.O. 55 R SKAMANIA LANDING	SKAMANIA	NO	SKAMANIA	WASHINGTON

PARENTS

26 FATHER NAME FIRST MIDDLE LAST	27 MOTHER MAIDEN NAME FIRST MIDDLE LAST
-	-

INFORMANT

28 INFORMANT NAME	29 MAILING ADDRESS (STREET OR RFD NO, CITY OR TOWN, STATE, ZIP)
TINCE KAUSKALIS	M.P.O. 55R SKAMANIA LANDING-SKAMANIA, WASHINGTON 98648

DISPOSITION

30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	31 DATE (MO DAY YR)	32 CEMETERY/CREMATORY NAME	33 LOCATION: CITY, TOWN, STATE
BURIAL	12/28/87	LINCOLN MEMORIAL PARK	PORTLAND, OREGON

34 FUNERAL DIRECTOR SIGNATURE	35 NAME OF FACILITY	36 ADDRESS OF FACILITY
X Palmer Belden	LINCOLN WILLAMETTE FUNR.HM.	P.O. BOX 66396 PORTLAND,OR. 97266

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE: X B C Anderson MD

38 DATE SIGNED (MO DAY YR): 12/23/87

39 HOUR OF DEATH (24 HRS): 0738

40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41 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) STATED

SIGNATURE AND TITLE: X

42 DATE SIGNED (MO DAY YR)

43 HOUR OF DEATH (24 HRS)

44 PRONOUNCED DEAD (MO DAY YR)

45 HOUR PRONOUNCED DEAD (24 HRS)

46 NAME AND ADDRESS OF CERTIFIER: PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

B. C. Anderson, M.D. Kaiser Rockwood Clinic, 19500 S. E. Stark, Gresham, OR 97030

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C).)

(A) Cardiorespiratory arrest — INTERVAL BETWEEN ONSET AND DEATH: Mins

DUE TO OR AS A CONSEQUENCE OF

(B) Stroke (behavior problem) — INTERVAL BETWEEN ONSET AND DEATH: yrs

DUE TO OR AS A CONSEQUENCE OF

(C)

48 OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE

49 AUTOPSY? (YES NO): NO

50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES NO)

51 ACC, SUICIDE, HOM, UNDET OR PENDING INVEST (SPECIFY)	52 INJURY DATE (MO DAY YR)	53 HOUR OF INJURY (24 HRS)	54 DESCRIBE HOW INJURY OCCURRED

55 INJURY AT WORK? (YES NO)	56 PLACE OF INJURY: AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY)	57 LOCATION: STREET OR RFD NO, CITY, TOWN, STATE

58 REGISTRAR SIGNATURE: X Karen Steingart, md

59 DATE RECEIVED (MO DAY YR): DEC 2 9 1987

FOR STATE REGISTRAR USE ONLY

60 ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE	ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

DSHS 9-150 (REV. 1-82)

SOUTHWEST WASHINGTON HEALTH DISTRICT SEAL WASHINGTON

DEC 2 9 1987

Karen Steingart, md

KAREN STEINGART, M.D.
DISTRICT HEALTH OFFICER

DSHS 9-641A (11-85)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

BOOK 162 PAGE 52

LAST WILL AND TESTAMENT

OF

ANSIS KAUSKALIS

KNOW ALL MEN BY THESE PRESENTS, that I, ANSIS KAUSKALIS, being of sound and disposing mind and memory and not acting under duress, fraud, menace or undue influence of any person whomsoever, do hereby make, publish and declare this to be my Last Will and Testament, that is to say:

FIRST: I hereby revoke all Wills or Codicils heretofore made by me.

SECOND: I hereby direct that all of my just debts, obligations, expenses of last illness, funeral and burial expenses, costs and expenses of administration, inheritance, income and other taxes, if any, be paid as soon as possible after my demise.

THIRD: All the rest, residue and remainder of my property, whether real, personal or mixed, wheresoever situated, I hereby give, devise and bequeath to my wife, TINCE KAUSKALIS.

FOURTH: In the event my wife predeceases me or we die in a common disaster, or within sixty days of each other, in that event, I give, devise and bequeath all of the real property and house at Skamania Landing, Skamania County, Washington unto my son, JURIS IMANTS KAUSKALIS. All of the rest, residue and remainder of my estate, of whatsoever nature or wheresoever situated, hereafter referred to as my residuary estate, I give, devise and bequeath unto my children, JURIS IMANTS KAUSKALIS, ANITA ILZE RICHARDSON and MARA CHAMBLISS as follows:

JURIS IMANTS KAUSKALIS	one-half interest
ANITA ILZE RICHARDSON	one-fourth interest
MARA CHAMBLISS	one-fourth interest

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

FIFTH: I hereby appoint my said wife, TINCE KAUSKALIS as Personal Representative of this, my Last Will and Testament, to serve without bond. In the event of her death, resignation, disability, or refusal to act, I hereby appoint my daughter, MARA CHAMBLISS as Personal Representative also to serve without bond.

IN WITNESS WHEREOF, I have hereunto set my hand at Portland, Oregon on this 7th day of November, 1972.

Ansis Kauskalis
ANSIS KAUSKALIS

ATTESTED BY:

Janice D. Walker

Ruth E. Tilson

Unofficial Copy

STATE OF OREGON)
) ss
County of Multnomah)

We, the undersigned, being duly sworn, each for myself, say:

On the date of the foregoing Will, in our presence, and [redacted] each of [redacted] KAUSKAT[redacted] declared the same and declared it to be his Will; whereupon, at his request and in his presence, and in the presence of each other, we attested the Will by signing our names thereto.

To the best of my knowledge and belief, the testator was, at that time, of sound mind and over the age of twenty-one years

Keith E. Kaiser

Janice I. Walker

Subscribed and sworn to before me this 7 day of November, 1972.

Saulda Lorenzen
Notary Public for Oregon
My Commission expires: 8-25-75

[redacted]