

Charter Title Corporation

of Snohomish County

3020 Rucker Avenue • Suite 104 • Everett, Washington 98201
(206) 259-4900 • (206) 713-2550 (toll-free line)

ORDER NO.

AFFIDAVIT
(LACK OF PROBATE)

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

MAY 24 1 22 PM '95
P. Lowry
AUDITOR
GARY H. OLSON

STATE OF WASHINGTON

COUNTY OF Clallam

Set 19337

122386

(full name)

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being first duly sworn, deposes and says:

THAT affiant is the lawful surviving spouse of Lynne Marie Carroll

(full name)

who died April 28th

(date)

1993

at Cammish

(city)

WA

(state)

then being a resident of Cammish

(city)

Clallam

(county)

WA

(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)

56

(age)

Husband

(relationship to decedent)

17373

REAL ESTATE EXCISE TAX

(full address)

MAY 24 1995

(full name)

(age)

(relationship to decedent)

PAID Exempt

Jim

(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)

27817 SE. 7th

(full address and telephone number)

Subscribed and sworn to before me Jim L. Carroll

(name)

in and for the STATE OF WASHINGTON, residing at Cammish

(city)

29th

(date)

day of April

1995

Indorsed ☒
Indirect ☒
Filed ☒
Noted ☒



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

617
LOCAL FILE NUMBER

1. NAME First Middle Last LYONS Marie CARROLL		2. SEX (M / F) F	3. DEATH DATE (Mo. Day Yr.) 4-28-1993
4. AGE LAST BIRTHDAY (Yrs.) 52	5. UNDER 1 YEAR a. UNDER 1 DAY b. UNDER 1 YEAR 8-24-1940	6. BIRTHPLACE (City, State or Foreign Country) Seattle, Wa.	7. TIME DECEASED OVER IN U.S. ARMED FORCES? (Yes / No) No
8. COUNTY OF DEATH Clark		9. SHOWING BY LAST 10 YEARS? (Yes / No) No	
11. CITY, TOWN OR LOCATION OF DEATH Canas		12. PLACE OF DEATH—If not for place where death occurred on certificate, state: a. HOME b. HOSPITAL c. NURSING HOME d. OTHER PLACE 27817 SE 7th Street	
13. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	14. SURVIVING SPOUSE (If wife, give maiden name) Married Jim L. Carroll	15. SOCIAL SECURITY NO. [REDACTED]	16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) _____ College (1-4 or 5-6) _____ 6
17. USUAL OCCUPATION (Give kind of work done during year of working. Do not use retired) School Teacher	18. KIND OF BUSINESS OR INDUSTRY Canas Public Schools	19. THIS DECEASED AT HOSPITAL SIGN OR REPORT? (Ambulatory) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify _____ No	20. RACE (Specify) White
21. RESIDENCE—Address and City 27817 SE 7th Street Canas	22. CITY/TOWN OR LOCATION OF DEATH Canas	23. LENGTH OF RES. IN CO. 31 Yrs.	24. STATE Wa.
25. AUTHORITY FOR DEATH Alvin Engleson		26. CITY OR TOWN Canas	
27. NAME OF DECEASED Jim L. Carroll		28. ADDRESS OF DECEASED 27817 SE 7th Street Canas, Wa 98607	
29. BURIAL, CREMATION, REINTERMENT, OTHER DISPOSITION Cremation	30. DATE (Mo. Day Yr.) May 3, 1993	31. CEMETERY OR PLACE OF INTERMENT Park Hill Cemetery	32. LOCATION—CITY/TOWN, STATE Vancouver, Washington
33. SIGNATURE OF DECEASED Ronald Brown		34. NAME OF FACILITY Brown's Funeral Home	
35. ADDRESS OF FACILITY Canas, Wa 98607		36. ADDRESS OF FACILITY Canas, Wa 98607	
37. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN a. TO THE BODY OF THE DECEASED, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE STATED SIGNATURE AND TITLE Janet Rosenmund MD		38. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER a. ON THE BASIS OF INVESTIGATION AND/OR INSPECTION, IN MY OFFICIAL CAPACITY OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE STATED SIGNATURE AND TITLE [REDACTED]	
39. DATE SIGNED (Mo. Day Yr.) 4-29-93	40. HOUR OF DEATH (Mo. Day Yr.) 11:55	41. DATE SIGNED (Mo. Day Yr.) [REDACTED]	42. HOUR OF DEATH (Mo. Day Yr.) [REDACTED]
43. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN Janet Rosenmund MD 700 NE 87th Avenue VANCOUVER, Wa 98664		44. HOUR PROMULGATED DEATH (Mo. Day Yr.) [REDACTED]	
45. NAME AND ADDRESS OF CORONER—PERSONAL, MEDICAL EXAMINER OR OTHER (If not, then by law) Janet Rosenmund MD 700 NE 87th Avenue VANCOUVER, Wa 98664		46. MEDICARE FILE NUMBER [REDACTED]	
47. ENTER THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED THE DEATH Metastatic Adenocarcinoma Unknown Primary months			
48. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT MENTIONED IN THE PREVIOUS TWO CASES GIVEN ABOVE Multiple bone metastasis		49. THIS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
50. AGE, SEX, RACE, ETHNIC ORIGIN, OR FOREIGN BIRTH STATUS	51. PLACED OF BIRTH (Mo. Day Yr.) [REDACTED]	52. HOUR OF BIRTH (Mo. Day Yr.) [REDACTED]	53. DATE DECEASED (Mo. Day Yr.) [REDACTED]
54. PLACE AT WHICH (Yes / No) [REDACTED]	55. PLACE OF BIRTH—AT HOME, FROM, BIRTH (Yes / No) [REDACTED]	56. DATE DECEASED (Mo. Day Yr.) [REDACTED]	
57. SIGNATURE OF DECEASED (If not, then by law) [REDACTED]		58. DATE DECEASED (Mo. Day Yr.) [REDACTED]	



MAY 03 1993

04-17-95 08:50AM FROM PARAGON

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Unofficial Copy

CERTIFIED

MAY 05 1993

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

AA249311