

137139

BOOK 195 PAGE 873

FILED
 BY Connie Berry
 JAN 3 3 03 PM '00
 P. Lowry
 GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Connie Berry
 Address 101 Leete Rd.
 City/State Carson WA. 98610

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

Grantor(s): (Last name first, then first name and initials)

1. BERRY, Richard William
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. BERRY, CONNIE
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
 A tract of land in the Northeast Quarter of the Southeast Quarter of
 Section 15 Township 4 North, Range 7 East of the Willamette Meridian,
 in the county of Skamania, State of Washington, described as follows:

- ☒ Lot 2 of the Robert R. Carlson Short Plat, recorded in Book 2 Short
☐ Complete legal description is on page _____ of document

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

04 07 15 0 0 0401 00

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.

**REAL ESTATE EXCISE TAX**

20614

JAN - 3 2000

PAID Exempt
JD**SKAMANIA COUNTY TREASURER**

Gary H. Martin, Skamania County Assessor

Date 1-3-2000 Parcel # 4-7-15-401
8774

by 8774
 ordered by JD
 indexed JD
 filed JD
 dated JD

AFTER RECORDING MAIL TO:

Name Connie Berry
Address 101 Leete Rd.
City/State Carson WA 98610

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT
STATE OF WASHINGTON
County of Skamania

1. Connie Marie Berry, residing at 101 Leete Rd Carson, WA 98610, first being duly sworn, depose and say that:
1. Richard William Berry died testate in Portland OR, on Sept. 30, 1999, 1999.
2. At the time of his/her death, Connie M. Berry was a widow/widower. His/Her spouse, _____, died in _____, on _____, 19____.
3. The sole surviving heirs at law and beneficiaries of the Last Will and Testament of Richard William Berry are Connie Berry Angelique Dosh Rachel Berry. The deceased, Richard W. Berry, 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 Richard W. Berry 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 Carson WA, located at 101 Leete Rd., and described as 04-07-15-0-0-0401.
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 29th day of December, 1999.

By: Rachel Berry Angelique Dosh
Rachel Berry Angelique Dosh
Connie M. Berry

ALL SIGNATURES MUST BE NOTORIZED

9-7-15-401 1-3-2000

SEE BACK

STATE OF MICHIGAN } ss.
County of MUSKEGON

ACKNOWLEDGMENT - Individual

On this day personally appeared before me RAYCHEL BERRY

to me known

to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that SHE
signed the same as HER free and voluntary act and deed, for the uses and purposes therein mentioned.GIVEN under my hand and official seal this 29th day of DECEMBER, 1999.DAVID L. BRACE
Notary Public, Muskegon County, Michigan
My Commission Expires 3-11-2003

Notary Public in and for the State of
residing at

My appointment expires _____

STATE OF WASHINGTON, } ss.
County of _____

ACKNOWLEDGMENT - Corporate

On this _____ day of _____, 19____, before me, the undersigned, a Notary Public in and for the State of
Washington, duly commissioned and sworn, personally appeared __________ and _____ to me known to be the
_____ President and _____ Secretary, respectively, of __________ the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary
act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____
authorized to execute the said instrument and that the seal affixed (if any) is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

Notary Public in and for the State of Washington,
residing at _____

My appointment expires _____

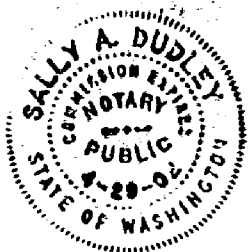
WA-46A (11/96)

This jurat is page _____ of _____ and is attached to _____ dated _____.

State of WA) ss
(Co of Skamania)

BOOK 195 PAGE 875

Subscribed and sworn to before me this 3rd day
of January, 2000, positive photo I.D.




Sally A. Dudley
Notary Public for the
State of WASHINGTON
Residing at STEVENSON
Exp. 04-29-02

Unofficial Copy

STATE OF MICHIGAN } ss. ACKNOWLEDGMENT - Individual
 County of MUSKOGEE

On this day personally appeared before me RAYCHEL BERRY to me known
 to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that SHE
 signed the same as HER free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 29th day of DECEMBER, 1999.

 **DAVID L. BRACE**
 Notary Public, Muskegon County, Michigan
 My Commission Expires 3-11-2003

David L. Brace
 Notary Public in and for the State of
 residing at _____
 My appointment expires _____

STATE OF WASHINGTON, } ss. ACKNOWLEDGMENT - Corporate
 County of _____

On this ____ day of _____, 19____, before me, the undersigned, a Notary Public in and for the State of
 Washington, duly commissioned and sworn, personally appeared _____
 _____ and _____ to me known to be the
 _____ President and _____ Secretary, respectively, of
 _____ the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary
 act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____
 authorized to execute the said instrument and that the seal affixed (if any) is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

 Notary Public in and for the State of Washington,
 residing at _____
 My appointment expires _____

WA-46A (11/96)

This jurat is page ____ of ____ and is attached to _____ dated _____.

STATE OF WASHINGTON, } ss.
 County of Michigan

ACKNOWLEDGMENT - Individual

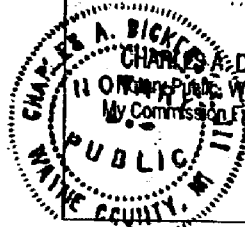
On this day personally appeared before me ANGELIQUE DOST

to me known

to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that SHE

signed the same as H&R free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 30th day of December, 1999.



Charles A. Dickerson, III
 Notary Public in and for the State of Washington,
 residing at

My appointment expires 11-3-03

STATE OF WASHINGTON, } ss.
 County of

ACKNOWLEDGMENT - Corporate

On this _____ day of _____, 19____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____

_____ and _____ to me known to be the _____ President and _____ Secretary, respectively, of _____

_____ the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____ authorized to execute the said instrument and that the seal affixed (if any) is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

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

My appointment expires _____

WA-46A (11/96)

This jurat is page _____ of _____ and is attached to _____ dated _____

CERTIFICATION OF VITAL RECORD

BOOK 145 PAGE 878

309551
05082

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

1. DECEDENT'S NAME Richard W. BERRY		2. SEX M		3. DATE OF DEATH (Month, Day, Year) Sept. 30, 1999																									
4. SOCIAL SECURITY NUMBER 369-53-2041		5. AGE Last Birthday (Years) 49		6. BIRTHPLACE (City and State or Foreign Country) Cincinnati, OH																									
7. DATE OF BIRTH (Month, Day, Year) Sept. 4, 1950		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) Good Samaritan Hospital		9. CITY, TOWN, OR LOCATION OF DEATH Portland																									
10. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life) Paranedic		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married) (Name) Connie Schafer																									
13. RESIDENCE - STATE Washington		13. RESIDENCE - COUNTY Skamania		13. RESIDENCE - CITY, TOWN, OR LOCATION Carson																									
14. ZIP CODE 98610		15. RACE (Specify) White		16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12)																									
17. FATHER'S NAME Russel William Berry		18. MOTHER'S NAME Alice Ruth Patterson		19. INFORMANT - Name and relationship to decedent Connie Berry - Wife																									
20. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) Burial		21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Berge Cemetery		22. LOCATION (City or Town, State) Home Valley, Wash.																									
23. SIGNATURE OF CORONER/FUNERAL SERVICE LICENSEE OF JURISDICTION AT DEATH <i>[Signature]</i>		24. OREGON LICENSE NO. (If Licensee) 1961 (WA)		25. NAME, ADDRESS AND ZIP OF FACILITY Gardner Funeral Home POB 390 White Salmon, WA 98672																									
26. DATE FILLED (Month, Day, Year) OCT 13 1999		27. REGISTRAR'S SIGNATURE <i>[Signature]</i>																											
RESERVED FOR REGISTRAR'S USE																													
<table border="1"> <tr> <td colspan="3">TO BE COMPLETED BY CERTIFYING PHYSICIAN</td> <td colspan="3">TO BE COMPLETED ONLY BY MEDICAL EXAMINER</td> </tr> <tr> <td>27. TIME OF DEATH 1:05 A.M.</td> <td>28. VITAL MEDICAL EXAMINER NOTIFIED Yes</td> <td>29. TIME OF DEATH 1:05 A.M.</td> <td>30. DATE SIGNED (Month, Day, Year) 10/15/99</td> <td>31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Ralph Weinstein, M.D., 2311 NW Northrup, Portland, OR 97210</td> <td>32. NAME OF ATTENDING PHYSICIAN OR OTHER MEDICAL CONSULTANT (Type or Print)</td> </tr> </table>						TO BE COMPLETED BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER			27. TIME OF DEATH 1:05 A.M.	28. VITAL MEDICAL EXAMINER NOTIFIED Yes	29. TIME OF DEATH 1:05 A.M.	30. DATE SIGNED (Month, Day, Year) 10/15/99	31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Ralph Weinstein, M.D., 2311 NW Northrup, Portland, OR 97210	32. NAME OF ATTENDING PHYSICIAN OR OTHER MEDICAL CONSULTANT (Type or Print)												
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ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 10/97



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

DATE ISSUED

OCT 13 1999

THIS COPY NOT VALID WITHOUT ITAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Lila Wickham R.N. MS
LILA WICKHAM R.N. MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

