

132535

BOOK 180 PAGE 382

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

AUG 18 11 35 AM '98

O. Olson
AUCTIONEER
GARY M. OLSON

Return Address:
Tracy A. Hamblet
523 Warner Parrott Rd.
Oregon City, OR 97045

Document Title: Affidavits of Heirship with
Indemnity w/Death Certificate

Reference No. of related documents:

Grantors:
HAMBLET, Tracy A.
HAMBLET, Martin L.

Grantees:
The Public

Legal Description:

1. Abbreviated: N 168.66 feet of S 337.32 feet
of SW QR of the NE QR of the SE QR of Sec. 1 at T 3 N.,
R 7 1/2 E of the WM, Skamania Co. WA

2. Additional legal description is on page 1 of
document.

Assessors's Property Tax Parcel Account Number: 03-75-
01-0-0-1500-00

Gary M. Martin, Skamania County Assessor

Date 8/18/98 Parcel # 3-75-1-1500

REAL ESTATE EXCISE TAX

19704

AUG 18 1998

PAID Exempt

JW

SKAMANIA COUNTY TREASURER

Supervisor /
Indexed, Lr /
Direct /
Filed /
Sched /

AFFIDAVIT OF HEIRSHIP WITH INDEMNITY

STATE OF OREGON,)
County of Clackamas.) ss.

I, TRACY ANN HAMBLET, being duly sworn, do affirm:

1. Decedent, Lisle M. Hamblet, died in Clackamas County, Oregon, on September 29, 1996, and at the time of death was the owner of the following described real property:

The North 168.66 feet of the South 337.32 feet of the Southwest Quarter of the Northeast Quarter of the Southeast Quarter of Section 1, Township 3 North, Range 7 1/2 East of the Willamette Meridian, in County of Skamania, state of Washington.

3. Decedent had the following children surviving on the date of his death, who were both over 21 years of age:

Tracy Ann Hamblet
523 Warner-Parrot Road
Oregon City, Oregon 97045

Martin Lee Hamblet
13820 S.E. Linden Lane
Milwaukie, Oregon 97222

6. Decedent left no will. Decedent was survived solely by myself and my brother, Martin Lee Hamblet. Decedent had no spouse or other children.

7. A probate of the intestate estate of the decedent was filed in the Circuit Court for the State of Oregon in County of Clackamas as Probate file number 97-0150.

8. All claims against the estate of the decedent, all bills of the decedent, including costs of any last illness and death, have been paid. In addition any and all estate taxes, federal or state, have been paid.

-1-

AFFIDAVIT OF HEIRSHIP WITH INDEMNITY

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW • P.O. BOX 667 • OREGON CITY, OREGON 97045-0044 • (503) 656-5200
FAX NO. 656-0125

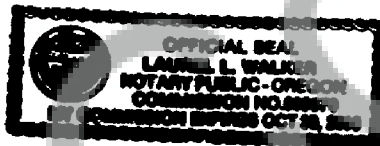
9. This affidavit is made to induce SKAMANIA COUNTY TITLE COMPANY to insure title to the property referred to in this instrument in the names of Tracy Ann Hamblet and Martin Lee Hamblet without requiring the probate of the estate of the decedent. We hereby agree to indemnify and hold SKAMANIA COUNTY TITLE COMPANY harmless of any an all liability, obligation, expense, legal fees or litigation costs which it may incur as a result of the falsity or inaccuracy of any statement contained in this affidavit and disclaimer.


TRACY ANN HAMBLET

STATE OF OREGON,)
) ss.
County of Clackamas.)

24th, 1998, The above instrument was acknowledged before me on July 24, 1998, by Tracy Ann Hamblet.


Notary Public for Oregon



AFFIDAVIT OF HEIRSHIP WITH INDEMNITY

STATE OF OREGON,)
County of Clackamas.) ss.

I, MARTIN L. HAMBLET, being duly sworn, do affirm:

1. Decedent, LISLE M. HAMBLET, died in Clackamas County, Oregon, on September 29, 1996, and at the time of death was the owner of the following described real property:

The North 168.66 feet of the South 337.32 feet of the Southwest Quarter of the Northeast Quarter of the Southeast Quarter of Section 1, Township 3 North, Range 7 1/2 East of the Willamette Meridian, in County of Skamania, state of Washington.

3. Decedent had the following children surviving on the date of his death, who were both over 21 years of age:

Tracy Ann Hamblet
523 Warner-Parrot Road
Oregon City, Oregon 97045

Martin Lee Hamblet
13820 S.E. Linden Lane
Milwaukie, Oregon 97222

6. Decedent left no will. Decedent was survived solely by myself and my sister, Tracy Ann Hamblet. Decedent had no spouse or other children.

7. A probate of the intestate estate of the decedent was filed in the Circuit Court for the State of Oregon in County of Clackamas as Probate file number 97-0150.

8. All claims against the estate of the decedent, all bills of the decedent, including costs of any last illness and death, have been paid. In addition any and all estate taxes, federal or state, have been paid.

9. This affidavit is made to induce SKAMANIA COUNTY TITLE COMPANY to insure title to the property referred to in this instrument in the names of Tracy Ann Hamblet and Martin Lee Hamblet without requiring the probate of the estate of the decedent. We hereby agree to indemnify and hold SKAMANIA COUNTY TITLE COMPANY harmless of any and all liability, obligation, expense, legal fees or litigation costs which it may incur as a result of the falsity or inaccuracy of any statement contained in this affidavit and disclaimer.


MARTIN LEE HAMBLET

STATE OF OREGON,)
) ss.
County of Clackamas.)

²⁴ The above instrument was acknowledged before me on July 24, 1998, by Martin Lee Hamblet.


Notary Public for Oregon



CERTIFICATION OF VITAL RECORD

HEALTH DIVISION BOOK 180 PAGE 387
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH

10. TAG NO. 01761		Local File Number		State File Number	
1. DECEDENT'S NAME First: Lisle Middle: Martin Last: HAMBLET		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) September 29, 1996	
4. SOCIAL SECURITY NUMBER 540-30-1689		5a. AGE Last Birthday (Years) 65		5b. Under 1 Year 5c. Under 1 Day	
6. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> Other		7. BIRTHPLACE (City and State or Foreign Country) Portland, Oregon		8. DATE OF BIRTH (Month, Day, Year) June 21, 1931	
9. FACILITY NAME (If not institution, give street and number) Meridian Park Hospital		10. CITY, TOWN, OR LOCATION OF DEATH Tualatin		11. COUNTY OF DEATH Clackamas	
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Business Owner		13. KIND OF BUSINESS/INDUSTRY Wire Manufacturing		14. MARITAL STATUS - Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Single <input type="checkbox"/>	
15. RESIDENCE - STATE Oregon		16. COUNTY Clackamas		17. CITY, TOWN OR LOCATION Lake Oswego	
18. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. ZIP CODE 97034		20. RACE American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input checked="" type="checkbox"/> Other (Specify)	
21. FATHER - NAME First middle last Lisle Elton Hamblet		22. MOTHER - NAME First middle maiden Theresa Frances Kennedy		23. INFORMANT - NAME and relationship to decedent Tracy Hamblet - Daughter	
24. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Riverview Abbey Crematory		26. LOCATION - City or Town, State Portland, Oregon	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James A. Thompson</i>		28. LICENSE NUMBER 3501		29. NAME, ADDRESS AND ZIP OF FACILITY Riverview Abbey Funeral Home 6319 S.W. Taylors Ferry Road Portland, Oregon 97219-4668	
30. DATE FILED (Month, Day, Year) OCT 7 1996		31. REGISTRAR'S SIGNATURE <i>Margie A. Thompson</i>		32. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
33. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
34. TIME OF DEATH 0525		35. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
36. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>B. Moore</i>					
37. DATE SIGNED (Month, Day, Year) 10/3/96					
38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Barbara K. Moore, M.D., 19300 S.W. 65th Avenue, Tualatin, Oregon 97062					
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
40. 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.)					
a. <i>Ruptured Aortic Aneurysm</i>		b. <i>Hypertension</i>		c. <i>Myocardial Infarction</i>	
41. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.					
42. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Legal Intervention					
43a. DATE OF INJURY (Month, Day, Year) 9/30/96		43b. TIME OF INJURY M		43c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
44a. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) home		44b. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
45. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
46. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
47. If YES were findings considered in determining cause of death? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A					

ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED: NOV 12 1996

Thomas M. Troxel
THOMAS M. TROXEL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

45-2 Rev 11-82