

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Kulpinski & Lawrence

SEP 7 9 55 AM '90

*P. Lawrence*

GARY C. CON

AFFIDAVIT OF HEIRSHIP

REGARDING

JACK MCKINLEY MARTY

MILDRED L. MARTY, being first duly sworn on oath, deposes and states:

1. I am the surviving spouse of JACK MCKINLEY MARTY. Jack McKinley Marty's Social Security Number was [REDACTED] and he died on the 5th day of December, 1989, being at the time of his death a resident of the County of Santa Cruz, State of California, his residence being located at 3241 Cliffwood Estates in the City of Soquel.

2. JACK MCKINLEY MARTY did not execute a Community Property Agreement or a Last Will and Testament

3. At the date of his death, JACK MCKINLEY MARTY was married to Affiant, Mildred L. Marty, and was survived by four children, all of whom are of legal age, to-wit: DEBRA RENEE AMIN, GEORGE MARCUS MARTY, JAMES JAY MARTY and RANDY RAY MARTY. Except for said four children, decedent had no other children. There are no other legal heirs of said Jack McKinley Marty, living or deceased.

4. The estate of JACK MCKINLEY MARTY includes the following described asset, to-wit:

Real property situated in the County of Skamania, State of Washington, described as follows:

A tract of land located in the Southeast Quarter of the Southwest Quarter of Section 26, Township 3 North, Range 8 East of the Willamette Meridian, described as follows:

Beginning at a point on the East line of the Southwest Quarter of the said Section 26, which point is South 00°11' East 1,390 feet from the Northeast corner of the Southwest Quarter of the said Section 26; thence South 50°49' West 63.2 feet; thence South 38°28' West 123.3 feet; thence South 22°46' East 177 feet; thence South 54°47' West 225.3 feet; thence North 03°52' West 192.5 feet; thence North 69°40' West 90.6 feet to the initial point of the tract hereby described; thence South 72°40' West 212.2 feet; thence south 01°23' East 205.2 feet; thence North 72°40' East 212.2 feet; thence North 01°23' West 205.2 feet to the initial point.

Witness my hand and seal of office this 7th day of September 1990.

all of which became the property of MILDRED L. MARTY immediately upon the death of JACK MCKINLEY MARTY pursuant to the laws of descent and distribution of the State of Washington.

5. Mildred L. Marty has no intention of probating said Estate. There exists an absence of unpaid creditor's claims, and (all known claims of the decedent, including expenses of last illness and funeral, have been heretofore paid or provided for. The property of the decedent is easily identifiable, and all of the persons interested therein have agreed as to the same.

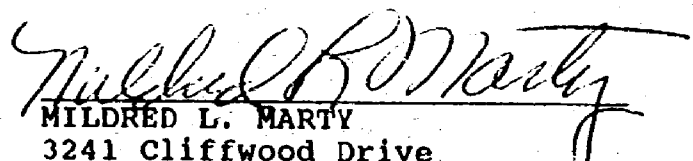
6. More than forty (40) days have elapsed since the date of death of the decedent, JACK MCKINLEY MARTY. No application or petition for appointment of a personal representative is pending or has been granted in any jurisdiction, it being the intent of the heirs of the decedent not to probate said estate by reason of the circumstances enumerated in the preceding paragraph.

7. There is no federal estate tax payable on this estate as said estate is within the amount provided for exemptions with respect to payment of estate tax to the United States Internal Revenue Service, and there is no state inheritance tax payable on this Estate.

8. This Affidavit is made for the purpose of inducing third persons to rely on the contents hereof and the representations made relative to the no-probate estate of said JACK MCKINLEY MARTY, Deceased. Affiant covenants to indemnify and hold harmless anyone relying upon these representations against a contrary state of fact.

9. At the date of this Affidavit, Affiant's legal address is shown beneath her signature.

Dated this 31 day of July, 1990.

  
MILDRED L. MARTY  
3241 Cliffwood Drive  
Soquel, CA 95073

STATE OF CALIFORNIA )  
County of Santa Cruz SS

On this day personally appeared before me MILDRED L. MARTY, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 31<sup>st</sup> day of July, 1990.



Teri Shaw  
Notary Public in and for the  
State of California, residing  
at Santa Cruz.

Commission expires: 3-31-92

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

3-89-44-001499

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR	3. SEX
		JACK		McKINLEY	MARTY	DECEMBER 5, 1989		0245	M
4. RACE		5. SPANISH/Hispanic—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS		IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES	
WHITE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		JUNE 17, 1928		61			
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER	
WV		USA		GEORGE McKINLEY MARTY		WV		MAGGIE LEE HUDSON	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME			
19 TO 19 <input checked="" type="checkbox"/> NONE		234-34-1769		MARRIED		MILDRED LANTZ			
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED	
WELDER		CEMENT		LONE STAR		20		12	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE					
3241 CLIFFWOOD ESTATES		SOQUEL		95073					
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT			
SANTA CRUZ		32		CALIFORNIA		MILDRED MARTY WIFE			
18A. PLACE OF DEATH		18B. IF HOSPITAL SPECIFY ONE IP, ER/OP, DOA		18C. COUNTY		3241 CLIFFWOOD ESTATES			
AT HOME				SANTA CRUZ		SOQUEL, CALIF. 95073			
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		TIME INTERVAL BETWEEN ONSET AND DEATH		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER			
3241 CLIFFWOOD ESTATES		SOQUEL				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. WAS BIOPSY PERFORMED?		24A. WAS AUTOPSY PERFORMED?		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?			
IMMEDIATE CAUSE (A) <i>injury caused by motor vehicle</i>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) <i>injury and brain</i>									
DUE TO (C)									
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.		NO					
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OF TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED			
27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR		DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS					
7/31/89		12/1/89		JAMES ROTH MD 1668 DOMINICAN WAY SANTA CRUZ, CA.					
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED					
29. MANNER OF DEATH—Specify one name, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
				<input type="checkbox"/> YES <input type="checkbox"/> NO					
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO. DAY, YR.		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER	
CREMATION		S.C. MEMORIAL PARK SANTA CRUZ, CA		DEC 6, 1989		NOT EMBALMED		NONE	
36A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE			
WHITE'S MORTUARY		339		<i>Shirley M. [Signature]</i>		DEC 05 1989			

## CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

*Shirley M. [Signature]* Health Officer/  
Local Registrar

SIGNATURE OF CERTIFYING OFFICIAL

OFFICIAL TITLE

County of Santa Cruz

PLACE OF CERTIFICATION

DEC 06 1989

DATE OF CERTIFICATION

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH(REV. 11-1-79) FORM VS-109  
00000-400 5-72 204 ① 007

HEALTH SERVICES AGENCY



LEGAL DOCUMENT  
ONLY WITH COUNTY IMPRESS SEAL



## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

3-89-44-001499

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVING)		2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR 3. SEX	
JACK		DECEMBER 5, 1989 0245 M	
4. RACE		5. SPANISH/Hispanic—SPECIFY	
WHITE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS	
JUNE 17, 1928		61	
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY	
WV		USA	
10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	
GEORGE MCKINLEY MARTY		WV	
11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH	
MAGGIE LEE HUDSON		WV	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.	
19__ TO 19__ <input checked="" type="checkbox"/> NONE		234-34-1769	
14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE IF WIFE. ENTER MAIDEN NAME	
MARRIED		MILDRED LANTZ	
16. USUAL OCCUPATION		17. EDUCATION—YEARS COMPLETED	
WELDER		12	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY	
3241 CLIFFWOOD ESTATES		SOQUEL	
18C. ZIP CODE		18D. COUNTY	
95073		SANTA CRUZ	
18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY	
32		CALIFORNIA	
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	
AT HOME		SANTA CRUZ	
19C. COUNTY		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	
SANTA CRUZ		3241 CLIFFWOOD ESTATES	
19E. CITY		SOQUEL	
20. NAME, RELATIONSHIP, MARITAL ADDRESS AND ZIP CODE OF INFORMANT		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	
MILDRED MARTY WIFE		IMMEDIATE CAUSE <i>lung cancer metastatic to</i>	
3241 CLIFFWOOD ESTATES		DUE TO (B) <i>liver and brain</i>	
SOQUEL, CALIF. 95073		DUE TO (C)	
22. WAS DEATH REPORTED TO CORONER? REPEAL NUMBER		23. WASopsy PERFORMED?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
24A. WAS AUTOPSY PERFORMED?		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21, 22, 23, 24A, 24B, 25A, 25B, 25C, 25D, 25E, 25F, 25G, 25H, 25I, 25J, 25K, 25L, 25M, 25N, 25O, 25P, 25Q, 25R, 25S, 25T, 25U, 25V, 25W, 25X, 25Y, 25Z		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE	
		NO	
27A. DECEASED ATTENDED SINCE DECEASED LAST BEEN ALIVE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	
7/31/89 12/1/89		<i>James Poth MD</i>	
27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED	
614710		12/5/89	
27E. TYPE, ATTENDING PHYSICIAN'S NAME AND ADDRESS		27F. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	
JAMES POTH MD 1668 DOMINICAN WAY SANTA CRUZ, CA.			
27G. DATE SIGNED		27H. DATE SIGNED	
28. MANNER OF DEATH—specify one: natural, homicide, suicide, pending investigation or could not be determined		29. PLACE OF INJURY	
30. INJURY AT WORK		31. DATE OF INJURY	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MONTH, DAY, YEAR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	
CREMATION		S.C. MEMORIAL PARK SANTA CRUZ, CA	
34C. DATE		34D. SIGNATURE OF EMBALMER	
DEC 6, 1989		NOT EMBALMED	
34E. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		34F. LICENSE NO.	
WHITE'S MORTUARY		339	
34G. SIGNATURE OF LOCAL REGISTRAR		34H. REGISTRATION DATE	
<i>Shirley M. Poth</i>		DEC 05 1989	

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This is to certify, that the attached is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

*Shirley M. Poth* Health Officer/  
Local Registrar

SIGNATURE OF CERTIFYING OFFICIAL

OFFICIAL TITLE

County of Santa Cruz

PLACE OF CERTIFICATION

DEC 06 1989

DATE OF CERTIFICATION

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH(REV. 11-1-79) FORM VS-105  
00000-000 2-72 200 ① 067

HEALTH SERVICES AGENCY



RECORDER'S NOTE:  
NOT AN ORIGINAL DOCUMENT

LEGAL DOCUMENT  
ONLY WITH COUNTY IMPRESS SEAL