

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



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146

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

9 122717
LOCAL FILE NUMBER

STATE FILE NUMBER

1. NAME First: James, Middle: Joseph, Last: REILLY				2. SEX (M / F) Male		3. BIRTH DATE (Mo, Day, Yr) April 19, 1995	
4. AGE LAST BIRTHDAY (Yrs) 75		5. UNDER 1 YEAR AGE		6. UNDER 1 DAY AGE		7. BIRTH DATE (Mo, Day, Yr) Oct. 11, 1919	
8. BIRTH PLACE (City, State or Foreign Country) Philadelphia, PA.				9. WAS DECEDENT BORN IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF BIRTH Skamania	
11. CITY, TOWN OR LOCALITY OF BIRTH Carson				12. PLACE OF DEATH—SEE FOR PLACE WHEN ONE ADDRESS OR DESCRIPTION NAME 19 Metzger Rd.			
13. DECEASED IN LAST 15 YEARS? (Yes / No) No							
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Florence West		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEASED'S EDUCATION (Specify only highest grade completed) 10	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Supervisor		19. KIND OF BUSINESS OR INDUSTRY Meat Packing Co.		20. WAS DECEDENT OF Hispanic, Latin or American? (Specify) (Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 19 Metzger Rd.		23. CITY/TOWN OR LOCALITY Carson		24. BRIDGE CITY LISTED (Yes / No) Yes		25. COUNTY Skamania	
26. LENGTH OF RES IN CO. 10 Yrs.		27. STATE Wa.		28. ZIP CODE 98610			
29. PRESENT HOME—FIRST, MIDDLE, LAST Joseph Reilly				30. MOTHER'S NAME—FIRST, MIDDLE, LAST Catherine Mullen			
31. SPOUSE—NAME Florence E. Reilly				32. Mailing Address P.O. Box 824 Carson, Washington 98610			
33. DATE OF BIRTH (Mo, Day, Yr) 4-24-1995		34. CEMETERY—NAME St. Mary's Catholic Cemetery		35. LOCATION—CITY/TOWN, STATE Hood River, Oregon		36. ADDRESS OF FACILITY 1401 Belmont Rd. Hood River, Oregon 97031	
37. NAME OF FACILITY Anderson Funeral Home							
TO BE COMPLETED ONLY BY PHYSICIAN OR OTHER PERSON							
38. TO WHOM DEATH OCCURRED? (Specify) MD				39. ON THE BASIS OF EXAMINATION AND/OR INFORMATION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) LISTED [REDACTED]			
40. DATE DECEASED (Mo, Day, Yr) 4/21/95		41. HOUR OF DEATH (Mo, Day, Yr) 8:55 P.M.		42. DATE DECEASED (Mo, Day, Yr)		43. HOUR OF DEATH (Mo, Day, Yr)	
44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CORPSE (Type or Print) Gary Royalbuto MD., 1410 May Street Hood River, Oregon 97031				45. PHYSICIAN'S DEAD (Mo, Day, Yr)		46. HOUR PHYSICIAN'S DEAD (Mo, Day, Yr)	
47. DATE AND ADDRESS OF CORPSE—FACILITY, MEDICAL SUPPLY OR OTHER (Type or Print)				48. PHYSICIAN'S DEAD (Mo, Day, Yr)		49. HOUR PHYSICIAN'S DEAD (Mo, Day, Yr)	
50. ENTER THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED THE DEATH							
51. CAUSE OF DEATH (List cause or condition) A. Anyotrophic Lateral Sclerosis		52. DUE TO, OR AS A CONSEQUENCE OF		53. DUE TO, OR AS A CONSEQUENCE OF		54. DUE TO, OR AS A CONSEQUENCE OF	
55. DUE TO, OR AS A CONSEQUENCE OF		56. DUE TO, OR AS A CONSEQUENCE OF		57. DUE TO, OR AS A CONSEQUENCE OF		58. DUE TO, OR AS A CONSEQUENCE OF	
59. OTHER SIGNIFICANT COMMENTS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE OF DEATH							
60. AEC SPECIAL AGENT, INVESTIGATOR (Specify) No		61. BIRTH DATE (Mo, Day, Yr)		62. HOUR OF DEATH (Mo, Day, Yr)		63. DATE OF DEATH (Mo, Day, Yr)	
64. PLACE OF BIRTH—AT HOME, ABROAD, OR OTHER (Specify) [REDACTED]		65. DATE OF BIRTH (Mo, Day, Yr)		66. HOUR OF BIRTH (Mo, Day, Yr)		67. DATE OF BIRTH (Mo, Day, Yr)	
68. DATE OF DEATH (Mo, Day, Yr) 04/25/95		69. HOUR OF DEATH (Mo, Day, Yr)		70. DATE OF DEATH (Mo, Day, Yr)		71. HOUR OF DEATH (Mo, Day, Yr)	



APR 26 1995

Dr. Karen Stangert
Health District Officer
S.W. Wash. Health Dist
BB472359

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON)
COUNTY OF Skamania)

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I, Patricia A. Moore, residing at Skamania County, Washington, first being duly sworn, depose and say that:

1. James Joseph Reilly died testate in Carson, Washington,
on April 19, 1995, 19 .

2. At the time of his/her death, _____ was a widow/widower. His/Her spouse, _____, died in _____, on _____, 19____.

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of James J. Reilly are Patricia A. Moore and Daniel J. Reilly

The deceased, James J. Reilly, left no children or children of children who predeceased him/her other than those named herein.

4. The expenses of the last illness and burial of James J. Reilly
and all other claims against the decedent's estate have
been settled and paid.

5. There are no Federal Estate taxes due or Washington inheritance taxes due.

6. The purpose of this affidavit is to induce Skamania County Title Company to accept such affidavit in forebearance of a demand made by said title insurance company to probate the decedent's estate.

7. At the time of decedent's death, decedent owned property in Skamania County, located at 191 Matagar Rd., Carson, WA, and described as Lot 1 of the R.L. Harrington Short Plat recorded in Book 3 of Short Plats, Page 3, Skamania County Records

8. I, by my signature hereto, agree to indemnify and hold harmless Skamania County Title Company from any and all liability, obligations, expenses, legal fees or litigation costs which it may incur as a result of a falsity or inaccuracy of any statement contained in this affidavit.

DATED this 7th day of JULY, 1995.

DEPOSED and SWORN TO before me this 7th day of JULY, 1995.

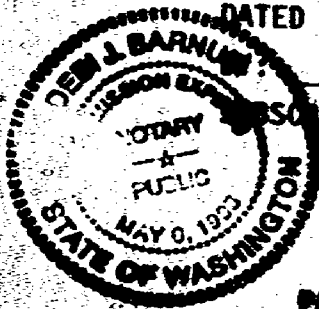
REAL ESTATE LICENSING TAX

JUL 07 1985

PAID Exempt

SEAMASIA COUNTY TREASURER

Deb. J. Barnum DEBI J. BARNUM
NOTARY PUBLIC FOR WASHINGTON
MY COMMISSION EXPIRES: MAY 6, 1998



17468

Last Will and Testament

of

JAMES J. REILLY

I, JAMES J. REILLY, of Carson, Washington, born in Philadelphia, Pennsylvania, on October 11, 1919, having Social Security No. 201-10-9086, and now a resident of Skamania County Washington, publish and declare this to be my Last Will and Testament and revoke all prior wills and codicils:

I.

I intend by this Will to dispose of my separate property, my share of my spouse's and my community property, and that portion of our quasi-community property over which I have the power of disposition. I hereby confirm to my spouse my spouse's interest in our community property and my spouse's expectant interest in any community property that I may own.

II.

I direct that my legal 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 all estate, inheritance or other taxes made payable by reason of my death.

III.

I state that my wife is FLORENCE E. REILLY, and that we have two living children, namely:

PATRICIA A. MOORE,	born December 24, 1949
DANIEL J. REILLY,	born October 7, 1951

IV.

Having full faith and confidence that my wife will make adequate provision and care for our children living at the time of my death, I give, devise and bequeath to my wife, FLORENCE E. REILLY, if she survives me, all of my estate and all property over which I have any power of disposition by will at my death.

Signed For Identification:

James J. Reilly

Last Will and Testament

Page 1

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

including any interest I may have in any separate property, of whatsoever nature and wheresoever located, as well as all of my interest in our community property and quasi-community property.

V.

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If my wife fails to survive me, then I give, devise and bequeath all of my estate and all property over which I have any power of disposition by will to my children, in equal shares, and if either of my children shall predecease me, their share shall pass to their then-living issue, by representation. If they leave no living issue, their share shall be divided equally among my surviving child or his or her then-living issue, by representation.

VI.

I appoint my daughter, PATRICIA A. MOORE, of Stevenson, Washington, as personal representative of this, my last will and testament, to serve without bond, but if she is deceased, or unable or unwilling to serve, or resigns or dies after qualifying, I appoint my son, DANIEL J. REILLY, as alternate personal representative, likewise to serve without bond. The words "personal representative" refer to executor or executrix, as the case may be.

VII.

I direct that my estate be settled in the manner provided for herein. I give my personal representative full power to administer this Will and my estate without the intervention of the court, it being my intention to avail myself of the provisions of the non-intervention will statutes of the State of Washington. My personal representative shall have full power after the entry of an order of solvency to alienate, mortgage, pledge, lease, sell, exchange, manage and convey the real and personal property disposed of by this Will, and to borrow money, with or without security, without an order of the court, and without notice, approval or confirmation and whether or not the same is necessary for the administration of my estate. These nonintervention powers shall be unrestricted.

Signed for Identification

James J. Reilly

AFFIDAVIT

We, MAE E. JAKUES and JAY F. SHERKED, the witnesses whose names are signed to the attached or foregoing instrument, being sworn, do declare that we are of legal age and are competent, that the foregoing instrument was signed, published and declared by the Testator as his Last Will and Testament, in the presence of the witnesses, who at his request and in his presence, and in the presence of each other, have subscribed our names to this instrument as attesting witnesses on the day and year last written; and that the Testator executed the foregoing instrument as his free and voluntary act for the purposes therein expressed; and that to the best of our knowledge, opinion and belief the Testator was of legal age, of sound and disposing memory and acted freely without duress or undue influence.

Mae E. Jakues Address: Hood River OR

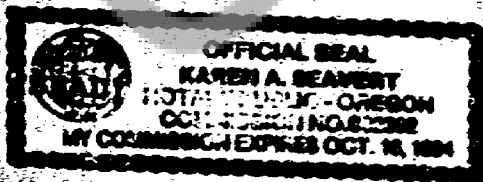
Jay F. Sherked Address: Hood River OR

STATE OF OREGON

County of Hood River

ss.

Subscribed and sworn to before me by MAE E. JAKUES and JAY F. SHERKED, witnesses, this 32nd day of AUGUST, 1993.



Karen A. Beavert
Notary Public for Oregon

My Commission expires: 10-10-94

Signed For Identification: James J. Reilly

Last Will and Testament

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THIS WILL is signed by me at Hood River, Oregon, this
30th day of August, 1993, in the presence of the
attesting witnesses whom I have requested to sign as such.

James J. Reilly
JAMES J. REILLY, Testator

THIS IS TO CERTIFY that the foregoing instrument
consisting of this and three (3) other pages, was on the date
thereof, by the Testator, JAMES J. REILLY, signed, published, and
declared by him to be his Last Will and Testament in the presence
of us and each of us, who, in his presence and at his request and
in the presence of each other have hereunto subscribed our names as
witnesses thereto:

Mac E. Jaquez Residing at: Hood River, OR

John J. Monard Residing at: Hood River, OR