Charter Title Corporation

of Snohomish County

3020 Rucker Avenue • Suite 104 • Everett, Washington 98201
(206) 259-4900 • (206) 743-2550 (Seattle 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)
) ss
COUNTY OF Clark)

Sept 1933 Jim L Carroll
(full name)

122386

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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), 19 95, at Camas (city), WA (state),

then being a resident of Camas (city), Clark (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

_____ (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, 19 95 Jim L. Carroll
(affiants full name)

17817 SE 7th Dr 206-834-4[illegible]
(full address and telephone number)

Subscribed and sworn to before me [illegible] (name),

in and for the STATE OF WASHINGTON, residing at Camas (city),

29th (date) day of April, 19 95

Signature ✓
Indexed, Dir ✓
Indirect ✓
Filmed
Mailed

5-24-95

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

CERTIFICATE OF DEATH

617 LOCAL FILE NUMBER — 146 STATE FILE NUMBER

Field	Entry
1. Name (First, Middle, Last)	Lynne Marie CARROLL
2. Sex	F
3. Death Date	4-28-1993
4. Age Last Birthday	52
7. Birthdate	8-24-1940
8. Birthplace	Seattle, Wa.
9. Was decedent ever in U.S. Armed Forces?	No
10. County of Death	Clark
11. City, Town or Location of Death	Camas
12. Place of Death / Address	27817 SE 7th Street
13. Inside City Limits	No
14. Marital Status	Married
15. Surviving Spouse	Jim L. Carroll
16. Social Security No.	[redacted]
17. Decedent's Education	6
18. Usual Occupation	School Teacher
19. Kind of Business or Industry	Camas Public Schools
20. Hispanic Origin	No
21. Race	White
22. Residence — Number and Street	27817 SE 7th Street
City/Town	Camas
Inside City Limits	No
County	Clark
Length of Stay in County	31 Yrs.
State	Wa
Zip Code	98607
Father's Name	Alvin Engleman
Mother's Name	Unknown
Informant — Name	Jim L. Carroll
Mailing Address	27817 SE 7th Street Camas, Wa 98607
Burial, Cremation, Removal, Other	Cremation
Date	May 3, 1993
Cemetery or Crematory — Name	Park Hill Crematory
Location	Vancouver, Washington
Funeral Director Signature	Ronald Brown
Name of Facility	Brown's Funeral Home
Address of Facility	Camas, Wa 98607

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

To the best of my knowledge, death occurred at the time, date and place and was due to the causes stated.

Signature and Title: Janet R Hosenpud MD

Date Signed: 4-29-93

Hour of Death: 1155

Name and Address of Certifier: Janet Hosenpud MD 700 NE 87th Avenue Vancouver, Wa 98664

Enter the diseases, injuries, or complications which caused the death.

Immediate Cause: a. Metastatic Adenocarcinoma Unknown Primary — months

Other significant conditions: Multiple bone metastasis

Autopsy: No

Was case referred to medical examiner or coroner: Yes

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

Date Received: MAY 03 1993

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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CERTIFIED

MAY 05 1993

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

AA249311