122896

LACK OF PROBATE AFFIDAVIT BOOK 151 PAGE 381
(SEPARATE PROPERTY)

STATE OF Washington)
) SS.:
COUNTY OF Skamania)

Order No.: _____
County : _____

John E Rice and Walter W. Rice, being first duly sworn, on oath depose and say:

That affiant is the lawful surviving spouse ___ surviving child ___, other (identify) Brothers. of Margaret R Battaglia who died on Oct. 10, 1994, at Issaquah, County of Clackamas, State of Oregon, then being a resident of King City County of Washington State of Oregon. A copy of the death certificate is attached hereto.

That affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to 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 the decedent are (list all of the heirs at law, using the reverse side or attaching a list if necessary):

1. Sheryl Erickson Daughter
   Address: 7990 SW. Valley View Ct.
   Portland, OR 97225
2. Charles Battaglia Son
   Address: 29122 S.E. Church Rd.
   Boring, OR. 97009.

That affiant knows of his (her) own knowledge, and so states, that each and all of the obligations 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 upon decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary):

FILED FOR RECORD
SKAMANIA CO. WASH
BY John Rice

Jul 27 11 30 AM '95

D. Lowry
AUDITOR
GARY H. OLSON

17505
REAL ESTATE EXCISE TAX

JUL 27 1995

PAID _____
SKAMANIA COUNTY TREASURER

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filed
Mailed

LACK OF PROBATE AFFIDAVIT
PAGE 1

(OVER)

Gary H. Olson, Skamania County Assessor
Date 7/27/95 Parcel # 1-5-9-401

Tina Miller DAughter.
1990 SW Valley View CT.
Portland, OR. 97225

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CHECK WHICH APPLIES:

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✓ That the decedent left no Will.

_____ That the decedent left a Will, a copy of which is attached hereto.

_____ That the decedent's estate is not being probated.

_____ That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under No. _____.

_____ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.

_____ That State and/or Federal succession or inheritance taxes in the amount of $ _____ have been paid. Copies of the release/discharge is attached hereto.

_____ That State and/or Federal succession or inheritance taxes are due, but have not been paid.

_____ That all creditor's claims against the estate of the decedent have been paid.

That the value of the decedent's estate at date of death, including all real and personal property, was approximately $_____, including the value of community property of decedent and decedent's surviving spouse of approximately $ _____, and including the value of decedent's separate property of approximately $ _____.

This affidavit is made to induce _____ TITLE INSURANCE COMPANY to insure 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 representations set forth herein.

DATED: 7-19-95

John E. Rice
(Affiant's full name)
John E Rice
Walter W. Rice
Walter W. Rice

3111 SE 120th Ave
Portland OR 97266
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 19th day of July, 1995.

Peggy B Lowry
Notary Public in and for the State of Washington

PEGGY B. LOWRY
STATE OF WASHINGTON
NOTARY —•— PUBLIC
MY COMMISSION EXPIRES 3-09-99

CERTIFICATION OF VITAL RECORD

016.93 — CENTER FOR HEALTH STATISTICS — 136

CERTIFICATE OF DEATH

1 DECEDENT'S NAME: Margaret Ruth BATTAGLIA | 2 SEX: Female | 3 DATE OF DEATH: October 10, 1994

4 SOCIAL SECURITY NUMBER: [redacted] | 5a AGE: 68 | 5b BIRTHPLACE: Portland, Oregon | 6 DATE OF BIRTH: April 4, 1926

DECEDENT

7 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

8a PLACE OF DEATH: ☒ Hospital ☐ Dead on Arrival ☐ Other

8b FACILITY NAME: Meridian Park Hospital | 8c CITY, TOWN OR LOCATION: Tualatin | 8d COUNTY OF DEATH: Clackamas

9a DECEDENT'S USUAL OCCUPATION: Inspector | 9b KIND OF BUSINESS/INDUSTRY: Onark Industries | 10 MARITAL STATUS: Divorced | 11 SURVIVING SPOUSE: -

12a RESIDENCE - STATE: Oregon | 12b COUNTY: Washington | 12c CITY, TOWN OR LOCATION: King City | 12d STREET AND NUMBER: 16485 S.W. Pacific Highway

12e INSIDE CITY LIMITS? ☒ Yes ☐ No | 12f ZIP CODE: 97224 | 13 WAS DECEDENT OF HISPANIC ORIGIN? ☐ No ☐ Yes | 14 RACE: White | 15 DECEDENT'S EDUCATION: 12

PARENTS

16 FATHER - NAME: John Rice | 17 MOTHER - NAME: Ruth Johnson | 18 INFORMANT - NAME AND RELATIONSHIP: Shirley Erickson - Daughter

DISPOSITION

19a METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other

19b PLACE OF DISPOSITION: Central Crematory | 19c LOCATION: Portland, OR.

REGISTRAR

20a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature] | 20b LICENSE NUMBER: 3455 | 21 NAME, ADDRESS AND ZIP OF FACILITY: Rose City Cemetery and Funeral Home 5625 NE Fremont Portland, OR. 97213

22 DATE FILED: OCT 20 1994 | 23 REGISTRAR'S SIGNATURE: Mozelle A Thompson

24 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ Yes ☒ No ☐ N/A

25 WAS GIFT MADE? ☐ Yes ☐ No ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

26 TIME OF DEATH: 12:08 PM | 27 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

28 To the best of my knowledge death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature]

29 DATE SIGNED: October 18, 1994

30 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Andrew Cramer M.D. 605 High Street Oregon City, Oregon 97045

31 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH | 31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)

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 | COUNTY

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

PART I
34a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) Do not enter modes of dying, e.g. Cardiac or Respiratory Arrest: Intraabdominal Sepsis — Interval between onset and death: 8 weeks
DUE TO, OR AS A CONSEQUENCE OF:
34b Mesenteric Ischemia and breakdown of enteric anastomoses — Interval between onset and death: 8 weeks
DUE TO, OR AS A CONSEQUENCE OF:
34c Repair of colovaginal fistula — Interval between onset and death:

PART II
35 OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I

36 Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown

37 AUTOPSY: ☐ Yes ☒ No

38 Were autopsy findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

39 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention

40a DATE OF INJURY (Month, Day, Year) | 40b TIME OF INJURY | 40c INJURY AT WORK? ☐ Yes ☐ No

40d DESCRIBE HOW INJURY OCCURRED

40e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

40f LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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ORIGINAL-VITAL STATISTICS COPY

46-2 Rev. 11-88

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR

DATE ISSUED OCT 20 1994

THOMAS M. TROEL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE