

Charter Title Corporation

of Skamania County

3020 • Avenue • Suite 104 • Lacey, Washington 98501
(360) 250-1900 • (206) 743-2550 (Penult line)

ORDER NO.

FILED FOR RECORD
SKAMANIA CO. WASH.
BY SKAMANIA CO. TITLE

STATE OF WASHINGTON

AFFIDAVIT
(LACK OF PROBATE)

May 24 1995 PH '95
P. Brown
AUDITOR
GARY M. OLSON

COUNTY OF Clark

Set. 19337

122386

(full name)

BOOK 150 PAGE 105

being first duly sworn, deposes and says:

THAT affiant is the lawful surviving spouse of

Lynne Marie Carroll

who died April 28, 1995,

(date)

(city)

(state)

then being a resident of

Camas

Clark

Wash.

(city)

(state)

THAT affiant has hereinbelow identified each and all of the heirs at law of decedent but not limited to his (her) children, adopted children and the issue of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

THAT the heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

Jim L. Carroll

(full name)

17373

56, Husband

(age) (relationship to decedent)

REAL ESTATE OWNED

(full address)

WV 34 100 (full name)

(age) (relationship to decedent)

PAID EXEMPT

(a)

(full address)

SKAMANIA COUNTY TREASURER

THAT affiant knows of his (her) own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of said 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 up on decedent's estate, if applicable, have been paid in full, except as follows (use reverse side if necessary):

THAT decedent left (a) (no) will, nor during his (her) lifetime did decedent execute, with affiant, a community property survivorship agreement. Affiant states that the total community property of decedent and affiant approximates \$ _____ in current market value, and that the total of decedent's separate property approximates \$ _____.

THAT this affidavit is made solely to induce Charter Title Corporation, hereinafter called "Company", to insure title to real property covered by the Company's order number set forth above, in which decedent held an interest at the time of his (her) death. Affiant urges Company to issue its policy of title insurance in full reliance upon the herein representations.

DATED: April 26, 1995 Jim L. Carroll

(affiant's full name)

278178-77-120-831-425

(full address and telephone number)

Subscribed and sworn to before me

(name)

in and for the STATE OF WASHINGTON, residing at

Camas

Wash.

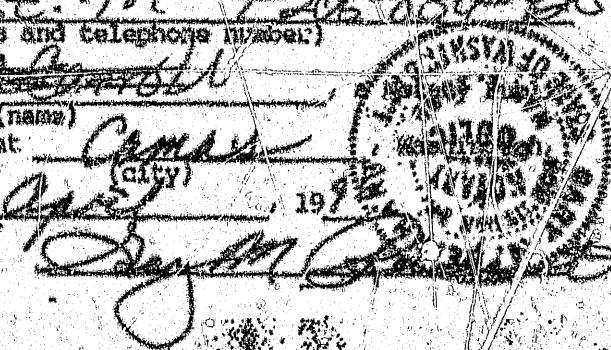
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day of

1995

(date)

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BOOK 150 PAGE 106

P01

617

LOCAL FILE NUMBER

Health
CERTIFICATE OF DEATH

146

STATE/PROVINCE

1. NAME	2. AGE	3. SEX	4. DATE LAST SURVIVED	5. UNTIL 1 YEAR DEATH	6. UNTIL DAY DEATH	7. MEDIUM	8. DATE OF DEATH	9. PLACE OF DEATH	10. CAUSE OF DEATH	11. CITY, TOWN OR LOCALITY OF DEATH	12. STATE/PROVINCE WHERE DEATH OCCURRED	13. COUNTRY OF DEATH	14. DATE OF DEATH	
LYNNE	56	F	4-24-1993	6-24-1993	6-24-1993	CERROLL	6-24-1993	6-24-1993	LYNN, Wm.	27817 NE 7th Street	WA	Clark	4-28-1993	
15. MARITAL STATUS—MARRIED, DIVORCED, SEPARATED, DIVORCED SEPARATED				16. EMPLOYMENT STATUS IN USA AND OVERSEAS				17. OCCUPATION				18. COUNTRY OF DEATH		
Married				Jim L. Carroll				6-24-36-0270				Formerly married to		6
19. USUAL OCCUPATION (Give full & exact name and how long in position) If U.S. citizen, check here				20. FIELD OF BUSINESS OR INDUSTRY				21. NAME OF HOSPITAL, CLINIC, ETC., WHERE DIED				22. PLACE OF BURIAL		
23. PREVIOUS ADDRESS				CARTER Publ. Co. Inc.				24. DATE OF DEATH				25. TIME OF DEATH		
27817 NE 7th Street				Carter				26. STATE				27. ZIP CODE		
28. ALIVE OR DEAD				No				28. LENGTH OF LIFE				29. DEATH CERTIFICATION		
Alvin Englandan								31. VEN. Wm				32. DEATH CERTIFICATION		
33. DEATH CERTIFICATION								33. VEN. Wm				34. DEATH CERTIFICATION		
35. DEATH CERTIFICATION				36. CEMETERY OR BURIAL PLACE				37. GRAVE NUMBER				38. DEATH CERTIFICATION		
39. DEATH CERTIFICATION				38. CEMETERY OR BURIAL PLACE				39. GRAVE NUMBER				40. DEATH CERTIFICATION		
41. DEATH CERTIFICATION				42. DEATH CERTIFICATION				43. DEATH CERTIFICATION				44. DEATH CERTIFICATION		
45. DEATH CERTIFICATION				46. DEATH CERTIFICATION				47. DEATH CERTIFICATION				48. DEATH CERTIFICATION		
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Janet Easanpud MD 700 NE 87th Avenue Vancouver, WA 98604				Janet Easanpud MD 700 NE 87th Avenue Vancouver, WA 98604				Janet Easanpud MD 700 NE 87th Avenue Vancouver, WA 98604				Janet Easanpud MD 700 NE 87th Avenue Vancouver, WA 98604		
53. LIST THE DISEASES, PLAIES, OR COMPLICATIONS WHICH CAUSED THE DEATH														
REASONABLE CAUSE TO SUSPECT PRIMARY CAUSE OF DEATH														
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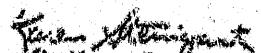
P02

BOOK 150 PAGE 107

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CERTIFIED

MAY 05 1993


Dr. Karen Steingart
Health District Officer
A.W. Wash. Health Dist.

AA24S-21