

SCR 17415

Order No.: 17415

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

120119

AFFIDAVIT
(Lack of Probate)

BOOK 144 PAGE 788 Jul 28 4 24 PM '94

P. Lowry
AUDITOR
GARY M. OLSON

STATE OF _____)
COUNTY OF _____)

Linda McGness, being first duly sworn, deposes and says:
1. The undersigned affiant is the children of
Carroll Magness, (relationship to decedent) of
Gladstone, (City) Oregon, (State), who died November 23, 1990, at
Gladstone, (City) Clackamas, (County) Oregon, (State)

Note: A Death Certificate of decedent is attached hereto.

- 2. () Decedent left no last will; or
- (X) Decedent left a last will which has not been probated, and a true copy of which is attached hereto and the same was never revoked;
- OR
- () Decedent left a last will which was probated in _____ County, State of _____, and an authenticated copy of Order admitting will to probate or Decree of Distribution is attached hereto.

3. The heirs at law of decedent, and their ages, relationship to decedent and current address are as follows (including spouse, natural or adopted children, issue of any predeceased child, and surviving parents, brothers and sisters of decedent):

(Full Name)	(Age)	(Relationship)	(Address)	(City)	(State)
<u>Linda McGness</u>	<u>50</u>	<u>Wife</u>	<u>7782 SE Heather Ct</u>	<u>Milwaukie</u>	<u>OR</u>
<u>Nelsey McGness</u>	<u>35</u>	<u>Daughter</u>	<u>11217 S Ik Stevens Rd</u>	<u>Ik Stevens</u>	<u>WA</u>
<u>Shawn McGness</u>	<u>33</u>	<u>Son</u>	<u>5826 143rd St SE</u>	<u>Parrett</u>	<u>WA</u>
<u>Scott McGness</u>	<u>28</u>	<u>Son</u>		<u>Seattle</u>	<u>WA</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. All the debts of the decedent and /or the marital community, including but not limited to, all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:

5. As of the date of death, the value of all community property of decedent was approximately \$ _____, and the value of separate property was approximately \$ _____.

6. This affidavit is made to induce _____ Skamania County Title Company to issue its policies of title insurance on real property passing to the surviving heir(s) in reliance upon the representations hereinabove set forth.

Note: A request to be insured must come from an attorney, and deeds may be recorded from heirs or devisees of decedent.

Dated: 2/3, 1993.

Registered
 Indexed, Dir
 Indirect
 Filmed _____
 Mailed _____

Linda McGness 503-786-4115
(Affiant's full name)
7782 SE Heather Ct
Milwaukie, OR 97222
(Address & telephone number)

Subscribed and sworn to before me this _____ day of _____, 1993.

LAUREL J. HOOD
 NOTARY PUBLIC - STATE OF WASHINGTON
 My Commission Expires May 15, 1995

Notary Public in and for the State of Washington, residing at Vancouver, my appointment expires: 5/15/95

DEC 14 '92 15:47 1-206-4557309

Glenda J. Kimmel, Skamania County Assessor
By: J/L Parcel # 7-6-8-2-2700

16785
REAL ESTATE EXCISE TAX

PAID
JUL 28 1994

SKAMANIA COUNTY TREASURER

P.3

LAST WILL AND TESTAMENT
of
CARROLL EDWIN MAGNESS

KNOW ALL MEN BY THESE PRESENTS: That I, CARROLL EDWIN MAGNESS, being of sound and disposing mind and memory, and not acting under duress, menace, fraud, or undue influence of any person whomsoever, do hereby make, publish and declare this to be my Last Will and Testament, and revoke all former Wills and Codicils.

ARTICLE ONE

I direct that my just debts and funeral expenses be promptly paid. I direct my Personal Representative to treat as an obligation of my estate and to pay, without apportionment thereof, all estate, inheritance or other death taxes or duties imposed and made payable by reason of my death by the laws of the United States, or any state, territory or country and if any person shall pay such tax, my Personal Representative shall reimburse such a person.

ARTICLE TWO

I hereby give, devise, and bequeath all of my estate of all nature whatsoever, wheresoever situate, both real, personal, and mixed to my wife, LINDA JEAN MAGNESS, to be hers absolutely and unconditionally.

ARTICLE THREE BOOK 144 PAGE 790

In the event that my wife shall have predeceased me, I then give, devise and bequeath all of my estate of all nature whatsoever, wheresoever situate, both real personal and mixed to: KELSEY JEAN WILLIAMS, STEVEN BURLEY MAGNESS, SCOTT CARROLL MAGNESS, KIMBERLY JEAN RUNNION, DAWN RENEE WILSON, in equal shares, share and share alike.

ARTICLE FOUR

I hereby nominate and appoint as my Personal Representative of this my Last Will and Testament, my wife, LINDA JEAN MAGNESS. In the event that she is unable or unwilling to serve, I nominate as the alternate Personal Representative, JUDITH BRUNNER, both to serve without bond.

IN WITNESS WHEREOF I hereunto set my hand at Gladstone, Oregon this _____ day of May, 1984.

CARROLL EDWIN MAGNESS, Testator

WITNESSES:

CERTIFICATION OF VITAL RECORD

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C-3408
01819

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

State File Number

DECEASED
CORONER
REGISTRY

1. DECEASED'S NAME: AKA Carroll Edvin Last
Albert Carroll MAGNESS Male 3. DATE OF DEATH (Month, Day, Year)
November 25, 1990

4. SOCIAL SECURITY NUMBER: [REDACTED] 5a. AGE - Last Birthday (Years) 59 5b. Under 1 Year 5c. Under 1 Day 6. BIRTHPLACE (City and State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year)
Miami, Arizona February 2, 1931

8. WAS DECEASED EVER IN U.S. ARMED FORCES? No Yes 9a. PLACE OF DEATH (Check only one)
 Hospital Inpatient Outpatient DCA Other Nursing Home Decedent's Home Other (Specify)

9b. FACILITY NAME (If at institution, give street and number) 9c. CITY, TOWN, OR LOCATION OF DEATH 9d. COUNTY OF DEATH
6950 Winfield Court Gladstone Clackamas

10. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) 10a. KIND OF BUSINESS/INDUSTRY 11. MARRIAGE STATUS - Married, Never Married, Widowed, Divorced (Specify) 12. SPOUSE (If Married, Widowed)
Buyer Goldsmith Company Married Linda Magness

13a. RESIDENCE - STATE 13b. COUNTY 13c. CITY, TOWN, OR LOCATION 13d. STREET AND NUMBER
Oregon Clackamas Gladstone 6950 Winfield Court

14a. WIFE CITY (Last 5) 14b. ZIP CODE 14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes 15. RACE American Indian, Black, White, etc. (Specify) 16. DECEASED'S EDUCATION (Specify only highest grade completed)
White 10th Elementary/Secondary (9-12) College (1-4 or 5+)

17. FATHER - NAME last middle first 18. MOTHER - NAME last middle middle 19. SPOUSE - NAME and relationship to decedent
E. Magness Rena Linda Magness - Wife

20a. METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20c. LOCATION - City or Town, State
Portland Memorial Crematory Portland, Oregon

21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 21a. LICENSE NUMBER (If Applicable) 22. NAME, ADDRESS AND ZIP OF FACILITY
Donald R. Crabtree 47 3098 Pease Memorial Chapel
1925 SE Scott Street
Milwaukie, Oregon 97222

23. DATE FILED (Month, Day, Year) 24. REGISTRAR'S SIGNATURE
NOV 28 1990

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES NO N/A 26. WAS GIFT MADE? YES NO N/A

27. TIME OF DEATH 28. WHO MEDICAL EXAMINER NOTIFIED?
1:05 PM No Yes

29. On the basis of my knowledge, death occurred at the time, date, place and cause to the coroner and registrar.

30. On the basis of observation and/or investigation, in my opinion death occurred at the time, date, place and cause to the coroner and registrar.

31. DATE DECEASED (Month, Day, Year) 32. COUNTY
Nov 26 1990

34. NAME, TITLE, ADDRESS AND ZIP OF CORONER/MEDICAL EXAMINER (Last or First)
Dr. Peter Kane M.D. 510 N.E. 49th Suite #421 Portland, OR 97213

35. NAME OF ATTESTING PHYSICIAN (Last or First)

36. I HEREBY CERTIFY THAT THE CAUSE AND TIME FOR (a) (b) AND (c) DO NOT MEET THE CRITERIA OF (d) OR (e) OR (f) OR (g) OR (h) OR (i) OR (j) OR (k) OR (l) OR (m) OR (n) OR (o) OR (p) OR (q) OR (r) OR (s) OR (t) OR (u) OR (v) OR (w) OR (x) OR (y) OR (z) OR (aa) OR (ab) OR (ac) OR (ad) OR (ae) OR (af) OR (ag) OR (ah) OR (ai) OR (aj) OR (ak) OR (al) OR (am) OR (an) OR (ao) OR (ap) OR (aq) OR (ar) OR (as) OR (at) OR (au) OR (av) OR (aw) OR (ax) OR (ay) OR (az) OR (ba) OR (bb) OR (bc) OR (bd) OR (be) OR (bf) OR (bg) OR (bh) OR (bi) OR (bj) OR (bk) OR (bl) OR (bm) OR (bn) OR (bo) OR (bp) OR (bq) OR (br) OR (bs) OR (bt) OR (bu) OR (bv) OR (bw) OR (bx) OR (by) OR (bz) OR (ca) OR (cb) OR (cc) OR (cd) OR (ce) OR (cf) OR (cg) OR (ch) OR (ci) OR (cj) OR (ck) OR (cl) OR (cm) OR (cn) OR (co) OR (cp) OR (cq) OR (cr) OR (cs) OR (ct) OR (cu) OR (cv) OR (cw) OR (cx) OR (cy) OR (cz) OR (da) OR (db) OR (dc) OR (dd) OR (de) OR (df) OR (dg) OR (dh) OR (di) OR (dj) OR (dk) OR (dl) OR (dm) OR (dn) OR (do) OR (dp) 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OR (sb) OR (sc) OR (sd) OR (se) OR (sf) OR (sg) OR (sh) OR (si) OR (sj) OR (sk) OR (sl) OR (sm) OR (sn) OR (so) OR (sp) OR (sq) OR (sr) OR (ss) OR (st) OR (su) OR (sv) OR (sw) OR (sx) OR (sy) OR (sz) OR (ta) OR (tb) OR (tc) OR (td) OR (te) OR (tf) OR (tg) OR (th) OR (ti) OR (tj) OR (tk) OR (tl) OR (tm) OR (tn) OR (to) OR (tp) OR (tq) OR (tr) OR (ts) OR (tt) OR (tu) OR (tv) OR (tw) OR (tx) OR (ty) OR (tz) OR (ua) OR (ub) OR (uc) OR (ud) OR (ue) OR (uf) OR (ug) OR (uh) OR (ui) OR (uj) OR (uk) OR (ul) OR (um) OR (un) OR (uo) OR (up) OR (uq) OR (ur) OR (us) OR (ut) OR (uu) OR (uv) OR (uw) OR (ux) OR (uy) OR (uz) OR (va) OR (vb) OR (vc) OR (vd) OR (ve) OR (vf) OR (vg) OR (vh) OR (vi) OR (vj) OR (vk) OR (vl) OR (vm) OR (vn) OR (vo) OR (vp) OR (vq) OR (vr) OR (vs) OR (vt) OR (vu) OR (vv) OR (vw) OR (vx) OR (vy) OR (vz) OR (wa) OR (wb) OR (wc) OR (wd) OR (we) OR (wf) OR (wg) OR (wh) OR (wi) OR (wj) OR (wk) OR (wl) OR (wm) OR (wn) OR (wo) OR (wp) OR (wq) OR (wr) OR (ws) OR (wt) OR (wu) OR (wv) OR (ww) OR (wx) OR (wy) OR (wz) OR (xa) OR (xb) OR (xc) OR (xd) OR (xe) OR (xf) OR (xg) OR (xh) OR (xi) OR (xj) OR (xk) OR (xl) OR (xm) OR (xn) OR (xo) OR (xp) OR (xq) OR (xr) OR (xs) OR (xt) OR (xu) OR (xv) OR (xw) OR (xx) OR (xy) OR (xz) OR (ya) OR (yb) OR (yc) OR (yd) OR (ye) OR (yf) OR (yg) OR (yh) OR (yi) OR (yj) OR (yk) OR (yl) OR (ym) OR (yn) OR (yo) OR (yp) OR (yq) OR (yr) OR (ys) OR (yt) OR (yu) OR (yv) OR (yw) OR (yx) OR (yy) OR (yz) OR (za) OR (zb) OR (zc) OR (zd) OR (ze) OR (zf) OR (zg) OR (zh) OR (zi) OR (zj) OR (zk) OR (zl) OR (zm) OR (zn) OR (zo) OR (zp) OR (zq) OR (zr) OR (zs) OR (zt) OR (zu) OR (zv) OR (zw) OR (zx) OR (zy) OR (zz)

37. Did following conditions exist at the death? 38. APPROPRIATE? 39. If YES were findings considered in determining cause of death?
 No Yes Partially Not Yes No Yes No Not

40. NUMBER OF DEATHS 41a. DATE OF DEATH (Month, Day, Year) 41b. TIME OF DEATH 41c. DEATH AT HOME 41d. OCCURRENCE WHEN DEATH OCCURRED
 Natural Pending Investigation Unknown Legal Intervention Suspected Homicide

42. PLACE OF DEATH - (If home, give street, factory, office building, etc. (Specify)) 43. LAST KNOWN ADDRESS (If different from above, give street, factory, office building, etc. (Specify))

RECORDER'S NOTE:
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DEC 14 1990

THOMAS M. THOMAS
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

DATE ISSUED

