

123367

AFFIDAVIT (LACK OF PROBATE)

SEP 26 3 05 PM '95 GARY M. OLSON AUDITOR

STATE OF WASHINGTON } ss. COUNTY OF

DELBERT V. HAMILTON (full name)

being first duly sworn, deposes and says:

THAT affiant is the lawful surviving JOSEPHINE F. HAMILTON (full name)

who died April 11 (date), 19 81, at Vancouver, WA (city) (state)

then being a resident of North Bonneville, Washington (city) (county) (state)

THAT affiant has hereinbelow identified each and all of the heirs at law of decedent, including 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):

(full name) (age) (relationship to decedent)

17634 REAL ESTATE EXCISE TAX (full address)

SEP 26 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):

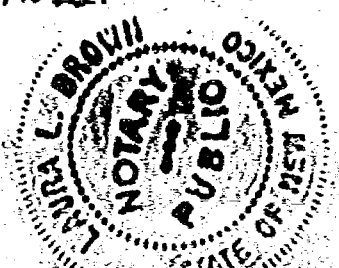
none

THAT decedent left 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 \$ 6900.00 in current market value, and that the total of decedent's separate property approximates \$

THAT this affidavit is made solely to induce CLARK COUNTY TITLE COMPANY, 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: 8/2, 1990. Delbert V. Hamilton (affiant's full name) (full address and telephone number)

Subscribed and sworn to before me, Laura L. Brown (name), a Notary Public in and for the STATE OF New Mexico, residing at Julia Annelle (city), New Mexico, this 2nd day of August, 1990.



Laura L. Brown Commission Expires 11-09-90

Sup. Fees Indexed, Cir. Indirect Filmed Mailed

Gary M. Olson, Skamania County Auditor Date 9/26/95 Pmt # 02072034 3700.00

02312

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

BOOK 152, PAGE 529  
146-8

LOCAL FILE NUMBER: \_\_\_\_\_

1 NAME - FIRST, MIDDLE, LAST: **JOSEPHINE F. HAMILTON** SEX: **F** DEATH DATE (MO DAY YR): **11 Apr 1981**

2 RACE (WHITE, BLACK, AM IND, AGE, LAST BIRTH, I UNDER 1 YEAR, I UNDER 1 DAY, 8 BIRTH DATE (MO DAY YR), 9 COUNTY OF DEATH: **White** **62** **22 Sep 1918** **Clark**

10 CITY, TOWN OR LOCATION OF DEATH: **Vancouver** 11 PLACE OF DEATH - CHECK TYPE OF PLACE THEN GIVE ADDRESS OR POST NAME: **St. Joseph's Hospital** 12 RECEIVED EMERGENCY CARE (AMBULANCE, PRIVATE, PHONES): **No**

13 BIRTH STATE (IF NOT IN U.S. GIVE COUNTRY): **Texas** 14 CITIZEN OF WHAT COUNTRY: **USA** 15 MARRIED, NEVER MARRIED, DIVORCED, WIDOWED: **Married** 16 SPOUSE (IF WIFE GIVE MAIDEN NAME): **Delbert V. Hamilton** 17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): **No**

18 SOCIAL SECURITY NO.: \_\_\_\_\_ 19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE (EVEN IF RETIRED)): **Homemaker** 20 KIND OF BUSINESS OR INDUSTRY: **Own Home**

21 RESIDENCE - NUMBER AND STREET: **Box 28** 22 CITY, TOWN OR LOCATION: **North Bonneville** 23 HOUSE CITY COUNTY STATE NO.: **Yes** 24 COUNTY: **Skamania** 25 STATE: **Washington**

26 FATHER - NAME FIRST, MIDDLE, LAST: **Paul N. Frye** 27 MOTHER - MARRIAGE NAME FIRST, MIDDLE, LAST: **STULTZ Josephine - Frye**

28 DECEASED - NAME: **Delbert V. Hamilton** 29 MARRIAGE ADDRESS: **Box 28 North Bonneville, Washington 98639**

30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): **Burial** 31 DATE (MO DAY YR): **16 Apr 1981** 32 CEMETERY, CREMATORY - NAME: **Sunset Memorial Park** 33 LOCATION - CITY/TOWN, STATE: **Albuquerque, N.M.**

34 FUNERAL DIRECTOR SIGNATURE: *R. P. Dunick* 35 NAME OF FACILITY: **GARDNER FUNERAL HOME, INC.** 36 ADDRESS OF FACILITY: **White Salmon, Wa. 98672**

37 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN: **X** TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER: \_\_\_\_\_

38 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **X** 39 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: \_\_\_\_\_

40 SIGNATURE: *Robert Fisher* TITLE: **MD** 41 SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

42 DATE (MO DAY YR): **4/27/81** 43 HOUR OF DEATH (24 HRS): **0745** 44 DATE (MO DAY YR): \_\_\_\_\_ 45 HOUR OF DEATH (24 HRS): \_\_\_\_\_

46 NAME OF PHYSICIAN (IF OTHER THAN CERTIFIER) TYPE OF PRACTICE: \_\_\_\_\_ 47 PREVIOUS DEATH (MO DAY YR): \_\_\_\_\_ 48 FROM PREVIOUS DEATH: \_\_\_\_\_

49 NAME AND ADDRESS OF CERTIFIER - ATTENDING MEDICAL EXAMINER OR CORONER, TYPE OF PRACTICE: **Robert Fisher, M.D. 700 N.E. 87th Ave. Vancouver, Wa. 98664**

50 IMMEDIATE CAUSE: **Respiratory failure** 51 INTERVAL BETWEEN ONSET AND DEATH: \_\_\_\_\_

52 MAIN OR AS A CONSEQUENCE OF: **Cor. Pulmonale and Chest failure** 53 INTERVAL BETWEEN ONSET AND DEATH: \_\_\_\_\_

54 MAIN OR AS A CONSEQUENCE OF: **Pulmonary embolism** 55 INTERVAL BETWEEN ONSET AND DEATH: \_\_\_\_\_

56 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH, BUT NOT HELD TO CAUSE GIVEN ABOVE: **No** 57 SIGNIFICANT INTERCURRENT DISEASES: **No**

58 ALL UNDERLYING CAUSES OF DEATH: \_\_\_\_\_ 59 HOUR OF DEATH (24 HRS): \_\_\_\_\_ 60 DISORDER HOW FIRST OCCURRED: \_\_\_\_\_

61 COUNTY AT DEATH (YES/NO): \_\_\_\_\_ 62 PLACE OF DEATH - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY): \_\_\_\_\_ 63 LOCATION - STREET OR RD NO., CITY/TOWN, STATE: \_\_\_\_\_

64 REGISTRAR SIGNATURE: *Robert Fisher MD* 65 DATE (MO DAY YR): **MAY 6 1981**

66 DOCUMENTARY EVIDENCE REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ ITEM: \_\_\_\_\_ 67 DOCUMENTARY EVIDENCE REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ ITEM: \_\_\_\_\_

DOHS 9-160 (REV. 1-80)

HEALTH DISTRICT SEAL

JUL 27 1980

*Karen Steingart, MD*

KAREN STEINGART M.D.  
HEALTH DISTRICT OFFICER

DOH 91-988 (7/80)