136574

BOOK 194 PAGE 267

RETURN ADDRESS:

Clark B. Williams
Heltzel, Upjohn, Williams, Yandell & Roth, P.C.
PO Box 1048
Salem, OR 97308-1048

FILED FOR RECORD
SKAMANIA COUNTY, WASH.
AT Clark B. Williams
Oct 15 4 17 PM '99
VAmoser
AUDITOR
GARY H. MARTIN

Please Print or Type Information.

Document Title(s) or transactions contained therein:
1. Affidavit of Heirship
2. Death Certificate of Elden Woodbury White
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)
1. White, Elden Woodbury
2.
3.
4.
☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)
1. White, Marion T.
2.
3.
4.
☐ Additional Names on Page _____ of Document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)
Lot 3, El Descanso Al Rio, NE 1/4, SW 1/4 Section 15, Township 4 N. Range 7 E., W.M., Skamania County, Washington

☒ Complete Legal on Page 1 of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

Gary H. Martin, Skamania County Assessor
Date 10-19-99 Parcel # 4-7-15-3-30

REAL ESTATE EXCISE TAX
20475
OCT 15 1999
PAID Exempt
SKAMANIA COUNTY TREASURER

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax parcel ID is not yet assigned.
☐ Additional Parcel Numbers on Page _____ of Document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing.

BOOK 194 PAGE 268

After recording, return to:

Clark B. Williams
Heltzel, Upjohn, Williams, Yandell
& Roth, P.C.
PO Box 1048
Salem, OR 97308-1048

AFFIDAVIT OF HEIRSHIP

I, MARION T. WHITE, being duly sworn and on oath, say:

1. ELDEN WOODBURY WHITE died on March 29, 1997 in Keizer, Marion County, Oregon. A true copy of his certificate of death is attached as Exhibit 1.

2. At the time of his death, ELDEN WOODBURY WHITE and I jointly owned, with right of survivorship, real property in Skamania County, Washington, more particularly described as follows:

   Lot 3 of EL DESCANSO AL RIO in the Northeast Quarter of the Southwest Quarter (NE¼SW¼) of Section 15, Township 4 North, Range 7 E., W.M., according to the official plat thereof on file and of record at page 90 of Book A of Plats, Records of Skamania County, Washington.

   SUBJECT TO reservations and restrictions as more particularly set forth in deed dated September 13, 1937, and recorded September 13, 1937, at page 409 of Book Z of Deeds, under Auditor's File No. 24680, Records of Skamania County, Washington.

3. ELDEN WOODBURY WHITE owned no other real property, and the approximate value of this real property is $30,000.

4. I am the surviving widow of ELDEN WOODBURY WHITE, and we did not have a community property agreement.

5. All expenses of last sickness, funeral expenses and just debts owing by ELDEN WOODBURY WHITE at the time of his death have been paid.

Gary H. Martin, Skamania County Assessor
Date _____ Parcel # 4-7-15-3-310

6. To my knowledge, no personal representative has been appointed and no probate has been initiated for the estate of ELDEN WOODBURY WHITE.

7. As the co-owner and surviving owner with ELDEN WOODBURY WHITE of the above described real property, I claim the above described real property.

8. I agree to indemnify and defend Skamania County, Washington against any and all claims that may arise from its recording of the deed from myself to Marion T. White, as Trustee of the Marion T. White Living Trust under Agreement dated April 15, 1999.

DATED: May 12, 1999.

Marion T. White
Marion T. White

Marion County, Oregon - ss.

On this 12th day of May, 1999, personally appeared MARION T. WHITE and acknowledged the foregoing instrument to be her voluntary act and deed.

Before me:

OFFICIAL SEAL
MARGARET E ALGECIRAS
NOTARY PUBLIC - OREGON
COMMISSION NO. 309773
MY COMMISSION EXPIRES FEB. 23, 2002

Notary Public for Oregon

My commission expires: Feb 23, 2002

CERTIFICATION OF VITAL RECORD

BOOK 194 PAGE 270

TYPE OR PRINT IN PERMANENT BLACK INK

215660 ID TAG NO.

796 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME	First: Elden	Middle: Woodbury	Last: WHITE	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): March 29, 1997
4. SOCIAL SECURITY NUMBER: [redacted]	5a. AGE-Last Birthday (Years): 87	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Min.	6. BIRTHPLACE (City and State or Foreign Country): Alton, Kansas	7. DATE OF BIRTH (Month, Day, Year): [redacted]
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No	9a. PLACE OF DEATH (Check only one): ☐ Hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other: ☒ Nursing home ☐ Decedent's home ☐ Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number): Keizer Health Care Center	9c. CITY, TOWN, OR LOCATION OF DEATH: Keizer	9d. COUNTY OF DEATH: Marion			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Maintenance Supervisor	10b. KIND OF BUSINESS/INDUSTRY: Paper Mill	11. MARITAL STATUS: Married	12. SPOUSE (If Married, or domestic partner): Marion White		
13a. RESIDENCE STATE: Washington	13b. COUNTY: Clark	13c. CITY, TOWN, OR LOCATION: Camas	13d. STREET AND NUMBER: 2014 SE 6th Ave.		
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 98607	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, Mexican, Puerto Rican, Cuban, Other Spanish/Hispanic) ☒ No ☐ Yes	15. RACE - American Indian, Asian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11	College (1-4 or 5+):
PARENTS	17. FATHER'S NAME First: Porter Middle: Last: White	18. MOTHER'S NAME First: Flora Middle: Maiden: Hoover	19. INFORMANT'S NAME and relationship to deceased: Dennis Esser - Son		
DISPOSITION	20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Washougal Memorial Cemetery	20c. LOCATION - City or Town, State: Washougal, Washington		
REGISTRAR	21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: C.M. Straub	21b. LICENSE NUMBER (If Licensed): 1812	21c. NAME, ADDRESS AND ZIP OF FACILITY: Straub's Funeral Home 325 SE 3rd Ave. Camas, WA. 98607		
	22. DATE FILED (Month, Day, Year): APR 23 1997	23. REGISTRAR'S SIGNATURE: Joyce Nakahara			
	24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A	25. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A			

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1905 M	28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
29. To the best of my knowledge, death occurred at the time, date and due to the cause(s) and manner stated. (Signature): [signature]	30. DATE SIGNED (Month, Day, Year): 4/2/97

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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 (Month, Day, Year): COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Type or Print): Paul Young, M.D. 5210 River Rd. Keizer, OR. 97303

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

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATED ON LINE (a) UNDERLYING CAUSE LAST

36. 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 I a.	Pulmonary edema	Interval between onset and death: Hrs.
b. DUE TO, OR AS A CONSEQUENCE OF:	Congestive heart failure	Interval between onset and death: Months
c. DUE TO, OR AS A CONSEQUENCE OF:	Intermittent dementia	Interval between onset and death: Yrs.
PART II 37. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I		37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown

38. AUTOPSY ☐ Yes ☒ No

39. Were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

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

41a. DATE OF INJURY (Month, Day, Year)

41b. TIME OF INJURY: M

41c. INJURY AT WORK? ☐ Yes ☐ No

41d. DESCRIBE HOW INJURY OCCURRED

41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 12/94

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

DATE ISSUED: APR 23 1997

RUTH A. JOHNSON
COUNTY REGISTRAR
MARION COUNTY, OREGON