

138595

BOOK 260 PAGE 790

SKAMANIA CO. TITLE

JUL 14 4 37 PM '00

P. Long

GARY H. MARTIN

AFTER RECORDING MAIL TO:

Name Dennis Morgan

Address 872 Loop Road

City/State Stevenson, WA 98648

SCR 23/68

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. Morgan, Felice Susan
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. Morgan, Dennis
- 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)

Part of Lot 3, IGNAZ WACHTER SUBDIVISION, according to the Plat thereof, recorded in Book A, Page 30, in the County of Skamania, State of Washington, described as follows:
Lot 1, Jay Johnson Short Plat, recorded in Book 3 of Short Plats, Page 235, Skamania County Records.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-2-0-0502-00

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

20947

JUL 14 2000

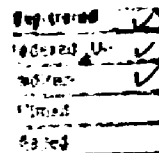
PAID *except*

of Deed

SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor

Date 7/14/2000 Parcel # 3-7-36-2-502
Lot 1 land



**AFFIDAVIT
Lack of Probate**

State of Washington

County of SKAMANIA

_____, being first duly sworn, deposes and says:

1. The undersigned affiant is the HUSBAND of FELICE MORGAN
(relationship to decedent) (decedent)
 _____, who died 9-29-98 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 _____, 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:

DENNIS JOHN NARSEN 53 HUSBAND STEVENSON WA,
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(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 ☐ 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 \$ _____. The value of all separate property of the decedent was approximately \$ _____.
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.

Dennis J. Morgan
Affiant's Full Name

7-13-00
Date

Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF Skamania) ss.

On this day personally appeared before me Dennis J. Morgan to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 13 day of July, 2000

Notary Public
State of Washington
JAMES R COPELAND, JR
MY COMMISSION EXPIRES
September 13, 2003

Dennis J. Morgan
Notary Public in and for the State of
Washington, residing at Steverson
My appointment expires 9-13-03

COPY

Last Will and Testament

of

FELICE SUSAN MORGAN

KNOW ALL MEN BY THESE PRESENTS, That I, FELICE SUSAN MORGAN, being over the age of twenty-one years, and a resident and inhabitant of Skamania County, State of Washington, of sound and disposing mind and memory, and not acting under duress, menace, fraud, or undue influence; do make, publish and declare this to be my LAST WILL and TESTAMENT, hereby annulling and revoking any and all Wills and codicils thereto heretofore made by me at any time.

ARTICLE I. DEBTS AND EXPENSES

I direct that my Personal Representative, hereafter named, shall first pay out of the proceeds of my estate all just debts by me owed at the time of my death, including the expenses of my last illness and burial.

ARTICLE II. BURIAL

I direct that my body be given proper disposition, befitting my station in life, but without unnecessary ostentation or expense.

ARTICLE III. CHILDREN

I declare that I am married to DENNIS JOHN MORGAN and that we have no children as issue of our marriage.

ARTICLE IV. RESIDUARY DEVISE AND BEQUEST

All of the rest residue and remainder of the property of which I may die possessed, whether real, personal or mixed, of whatsoever kind or nature, and wheresoever situate, I give, devise and bequeath unto my husband, DENNIS JOHN MORGAN, as his sole and separate property, per stirpes.


Felice S. Morgan, Testatrix
LAST WILL AND TESTAMENT - Page 1 OF 2

ARTICLE V.
PERSONAL REPRESENTATIVE

I nominate and appoint my husband, DENNIS JOHN MORGAN, as the Personal Representative of this, my LAST WILL and TESTAMENT. In the event he predeceases me or should he be unwilling or incapable or for any reason fail or refuse to act in such trust, I appoint my mother, FLORENCE ANN GOLDSTEIN, to act as Personal Representative of my Will. I direct that no bond or other undertaking shall be required of my Personal Representative, in any event, and that my Personal Representative shall serve as such without the intervention of any Court or Courts.

ARTICLE VI.
EXCLUSIONS

I have intentionally omitted all my heirs who are not specifically mentioned as devisees herein and I hereby generally and specifically disinherit each, any and all persons whomsoever claiming to be or who may be lawfully determined to be my heirs at law and I hereby give, devise and bequeath One Dollar (\$1.00) to any person whomsoever claiming to be or proven to be my heir at law who contests the provisions hereof, such bequest to be given in lieu of anything said person would have taken under the provisions of this Will, or through intestacy.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 25th day of September, 1998, at Stevenson, Skamania County, Washington.

Felice Morgan
FELICE S. MORGAN, Testatrix

The foregoing instrument, constituting of two (2) pages, was on the 25th day of September, 1998, signed and sealed and published as, and declared to be, her LAST WILL and TESTAMENT, in the presence of us who at her request and in her presence and in the presence of each other, and who being of the opinion that she, at the time of executing this Will, was of sound and disposing mind and memory and was not acting under duress, menace, fraud or the undue influence of any person or persons, have subscribed our names as witnesses thereto.

Christopher K. Lanz residing in Skamania County, Washington
CHRISTOPHER K. LANZ, Witness

Elizabeth A. Gordon residing in Skamania County, Washington
ELIZABETH A. GORDON, Witness

Felice Morgan
Felice S. Morgan, Testatrix
LAST WILL AND TESTAMENT - Page 2 OF 2

Affidavit of Witness to Will

STATE OF WASHINGTON)
) ss.
 County of Skamania)

CHRISTOPHER R. LANZ and ELIZABETH A. GORDON each being first duly sworn on oath and each for him/herself depose and say:

I reside in Skamania County, Washington, and am of the age of majority. I am one of the subscribing witnesses to the above and foregoing instrument entitled LAST WILL and TESTAMENT of FELICE SUSAN MORGAN; that the said LAST WILL and TESTAMENT was signed and executed by the said FELICE SUSAN MORGAN at Stevenson, Skamania County, Washington on the date appearing thereon, in my presence and in the presence of the other subscribing witness, and the said FELICE SUSAN MORGAN thereupon published said instrument as her LAST WILL and TESTAMENT by declaring the same to be such and requesting me in attestation thereof to subscribe my name as a witness thereto. Thereupon, I then and there in the presence of the said testatrix and the other subscribing witness subscribed my name as witness to said LAST WILL and TESTAMENT.

Christopher R. Lanz
 CHRISTOPHER R. LANZ, Witness

SUBSCRIBED & SWORN to before me this
 25th day of September, 1998.

Paul J. Carter
 Notary Public for Washington
 Residing at Stevenson
 My Commission expires 8-30-00

Elizabeth A. Gordon
 ELIZABETH A. GORDON, Witness

SUBSCRIBED & SWORN to before me this
 25th day of September, 1998.

Paul J. Carter
 Notary Public for Washington
 Residing at Stevenson
 My Commission expires 8-30-00

STATE OF WASHINGTON DEPARTMENT OF HEALTH

BOOK 200 PAGE 797

Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

35

LOCAL FILE NUMBER

1 NAME Felice Susan Morgan			2 SEX (M/F) Female		3 DEATH DATE (Mo Day Yr) September 29, 1998	
4 AGE LAST BIRTHDAY (Yr Mo Day) 44		5 UNDER 1 YEAR YES		6 UNDER 1 DAY NO		7 BIRTH DATE (Mo Day Yr) 04-05-1954
8 UNDER 1 YEAR YES		9 UNDER 1 DAY NO		10 BIRTH PLACE (City, State or Foreign Country) Los Angeles, CA.		11 WAS DECEDENT EVER IN U.S. ARMY OR NAVY? (Yes/No) NO
12 CITY, TOWN OR LOCATION OF DEATH Stevenson			13 PLACE OF DEATH (Check box for place then give address or institution name) 1 <input checked="" type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSIT 3 <input type="checkbox"/> LONG TERM CARE 4 <input type="checkbox"/> HOSP 5 <input type="checkbox"/> NURS HOME 6 <input type="checkbox"/> OTHER PLACE 872 Loop Road			14 STAFFING RELAT 15 YEARS (Yr Mo Day) No
16 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify) Married		17 SPOUSING SPOUSE (Name & address) Dennis J. Morgan		18 SOCIAL SECURITY NO. [REDACTED]		19 DECEASED EDUCATION (Specify only highest grade completed) College (14 or 15)
20 USUAL OCCUPATION (Specify kind of work done during most of working life. DO NOT USE RETIRED) Sales		21 KIND OF BUSINESS OR INDUSTRY Home Depot		22 PRESENCE OF HAZARDOUS MATERIAL OR SUBSTANCE? (Specify) No		23 RACE (Specify) White
24 RESIDENCE NUMBER AND STREET 872 Loop Road		25 CITY/TOWN OR LOCATION Stevenson		26 POST OFFICE CITY (Yr Mo Day) No		27 LENGTH OF RES IN CO 2 yrs
28 FATHER'S NAME - FIRST LETTER LAST Hyman Goldstien		29 MOTHER'S NAME - FIRST LETTER LAST Florence Ginsberg		30 STATE WA		31 ZIP CODE 98648
32 DECEASED NAME Dennis J. Morgan		33 MARITAL ADDRESS (Street or RD No) 872 Loop Road, Stevenson, Washington 98648		34 LOCATION - CITY/TOWN STATE Tigard, Oregon		35 ADDRESS OF FACILITY PO Box 61747
36 BURIAL CREMATION (Specify) Cremation		37 DATE (Mo Day Yr) 10-02-98		38 CEMETERY/CREMATORY NAME Willamette Crematory		39 ADDRESS OF FACILITY Davies Cremation & Burial Svc., Vancouver, Washington 98666
40 SIGNATURE AND TITLE [Signature]		41 DATE SIGNED (Mo Day Yr) 10/2/98		42 HOUR OF DEATH (24 Hr) 0500		43 DATE SIGNED (Mo Day Yr) [Signature]
44 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Craig Nichols M.D.		45 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) 3181 SW Sam Jackson Park, Portland, OR Matthew C. Bruns MD		46 PREVIOUSLY DEAD (Mo Day Yr) No		47 HOUR PREVIOUSLY DEAD (24 Hr) [Signature]
48 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH Adenocarcinoma of unknown primary site		49 INTERVAL BETWEEN ONSET AND DEATH 6 months		50 INTERVAL BETWEEN ONSET AND DEATH [Signature]		51 INTERVAL BETWEEN ONSET AND DEATH [Signature]
52 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		53 AUTOPSY? (Yes/No) No		54 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No		55 DATE RECEIVED (Mo Day Yr) 10/14/98
56 ADD SUICIDE, HOMICIDE, OR PENDING INVEST (Specify)		57 INJURY DATE (Mo Day Yr) [Signature]		58 HOUR OF INJURY (24 Hr) [Signature]		59 DESCRIBE HOW INJURY OCCURRED [Signature]
60 INJURY AT WORK? (Yes/No) No		61 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC (Specify) [Signature]		62 LOCATION - STREET OR RD NO, CITY/TOWN STATE [Signature]		63 RECORD AMENDMENT (Specify) (Type or Print) [Signature]
64 RECORD AMENDMENT (Specify) (Type or Print) [Signature]		65 REVIEWED BY [Signature]		66 DATE [Signature]		67 DATE RECEIVED (Mo Day Yr) 10/14/98

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.