

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Ray Thompson*

SEP 6 1 43 PM '95

P. Johnson

AUDITOR
GARY M. OLSON

123242

AFFIDAVIT

(Lack of Probate)

STATE OF WASHINGTON)

) ss.

County of Cowlitz)

BOOK 752 PAGE 250

RAY THOMPSON, being first duly sworn on oath, deposes and says:

That Affiant is the lawful surviving spouse of ANN THOMPSON, who died on October 13, 1991, at Emanuel Hospital in Portland, Oregon, then being a resident of Kelso, Cowlitz County, Washington.

Affiant has hereinbelow identified each and all of the heirs at law of decedent, including, but not limited to her children, and issue of any predeceased children; That Affiant has listed below, all of the surviving parents and brothers and sisters of decedent.

HEIRS AT LAW

Name	Age	Relationship	Address
Vicky Turner	Adult	Daughter	118 Lomax Drive Kelso, WA 98626 OR 97229
Tammy Sturm	Adult	Daughter	117 Alpha Drive Longview, WA 98632
Tessy Mairs	Adult	Daughter	381 Zellig Road Kelso, WA 98626
Mark Thompson	Adult	Step-son	1795 Westside Hwy. Kelso, WA 98626
Curt Thompson	Adult	Step-son	410 Bates Road Kelso, WA 98626
Lillian Whistler	Adult	Sister	Creswell, Oregon
Alice Fletcher	Adult	Sister	262 Swigent Road Mossyrock, WA 98564
Velda Nelson	Adult	Sister	151 Rainbow Heights Mossyrock, WA 98564
Marion Workman	Adult	Brother	331 Main East Mossyrock, WA 98564
Wayne Workman	Adult	Brother	P.O. Box 653 Mossyrock, WA 98564

Registered ☒
Indexed ☒
Indirect ☒
Filed ☐
Waived ☐

17605

REAL ESTATE EXCISE TAX


SEP 6 1995
PAID *element*
Ch. DePuy
SKAMANIA COUNTY TREASURER

BOOK 152 PAGE 251

That Affiant knows and 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 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.

That the decedent left no Will, nor during her lifetime did decedent execute a Community Property Agreement with Affiant. Decedent left no separate property. Affiant states that the total community property of the decedent and the Affiant had an approximate value of \$50,000 at the date of death.

Dated Aug - 22 - 1995, 1995.


RAY THOMPSON
189 Rocky Point Road
Kelso, WA 98626

SUBSCRIBED AND SWORN to before me this 23rd day of August, 1995.


Notary Public in and for the
State of Washington
My commission expires 6-1-98.



C-1052
12. 74012OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

BOOK 132 PAGE 25A

132-

State File Number

Local File Number

1. DECEASED'S NAME Ann Layton THOMPSON		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) October 13, 1991																																																							
4. SOCIAL SECURITY NUMBER 532-36-4808		5a. AGE - Last Birthday 29		5b. UNDER 1 Year Days		5c. UNDER 1 Year Hours		5d. UNDER 1 Year Minutes		6. BIRTHPLACE (City and State or Foreign) Kille, Washington		7. DATE OF BIRTH (Month, Day, Year) March 8, 1942																																															
8. US DECEASED EVER ON U.S. ARMY OR FOREST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Prison <input type="checkbox"/> Other (Specify)																																															
10. LOCALITY NAME (If not previously given, give name) Regional Hospital & Health Center												11. CITY, TOWN, OR LOCALITY Portland												12. COUNTY OF DEATH Multnomah																																			
13. OCCUPATION Banquet Captain												14. KIND OF BUSINESS/INDUSTRY Restaurant												15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married												16. SPOUSE'S NAME (Last, First, Middle) Raymond C. Thompson																							
17. RESIDENT - State Washington												18. COUNTY Clatsop												19. CITY, TOWN, OR LOCALITY Kelso												20. STREET AND NUMBER 189 Rocky Point Road																							
21. BIRTH CITY Kille												22. ZIP CODE 98626												23. RACE AND DESCENDENT OF HIS/HER PARENTS (Specify Race or Year - If year, specify (Indian, Mexican, Puerto Rican, etc.) If Not U.S. Born Specify) White												24. RACE AND DESCENDENT OF HIS/HER PARENTS (Specify Race or Year - If year, specify (Indian, Mexican, Puerto Rican, etc.) If Not U.S. Born Specify) White												25. DATE OF DEATH (Month, Day, Year) 8											
26. FATHER'S NAME (Last, First, Middle) George Workman												27. MOTHER'S NAME (Last, First, Middle) Bertha Fruslar												28. SPOUSE'S NAME (Last, First, Middle) Raymond C. Thompson (Spouse)																																			
29. SECTION OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Buried from State <input type="checkbox"/> Other (Specify) Burial												30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Park Hill Crematorium												31. LOCATION - City or Town, State Vancouver, Washington																																			
32. SIGNATURE OF FUNERAL, BURIAL, LICENSEE OR PERSON ACTING AS SUCH Kenneth A. Dahl												33. LICENSE NUMBER 1032												34. NAME, ADDRESS AND ZIP OF FACILITY Dahl's Ditlevsen-Moore Funeral Home 301 Cowitz Way, Kelso, WA 98626																																			
35. DATE FILED (Month, Day, Year) OCT 23 1991												36. SIGNATURE OF REGISTRAR Arthur W. Bloom																																															
37. YES <input type="checkbox"/> NO <input type="checkbox"/> DNA												38. YES <input type="checkbox"/> NO <input type="checkbox"/> DNA																																															
39. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 28. TO THE BEST OF MY KNOWLEDGE, Death occurred at the time, date, place and after the cause(s) and manner of death. (Signature) 30. DATE SIGNED (Month, Day, Year)												40. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH 31b. DATE PHYSICIAN'S DEAD (Month, Day, Year) 12:09 A.M. October 13, 1991 12:09A M. 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) 33. DATE SIGNED (Month, Day, Year) October 23, 1991												34. STATE OF OREGON																																			
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING/MEDICAL EXAMINER (Type at least) Karen Ganson, MD 301 NE Knott Portland, OR 97212												42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type at least)																																															
43. BASED ON CAUSE (ENTER ONLY ONE CAUSE FOR LINE FOR (a), (b), A & B) (If not enter mode of death, e.g. Chronic or Acute, specify) PART I (a) HEAD AND CHEST INJURIES DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.												44. Did tobacco use contribute to the death? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown												45. AUTOPEY <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes												46. If YES, how many deaths occurred in decedent's family in past 7?																							
47. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention												48. DATE OF DEATH October 12, 1991												49. TIME OF DEATH 9:25P M												50. MANNER OF DEATH <input type="checkbox"/> No <input type="checkbox"/> Yes												51. DESCRIBE HOW DEATH OCCURRED Pedestrian struck by pickup truck											
52. PLACE OF DEATH Freeway												53. LOCALITY (Specify and Number) Interstate 5, Kelso, WA (Hwy 3000), Dike Access Road, north Woodland, WA																																															

REGISTERED FOR REGISTRAR'S USE

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENTTHIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

OCT 23 1991

DATE ISSUED

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE