

FILED FOR RECORD
SKAGWAN CO. WASH
BY *Ray Thompson*

123242

AFFIDAVIT

SEP 6 1 43 PM '95

(Lack of Probate)

P. Johnson
AUDITOR

GARY H. OLSON

STATE OF WASHINGTON)
) ss.

County of Cowlitz)

BOOK 152 PAGE 350

RAY THOMPSON, being first duly sworn on oath, deposes and says:

That Affiant is the lawful surviving spouse of ANN THOMPSON, who died on October 13, 1991, at Keanneul Hospital in Portland, Oregon, then being a resident of Kelso, Cowlitz County, Washington.

Affiant has hereinbelow identified each and all of the heirs at law of decedent, including, but not limited to her children, and issue of any predeceased children; That Affiant has listed below, all of the surviving parents and brothers and sisters of decedent.

HEIRS AT LAW

Name	Age	Relationship	Address
Vicky Turner	Adult	Daughter	118 Lomax Drive Kelso, WA 98626 OR 97229
Tammy Sturm	Adult	Daughter	117 Alpha Drive Longview, WA 98632
Tessy Mairs	Adult	Daughter	381 Zellig Road Kelso, WA 98626
Mark Thompson	Adult	Step-son	1795 Westside Hwy. Kelso, WA 98626
Curt Thompson	Adult	Step-son	410 Bates Road Kelso, WA 98626
Lillian Whistler	Adult	Sister	Creswell, Oregon
Alice Fletcher	Adult	Sister	262 Swigent Road Mosseyrock, WA 98564
Velda Nelson	Adult	Sister	151 Rainbow Heights Mosseyrock, WA 98564
Marion Workman	Adult	Brother	331 Main East Mosseyrock, WA 98564
Wayne Workman	Adult	Brother	P.O. Box 653 Mosseyrock, WA 98564

Required
Indexed ☒
Filed ☒
Filed ☒
Filed ☒

17605

REAL ESTATE EXCISE TAX

PAID *[Signature]*
SEP 8 1995

SKAGWAN COUNTY TREASURER

That Affiant knows and 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 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.

That the decedent left no Will, nor during her lifetime did decedent execute a Community Property Agreement with Affiant. Decedent left no separate property. Affiant states that the total community property of the decedent and the Affiant had an approximate value of \$50,000 at the date of death.

Dated Aug - 22 - 1995, 1995.


RAY THOMPSON
189 Rocky Point Road
Kelso, WA 98626

SUBSCRIBED AND SWORN to before me this 22nd day of August, 1995.


Judy Vassar
Notary Public in and for the
State of Washington
My commission expires: 6-1-97.



Basic Film Movement

1 DECEASED'S NAME Ann		Last Levon		First THOMPSON		2 SEX Female		3 DATE OF DEATH (Month, Day, Year) October 13, 1991																																							
4 SOCIAL SECURITY NUMBER [REDACTED]		5a AGE - Last Birthday 49		5b Under 1 Year [REDACTED]		5c Under 1 Day [REDACTED]		6 BIRTHPLACE (City and State or Foreign) Rifle, Washington		7 DATE OF BIRTH (Month, Day, Year) March 8, 1942																																					
8 WAS DECEASED EVER IN U.S. ARMED SERVICES? ☐ Yes ☒ No		9a PLACE OF DEATH (Check only one) ☐ Hospital ☐ Institution ☐ Outpatient ☐ Home ☐ Other (Specify) _____																																													
9b Facility Name (If not Institution, give street and number) Emanuel Hospital & Health Center		9c CITY, TOWN, OR LOCATION OF DEATH Portland				9d COUNTY OF DEATH Multnomah																																									
10a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use abbrev.) Banquet Captain		10b FIRM OF BUSINESS/EMPLOYER Restaurant		11 MARRITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married				12 SPOUSE (If Married, Widowed) Raymond C. Thompson																																							
13a RESIDENCE - HOME Washington		13b COUNTY Cowlitz		13c CITY, TOWN, OR LOCATION Kelso				13d STREET AND NUMBER 189 Rocky Point Road																																							
15a HOME CITY LAKEVIEW?		15b ZIP CODE 98626		14 TIME DECEASED OF NATURE OF DEATH? (Specify No or Yes - If yes, specify Choke, Strangle, Poison, etc.) ☐ No ☒ Yes Specify:				15b RACE American Indian, Black, White, etc. (Specify) White		16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (13-16 or 17+) 8																																					
17 FATHER - NAME, Sex, middle, last George Workman		18 MOTHER - NAME, Sex, middle, maiden Bertha Pruslar		19 INFORMANT - NAME and relationship to deceased Raymond C. Thompson (Spouse)																																											
20a METHOD OF INFORMATION ☐ Direct ☐ Corroborated ☐ From State ☐ Other (Specify) _____		20b PLACE OF INFORMATION (Name of cemetery, crematory, or other place) Park Hill Crematorium				20c LOCATION - City or Town, State Vancouver, Washington																																									
21a SIGNATURE OF FUNERAL SERVICE LICENSED OR PERSON ACTING AS SUCH Kenneth A. Dahl		21b LICENSE NUMBER (If Licensed) 1032		22 NAME, ADDRESS AND ZIP OF FACILITY Dahl's Ditlevsen-Moore Funeral Home 301 Cowlitz Way, Kelso, WA 98626																																											
23 DATE FILED (Month, Day, Year) OCT 23 1991		24 REGISTRANT'S SIGNATURE Raymond C. Thompson																																													
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A		26 WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A																																													
TO BE COMPLETED BY CERTIFYING PHYSICIAN												TO BE COMPLETED ONLY BY MEDICAL EXAMINER																																			
27 TIME OF DEATH 12:09 A						28 DATE MEDICAL EXAMINER NOTIFIED October 13, 1991						29 TIME OF DEATH 12:09 A																																			
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Karen Gunson												30 On the basis of observation and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Karen Gunson																																			
30 DATE SIGNED (Month, Day, Year) October 23, 1991												31 DATE SIGNED (Month, Day, Year) October 23, 1991																																			
32 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Karen Gunson, MD 301 NE Knott Portland, OR 97212												33 NAME OF ATTESTING PHYSICIAN IF OTHER THAN CERTIFYING (Type or Print)																																			
34 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)																																															
PART 1 35a HEAD AND CHEST INJURIES																								Interval between onset and death																							
35b See 35a, OR AS A CONSEQUENCE OF:																								Interval between onset and death																							
35c See 35a, OR AS A CONSEQUENCE OF:																								Interval between onset and death																							
PART 2 36 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1.																								37 Did the deceased use narcotics in the last 24 hours? ☐ Yes ☒ No				38 AUTOPSY ☐ Yes ☒ No				39 If YES were findings significant in determining cause of death? ☐ Yes ☒ No															
40 MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Undetermined ☐ Legal Intervention				41a DATE OF DEATH October 12, 1991				41b TIME OF DEATH 9:25P				41c INJURY AT WORK? ☐ Yes ☒ No				42 DESCRIBE HOW INJURY OCCURRED Pedestrian struck by pickup truck																															
43a PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Freeway																								43b LOCATION of place and number of road, street, highway, etc. or location of Interstate 5, Milepost 27 (Northbound), Dike Access Road, north Woodland, WA																							

Darryl M. Martin, Sherrill's County Assessor
 Date 8-6-98 Parcel # 7-6-8-2-1200
116 1-6-1-2-1500

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

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

OCT 23 1964

DATE ISSUED

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON