135140

BOOK 189 PAGE 263

FILED FOR RECORD
SKAMANIA CO, TITLE
BY SKAMANIA CO, TITLE

Mar 14 1 03 PM '99
O Lowry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Harold Hastings

Address PO Box 368

City/State Goldendale WA. 98620

Document Title(s): (or transactions contained therein)
1. DEATH CERTIFICATE
2.
3.
4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

First American Title Insurance Company

(this space for title company use only)

Grantor(s): (Last name first, then first name and initials)
1. CLAUDE V. HASTINGS
2. MARGARET FRANCES HASTINGS
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
20190
MAY 14 1999
PAID Exempt
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. LOTTIE LEVSON
2. TERRIE SUE DENI
3. HAROLD HASTINGS
4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
Lot C-13 PLAT OF RELOCATED NORTH BONNEVILLE CBD SHEETS 8 of 10, recorded in Book B of Plats, Page 14. Also recorded in Book B of Plats, Page 30 in the COunty of Skamania, State of Washington.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

02-07-20-1-3-3200-00

Gary H. Martin, Skamania County Assessor
Date 5/14/99 2-7-20-1-3-3200
Parcel #

WA-1

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

BOOK 189 PAGE 264

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

80-009672

65 Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR FUNCTIONS SEE HANDBOOK 01

DECEDENT

1 DECEASED—NAME: First CLAUDE Middle V. Last HASTINGS
2 DATE OF DEATH (month, day, year): 3 June 80
3 RACE (White, Black, American Indian, etc (specify)): White
4 SEX: Male
5a AGE—Last birthday (years): 69
5b Under 1 year: months
5c Under 1 day: days
5d Hours
5e Min.
6 DATE OF BIRTH (month, day, year): 19 Apr 1911
7a COUNTY OF DEATH: Hood River
7b CITY, TOWN OR LOCATION OF DEATH: Hood River
7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Hood River Memorial
7d If HOSP or INST indicate DOA, ER, Emer. Rm., Inpatient (specify): Inpatient
8 STATE OF BIRTH (If not in U.S.A. name the country): Arkansas
9 CITIZEN OF WHAT COUNTRY: USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED OR DIVORCED)—NAME: Margaret Hastings
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 532-18-1897
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Restaurant Owner
14b KIND OF BUSINESS OR INDUSTRY: Retired
15a RESIDENCE—STATE: Washington
15b COUNTY: Skamania
15c CITY, TOWN, OR LOCATION: Carson
15d STREET AND NUMBER OR R.F.D., ZIP: 9861
15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: James E. Hastings
17 MOTHER—Maiden Name first middle last: ROBERTSON Olive A. Hastings
18 INFORMANT—NAME and relationship to deceased: Harold Hastings, Son

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b CEMETERY OR CREMATORY—NAME: Wind River Memorial Cemetery
19c LOCATION City or town, state: Carson, Washington
20a FUNERAL SERVICE LICENSEE or person Acting As Such (Signature): Tyler L. Henderson
20b NAME AND ADDRESS OF FACILITY: GARDNER FUNERAL HOME, INC. White Salmon, Wa. 98672

CERTIFIER

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): W.T. Edmundson MD
21b DATE SIGNED (Mo., Day, Yr.): 6/6/80
21c HOUR OF DEATH: 2205 D.
21d CERTIFIER—NAME AND TITLE (Type or Print): W. T. Edmundson, M.D., 202 Oak Street, Hood River, Or. 97031
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JUN 06 1980
22b REGISTRAR (Signature): Marjorie J. Talley

CAUSE OF DEATH

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a): Myocardial infarction — Interval between onset and death: 5 hours
DUE TO, OR AS A CONSEQUENCE OF:
(b): Coronary arteriosclerosis — Interval between onset and death: many years
DUE TO, OR AS A CONSEQUENCE OF:
(c):
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Possible dissecting aneurysm of
24 AUTOPSY (Specify Yes or No): No
25 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): No
4. 1/10 X
5.
6.

ACCIDENT (Specify Yes or No): 26a No
DATE OF INJURY (Mo., Day, Yr.): 26b
HOUR OF INJURY: 26c
DESCRIBE HOW INJURY OCCURRED: 26d
INJURY AT WORK (Specify Yes or No): 26e
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): 26f
LOCATION—STREET OR R.F.D. NO. CITY OR TOWN STATE: 26g

RESERVED FOR REGISTRAR'S USE

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

VS-2 Rev 6-78 P 80412

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED: APR 28 1999

EDWARD J JOHNSON II
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ESTADOS UNIDOS MEXICANOS
GOBIERNO DEL ESTADO DE SONORA

REGISTRO CIVIL

ACTA DE DEFUNCION

BOOK 189 PAGE 265

CLAVE UNICA DEL REGISTRO DE POBLACION

OFICIALIA No.	LIBRO No	1 - ACTA No.	LOCALIDAD	2 - FECHA DE REGISTRO DIA	MES	AÑO
01	01	163	GUAYMAS	30	04	92

MUNICIPIO: GUAYMAS — SONORA

FINADO

NOMBRE: MARGARET FRANCES (NOMBRE(S)) HASTINGS (PRIMER APELLIDO) - - - - - - - - - (SEGUNDO APELLIDO)

3 - SEXO: MASCULINO ○ FEMENINO ○X

6 - ESTADO CIVIL: VIUDA — 5 - NACIONALIDAD: NORTEAMERICANA — 4 - EDAD: 73 AÑOS

7 - DOMICILIO: PARQUE TETAKAWI # 154, SAN CARLOS, GUAYMAS, SONORA. — OCUPACION: PENSIONADA

LUGAR DE NACIMIENTO: MONTROSE (LOCALIDAD), COLORADO. (MUNICIPIO) (ENTIDAD FEDERATIVA)

NOMBRE Y APELLIDOS DEL CONYUGE: CLAUDE HASTINGS. — NACIONALIDAD:

NOMBRE DEL PADRE: RUSSEL STONE.

NOMBRE DE LA MADRE: MATIE LACEFIELD.

FALLECIMIENTO

DESTINO DEL CADAVER: INHUMACION ○X CREMACION ○ — NOMBRE DEL PANTEON O CREMATORIO: TRASLADO

UBICACION: NOGALES, SONORA. — ORDEN No:

8 - FECHA DE LA DEFUNCION: 29 (DIA) ABRIL (MES) 1992 (AÑO) — HORA: 18:00

9 - LUGAR: GUAYMAS, SONORA.

10 - CAUSAS DE LA MUERTE 1ra.: CHOQUE HIPOVOLEMICO

2da: SANGRADO TUBO DIGESTIVO ALTO 3ra.: ENFERMEDAD ACIODUPEPTICA

11 - NOMBRE DEL MEDICO QUE CERTIFICO LA DEFUNCION: MIGUEL LANGURE SOLER — No. DE CEDULA PROFESIONAL: 809015

DOMICILIO: AVENIDA 3 # 288, SAN VICENTE, GUAYMAS, SONORA.

DECLARANTES

NOMBRE: LOTTIE ZOGLAUER. (APELLIDOS)

NACIONALIDAD: NORTEAMERICANA — PARENTESCO: HIJA — EDAD: 52 AÑOS

DOMICILIO: 5010 S.W. CORONADO ST. TIGARD, OREGON.

TESTIGOS

NOMBRE: GLORIA ALEJANDRINA ATONDO NAVARRO (APELLIDOS)

NACIONALIDAD: MEXICANA — PARENTESCO: NINGUNO — EDAD: 44 AÑOS

DOMICILIO: CALLE 5 AVENIDA 5, COLONIA SAN VICENTE, GUAYMAS, SONORA.

NOMBRE: FRANCISCO FELIX CASTRO (APELLIDOS)

NACIONALIDAD: MEXICANA — PARENTESCO: NINGUNO — EDAD: 40 AÑOS

DOMICILIO: CALLE 11 AVENIDA 6 # 515, GUAYMAS, SONORA.

FIRMAS

RECORDER'S NOTE: NOT AN ORIGINAL DOCUMENT

Lottie Zoglauer
DECLARANTE

TESTIGO

TESTIGO

SE DIO LECTURA A LA PRESENTE ACTA Y CONFORMES CON SU CONTENIDO LA RATIFICAN Y FIRMAN QUIENES EN ELLA INTERVINIERON Y SUPIERON HACERLO. Y QUIENES NO, IMPRIMEN SU HUELLA DIGITAL. DOY FE

EL C. OFICIAL 01 DEL REGISTRO CIVIL

LIC. JORGE GOMEZ ARAUJO
NOMBRE

FIRMA

SELLO DE LA OFICIALIA DEL REGISTRO CIVIL

EL REGISTRA

LA PRESENTE ACTA TIENE ANEXAS LAS SIGUIENTES ANOTACIONES

INTERESADO

BOOK 189 PAGE 266

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON
County of Skamania

I, Lottie Leuson, residing at 11811 Elbow Dr. SW, Calgary, Alb. Canada T2W1H1 first being duly sworn, depose and say that:

1. Margaret E. Hastings died testate in Guaymas, Sonora Mexico, on April 29 1992.

2. At the time of his/her death, Margaret E. Hastings was a widow/widower. His/Her spouse, Claude V. Hasting, died in Hood River, Oregon, on 6-3, 1980.

3. The sole surviving heirs at-law and beneficiaries of the Last Will and Testament of Margaret E. Hastings are Lottie Leuson, Harold R. Hastings & Terrie Sue Deni. The deceased, Margaret E. Hastings, 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 Margaret E. Hastings and all other claims against 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 North Bonneville, Washington located at Lot C13 Relocated in N. Bonneville and described as 02-07-20-1-3-3200-00

8. I, by my signature hereto, agree to indemnify and hold harmless SKAMANIA COUNTY TITLE 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 27th day of April, 1999.

By: Lottie Leuson
Harold R Hastings

ALL SIGNATURES MUST BE NOTORIZED

STATE OF WASHINGTON, County of Skamania } ss

ACKNOWLEDGMENT - Individual

On this day personally appeared before me Lottie Leuson and Harold R. Hastings to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as a free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 27th day of April 1999

WILLIAM F. YEE
STATE OF WASHINGTON
NOTARY --•-- PUBLIC
MY COMMISSION EXPIRES 6-20-02

William F Yee
Notary Public in and for the State of Washington, residing at

My appointment expires June 20, 2002

BOOK 189 PAGE 267

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON
County of Skamania

I, Lottie Leyson, residing at 1811 Elbow Dr. SW, Calgary, Alberta, Canada T2V 1H1, first being duly sworn, depose and say that:

1. Claude V. Hastings died testate in Hood River, Oregon, on June 3, 1980.

2. At the time of his/her death, Claude V. Hastings was ~~a resident~~ married. His/Her spouse, Margaret E. Hastings, died in Guaymas, Sonora, Mexico, on 4-29-1992

3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Claude V Hastings are Lottie Leyson, Harold R. Hastings & Terrie Sue Deni. The deceased, Claude V. Hastings, 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 Claude V. Hastings and all other claims against 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.

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DATED this 27th day of April, 1999.

By: Lottie Leyson
Harold R Hastings

ALL SIGNATURES MUST BE NOTORIZED

STATE OF WASHINGTON }
County of Skamania } ss.

ACKNOWLEDGMENT - Individual

On this day personally appeared before me Lottie Leyson and Harold R. Hastings to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as a free and voluntary act and deed for the uses and purposes therein mentioned.

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