

138511

BOOK 200 PAGE 536

Return Address:

Marla MacLead-Martin
111 Rockwood Dr.
Stevenson, WA 98648

Marla MacLead-Martin

JUL 3 3 55 PM '00

O'Leary

CLERK

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1. Affidavit, Will & Death Certificate	
2.	
3.	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	REAL ESTATE EXCISE TAX
1. Perry, Virgil	20927
2.	JUL - 3 2000
3.	PAID <u>exempt</u>
4.	<u>Marla</u>
[] Additional Names on page _____ of document.	
GRANTEE(S) (Last name, first, then first name and initials)	SKAMANIA COUNTY TREASURER
1. MacLead, Marla	
2.	
3.	
4.	
[] Additional Names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
NW ⁴ Section 25, T3N, R7EWM	
[] Complete legal on page _____ of document.	
REFERENCE NUMBER(S) Of Documents assigned or released:	
[] Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	Pay-rolled
3-7-25-2-900	Assessed
[] Property Tax Parcel ID is not yet assigned.	Valued
[] Additional parcel #'s on page _____ of document.	Time
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 information.	

AFFIDAVIT **Lack of Probate**

State of Washington

County of Skamania

Marla MacLeod-Martin, being first duly sworn, deposes and says:

1. The undersigned affiant is the wife of Virgil Perry
(relationship to decedent) (decedent)
 who died Nov. 29, 1997, at Stevenson
(date of death) (year) (city)
 State of Washington, then being a legal resident of Stevenson
Skamania, Washington
(county) (state) (city)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

☐ Decedent and surviving spouse executed a Community Property Agreement dated November 25 1997, a copy of which is attached hereto.

☐ Decedent left no last Will.

☒ Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

☐ Decedent left a Will which was probated in _____ County, State of _____ A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

Marla MacLeod-Martin 40 wife Skamania
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

<u>Kathelene Ballstrom</u> (full name)	_____	<u>Daughter</u> (relationship)	<u>Clark Co.</u> (residence)
<u>Robert Perry</u> (full name)	_____	<u>SON</u> (relationship)	<u>King Co.</u> (residence)
<u>Steven Perry</u> (full name)	_____	<u>Son</u> (relationship)	<u>Clark Co.</u> (residence)
<u>Mark Perry</u> (full name)	_____	<u>Son</u> (relationship)	<u>Hood River Co.</u> (residence)
<u>Alison Perry</u> (full name)	_____	<u>Daughter</u> (relationship)	<u>Skam. Co.</u> (residence)

(attach additional page for additional names)

4. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid, except as follows:

5. The decedent [] had [X] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

6. As of the date of death, the value of all community property of the decedent was approximately \$ 96,000.00. The value of all separate property of the decedent was approximately \$ same.

7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN TITLE INSURANCE COMPANY (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Marla MacLeod Martin
Affiant's Full Name

7-3-2000
Date

Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF Skamania) ss.

On this day personally appeared before me Marla MacLeod Martin to me known to be the individual 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 use and purposes therein mentioned.

GIVEN under my hand and official seal this 3rd day of July, 2000



Peggy B. Lowry
Notary Public in and for the State of
Washington, residing at Carson
My appointment expires 2/23/03

LAST WILL AND TESTAMENT
OF
VIRGIL PERRY

I, VIRGIL (nmi) PERRY, a resident of Skamania County, Washington, do hereby make, publish and declare this my Last Will and Testament.

FIRST: I hereby revoke any and all Wills and Codicils by me heretofore made.

SECOND: My immediate family consists of my wife, MARLA MACLEOD. We have no children as issue of our marriage. As issue of a prior marriage I have five children, namely: KATHELENE DAHLSTROM, ROBERT PERRY, STEVEN PERRY, MARK PERRY, and ALLISON PERRY, all of whom are emancipated. I have no adopted or deceased children. Except as provided herein below, I make no provision in this Will for any child who survives me, whether named herein or hereafter born or adopted, nor for the descendants of any child who does not survive me.

THIRD: The following general provisions apply to this Will:

- (a) Reference to children and issue shall include adopted persons and persons hereafter born unless the context requires otherwise.
- (b) For all beneficiaries a condition of survivorship shall mean surviving by at least thirty (30) days.
- (c) A per stirpes class gift shall be divided initially at the first generational level within the class where someone is living.
- (d) Unless the context requires otherwise, masculine, feminine and neuter gender may be used interchangeably, and plural or singular usage shall include the other.
- (e) No provision of this Will is intended to exercise any power of appointment I may have unless the power of appointment is identified therein.
- (f) Unless expressly provided otherwise, I intend the provisions of this Will to dispose only of such property as I may own, and I do not intend to require any beneficiary to make an election in order to receive such property. Further, this Will is freely revocable by me and is not the result of a contract with any person.

FOURTH: At my death, I may have prepared a handwritten and/or signed list defining the

X.V.P. Last Will and Testament of VIRGIL PERRY
(Testator's Initials)
Page 1 of 4 Pages

3-7-25-2-900
7-3-00
GTM

persons to whom I wish certain items of tangible personal property to pass. I intend that list to conform to R.C.W. 11.12.260 as a consequence of which the property listed thereon shall pass in accordance with such list.

FIFTH: Unto my children, KATHELENE DAHLSTROM, ROBERT PERRY, STEVEN PERRY, MARK PERRY, and ALLISON PERRY, I bequeath the sum of One Dollar (\$1.00) to each.

All of the rest, residue and remainder of my estate I give, devise and bequeath unto my wife, MARLA MACLEOD, of whatever nature and wheresoever situate, the same to be hers absolutely and forever.

If my wife, MARLA MACLEOD, should not survive me, or should we die in a common disaster, I give, devise and bequeath the rest, residue and remainder of my estate unto my five children, KATHELENE DAHLSTROM, ROBERT PERRY, STEVEN PERRY, MARK PERRY, and ALLISON PERRY, of whatever nature and wheresoever situate, share and share alike, with right of representation, that is, if any child of mine predeceases me, such deceased child's share shall be divided among that deceased child's then living children.

SIXTH: I direct that all costs of administration, and all taxes or duties (including interest thereon) imposed by any jurisdiction on or in relation to any property includable in my estate because of my death, whether or not such property passes under the provisions of this Will, be paid out of the residue of my estate. The personal representative shall have authority to prepay or defer any taxes attributable to remainder interests created under this Will. To the extent such taxes cannot be satisfied from my residuary estate, they shall be prorated among the beneficiaries of property passing under the provisions of this Will, or outside the provisions of this Will, as if there were no provisions for such taxes herein.

SEVENTH: I direct that upon my demise my body be cremated and that there shall be no funeral or memorial services whatsoever.

EIGHTH: I hereby appoint my wife, MARLA MACLEOD, the personal representative of my estate to act without bond, but if she is deceased, or unable or unwilling to serve, or resigns, dies or becomes incapacitated after qualifying, I appoint my son, ROBERT PERRY, as alternate personal representative, likewise to act without bond. The words "personal representative" refer to executor or executrix, as the case may be.

NINTH: I direct that my estate be settled in the manner provided for herein. I give my personal representative full power to administer this Will and my estate without the intervention of the court, it being my intention to avail myself of the provisions of the non-intervention Will statutes of the State of Washington. My personal representative shall have full power after the entry of an

XVP Last Will and Testament of VIRGIL PERRY
(Testator's Initials)
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XVB. Last Will and Testament of VIRGIL PERRY
(Testator's Initials)
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PERRY on the 25th day of November, 1997, at Stevenson, Washington.

3. **Declarations.** Immediately prior to execution, the Testator declared the document to be his Last Will and Testament and requested the undersigned witnesses to subscribe their names.

4. **Signatures.** The Testator signed the document in the presence of all the witnesses, and the witnesses attested the execution by subscribing their names in the presence of the Testator and of each other.

5. **Competency.** At the time of execution of the Will: (a) the Testator appeared to be of sound mind, of legal age, and acted freely without any duress or undue influence; and (b) the witnesses were each competent and of legal age.

Craig Balzel
Witness
Residing at 2421 Loop Stevenson

Debra Y. Balzel
Witness
Residing at 2421 Loop Rd Stevenson, Wa.

SUBSCRIBED AND SWORN TO before me on this 25th day of November, 1997.

Richard L. Lerner
Notary Public in and for the State of Washington
Residing at White Salmon, therein.
My commission expires: April 23, 2000

XVG Last Will and Testament of VIRGIL PERRY
(Testator's Initials)
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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1. NAME Virgil (NMN) PERRY		2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) November 29, 1997
4. AGE (LAST BIRTH DAY) (Yrs) 66	5. UNDER 1 YEAR NO	6. UNDER 1 DAY NO	7. BIRTH DATE (Mo, Day, Yr) 09-27-31
8. BIRTH PLACE Olympia, WA		9. WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Yes / No) NO	10. COUNTY OF DEATH Skamania
11. CITY, TOWN OR LOCATION OF DEATH Stevenson		12. PLACE OF DEATH - BOX 1 FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 111 Rockwood Drive	
13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	14. SURVIVING SPOUSE (If wife, give maiden name) Maria (MacLeod)	15. SOCIAL SECURITY NO. [REDACTED]	16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12
17. USUAL OCCUPATION (Give kind of work done) Sawmill Worker	18. KIND OF BUSINESS OR INDUSTRY Lumber	19. Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) White	20. RACE (Specify) White
21. RESIDENCE - NUMBER AND STREET 111 Rockwood Drive	22. CITY/TOWN OR LOCATION Stevenson	23. INDE CITY (Last 4 Digits) NO	24. COUNTY Skamania
25. FATHER'S NAME - FIRST, MIDDLE, LAST Frank Perry	26. MOTHER'S NAME - FIRST, MIDDLE, LAST Luella DeBow	27. LENGTH OF RES. IN CO. 62yrs	28. STATE WA
29. INFORMANT - NAME Maria Perry	30. MAILING ADDRESS 111 Rockwood Drive Stevenson, WA 98648	29. ZIP CODE 98648	
31. BURIAL/CREMATION Cremation	32. DATE (Mo, Day, Yr) 12/8/1997	33. CEMETERY/CREMATORY - NAME Park Hill Crematory	34. LOCATION - CITY/TOWN, STATE Vancouver, WA
35. FUNERAL DIRECTOR'S NAME Cathy Clark Hansen	36. NAME OF FACILITY Heritage Cremation, Inc.	37. ADDRESS OF FACILITY 1630 SW Morrison St / Portland, OR 97205	
38. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature] M.D.		39. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature]	
40. DATE SIGNED (Mo, Day, Yr) 12-4-97	41. HOUR OF DEATH (24 Hr.) 06:45 A	42. DATE SIGNED (Mo, Day, Yr)	43. HOUR OF DEATH (24 Hr.)
44. NAME AND TITLE OF ATTENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER (Type or Print) Paul Hamada, MD/1784 May St./Hood River, OR 97031		45. PROCLAIMED DEAD (Mo, Day, Yr)	46. HOUR PROCLAIMED DEAD (24 Hr.)
47. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Paul Hamada, MD/1784 May St./Hood River, OR 97031			
48. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH			
IMMEDIATE CAUSE (Final disease or condition resulting in death) MYOCARDIAL INFARCT, SIB-MOID COLON		INTERVAL BETWEEN ONSET AND DEATH 11 MONTHS	
DO NOT ENTER THE MODE OF DEATH, SUCH AS CARING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Primary or injury which initiated events leading to death) LAST.		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
49. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			
50. ACC. SUICIDE, HOMICIDE, UNDETERMINED INVEST. (Specify)	51. INJURY DATE (Mo, Day, Yr)	52. HOUR OF INJURY (24 Hr.)	53. DESCRIBE HOW INJURY OCCURRED
54. INJURY AT WORK? (Yes / No)	55. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, ETC. (Specify)	56. STREET OR RD NO., CITY/TOWN, STATE	
57. RECORD AMENDMENT (Register use only) ITEM X	58. REVIEWED BY [Signature]	59. DATE RECEIVED (Mo, Day, Yr) DEC 08 1997	



FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-150)

DOH 01-003 (5/95)