

139384

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FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. REC.

OCT 16 11 42 AM '00
J. Olsson
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name B. Bullack
Address Box 8
City/State Underwood WA 98651-0008
SR 23589

Document Title(s): (or transactions contained therein)

1. AFFIDAVIT
- 2.
- 3.
- 4.



First American Title
Insurance Company

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. Bullack, Betty J.
- 2.
- 3.
- 4.

Gary H. Martin, Skamania County Assessor

Date 10/16/00 Parcel # 3-10-23-2-2-002

5. ☐ Additional names on page _____ of document

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

1. Bullack, William A.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section, town, range, quarter/quarter)

Lot 11 & 12 Block 1
Hamiltons First Add

REAL ESTATE EXCISE TAX
21134

OCT 16 2000

PAID 10/16/00
G. Martin
SKAMANIA COUNTY TREASURER

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-10-23-2-2-002

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.

**AFFIDAVIT
Lack of Probate**

SK 1223

State of Washington

County of SKAMANIA

I, Betty J. Bullack, being first duly sworn, deposes and says:

1. The undersigned affiant is the Spouse of William
(relationship to decedent) (decedent)
A. Bullack, who died June 22, 1997, at HOOD RIVER,
(date of death) (year) (city)
State of OREGON, then being a legal resident of UNDERWOOD,
(state) (city)
SKAMANIA, Washington.
(county) (state)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below: Date 10/16/00 Parcel # 3-20-23-1-2-000
Gary H. Martin, Skamania County Assessor
- ☐ 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:
32 Orchard Rd.
Betty J. Bullack 64 Spouse Underwood, WA
(full name) (age) (relationship) (residence)

HZIRS AT LAW (continued)

<u>William L. Bullock</u>	<u>52</u>	<u>SON</u>	<u>Mt. Hood/ Pakdale, OR.</u>
(full name)	(age)	(relationship)	(residence)
<u>James B. Bullock</u>	<u>51</u>	<u>SON</u>	<u>Coos Bay, OR.</u>
(full name)	(age)	(relationship)	(residence)
<u>Helen L. Fish</u>	<u>37</u>	<u>DAUGHTER</u>	<u>Pakdale, OR.</u>
(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: Not Applicable

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 \$ 56,000.00. The value of all separate property of the decedent was approximately \$ 0.

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

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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 AFFILIANT(S) IN
RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFILIANT
AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM
LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID
RELIANCE.

Betty J. Bullack
Affiant's Full Name

10/11/00
Date

Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF Klickitat) ss.

On this day personally appeared before me Betty J. Bullack 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 11th day of October, 2000



Erin D. Anderson
Notary Public in and for the State of
Washington, residing at Lytle, WA
My appointment expires 4-21-2003

CERTIFICATION OF VITAL RECORD

BOOK 203 PAGE 480

TYPE OR
PRINT OR
PERMANENT
BLACK INK

247416
ID. TAG NO.

3016-97
LOCAL FILE NUMBER

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

135

State File Number

1. DECEDENT'S NAME William Arthur BULLACK		2. SEX Male		3. DATE OF DEATH, Month, Day, Year June 22, 1997	
4. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE, Last, Month, Day, Year 76		6. PLACE OF BIRTH, City, State, Country Goldendale, WA.	
7. DATE OF BIRTH, Month, Day, Year Apr. 29, 1921		8. PLACE OF DEATH, (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Prison <input type="checkbox"/> Jail <input type="checkbox"/> Other			
9. FACILITY NAME (If not residence, give street and number) Hood River Memorial Hospital		10. CITY, TOWN, OR LOCATION OF DEATH Hood River		11. COUNTY OF DEATH Hood River	
12. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life) Operating Engineer/ Welder		13. KIND OF BUSINESS/INDUSTRY Construction/ Ship Building		14. MARITAL STATUS: Married, Single, Widowed, Divorced, Separated Married	
15. RESIDENCE - STATE Washington		16. COUNTY Skamania		17. CITY, TOWN, OR LOCATION Underwood	
18. RESIDENCE - STREET AND NUMBER 82 Packard Rd.		19. ZIP CODE 98651		20. DECEDENT'S EDUCATION (Check only one grade completed) Elementary (8-12) <input type="checkbox"/> Secondary (13-15) <input type="checkbox"/> College (16 & over) <input checked="" type="checkbox"/>	
21. FATHER - NAME, birth date, birth place Brian Arthur Bullack		22. MOTHER - NAME, birth date, birth place Laura Adam		23. INFORMANT - NAME and relationship to decedent Betty Bullack, Wife	
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Win-Quatt Crematory		26. LOCATION - City or Town, State The Dalles, OR.	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		28. LICENSE NUMBER 3529		29. NAME, ADDRESS AND ZIP OF FACILITY Anderson Funeral Home 1401 Belmont, Hood River, OR.	
30. DATE FILED, Month, Day, Year June 24, 1997		31. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		32. DID GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
33. TO BE COMPLETED BY CERTIFYING PHYSICIAN					
34. TIME OF DEATH 12:44 P.M.		35. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
36. TO THE BEST OF MY KNOWLEDGE, death occurred at the time, date, place and due to the cause(s) and manner stated. <i>[Signature]</i>					
37. DATE SIGNED (Month, Day, Year) 06-24-97					
38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Paul Hamada MD., 1784 May St., Hood River, OR. 97031					
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
40. 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, unless it is a consequence of the underlying cause.) (a) ACUTE PULMONARY EMBOLISM (b) ATHEROSCLEROTIC HEART DISEASE (c) CHRONIC OBSTRUCTIVE PULMONARY DISEASE					
41. PART 2: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART 1. CHRONIC OBSTRUCTIVE PULMONARY DISEASE					
42. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		43. DATE OF INJURY (Month, Day, Year) [REDACTED]		44. TIME OF INJURY [REDACTED]	
45. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		46. DESCRIBE HOW INJURY OCCURRED		47. LOCATION - Street and Number or Rural Route Number, City or Town, State	

ORIGINAL VITAL STATISTICS COPY

45-2 Rev 3/97

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

DATE ISSUED: **HOOD RIVER JUL 15 1997 COUNTY OREGON**

Dorothy A Odell
DOROTHY A ODELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON



WILL

OF

WILLIAM ARTHUR BULLACK

I, WILLIAM ARTHUR BULLACK, of Underwood, Washington, whose Social Security Number is 544-12-5258 declare that this is my Will and revoke all prior Wills and Codicils.

ARTICLE 1

FAMILY

1.1 SPOUSE. I am married to WILLIAM A. BULLACK, and all references to "my spouse" are to him.

1.2 DESCENDANTS. My presently living children are:

William Lester Bullack, of Mt. Hood/Parkdale, Oregon
James Bryan Bullack, of Coos Bay, Oregon
Helen Louise Fish, of Parkdale, Oregon

1.3 MY SPOUSES LIVING CHILDREN ARE:

Linda Gilcrist, of Hillsboro, Oregon
Julie Nelson, of Beaverton, Oregon
Laura Tengwall, of Portland, Oregon

References to "my children" include any child later born to or adopted by me and include the children of my spouse.

ARTICLE 2

LEGAL REPRESENTATIVES

2.1 PERSONAL REPRESENTATIVE. I name my spouse as my personal representative. If my spouse fails to qualify or ceases to act as my personal representative, I name James B. Bullack as my personal representative.

ARTICLE 3

SPECIFIC GIFTS AND SPECIAL DIRECTIONS

3.1 TANGIBLE PERSONAL PROPERTY. With the exception of the instructions in Article 3.2 and 3.3 below, if my spouse survives me, I give to my spouse any interest I have in household goods and

1 WILL OF WILLIAM ARTHUR BULLACK

furnishings, personal vehicles, recreational equipment, clothing, jewelry, personal effects, and other tangible personal property for personal or household use, together with any insurance on this property. If my spouse does not survive me, I have marked specific personal property with the name or names of that person or those persons to whom I want the property to go. The balance of my property I give in substantially equal shares to my surviving children to be divided among them as they agree or, if they do not agree, as my personal representative determines.

3.2 A COLLECTION OF ANTIQUE TOOLS. A collection of antique tools which are mounted on display boards have been offered to the Historical Society in Goldendale, Washington. That group is to have these tools if they are interested. With regard to other items of personal property I have marked the person or persons to whom the property should go and I ask that my personal representative respect my wishes in that regard.

3.3 NOT WITHSTANDING THE ABOVE. My son, William Bullack, is not to share in my estate so long as he is married to, is living with, or is associated in any manner with Kathy Bullack.

ARTICLE 4

RESIDUE

4.1 IF MY SPOUSE SURVIVES. If my spouse survives me, I give the residue of my estate to my spouse.

4.2 IF MY SPOUSE DOES NOT SURVIVE. With the exception noted in Article 3.3 above, I give the residue of my estate in equal shares to my children, one share for each child who survives me and one share by right of representation for the then surviving descendants of each child who does not survive me. Except however the same constraints as set forth in Article 3.2 above apply to the residue of my estate.

4.3 CONTINGENT BENEFICIARIES. If neither my spouse nor any of my descendants survive me, I give the residue of my estate as follows:

One-half to those persons surviving me who would be entitled to receive my intestate property as determined by Oregon law at the time of my death.

One-half to those persons surviving me who would be entitled to receive my spouse's intestate property as determined by Oregon law at the time of my death.



ARTICLE 5

PERSONAL REPRESENTATIVE

5.1 NO BOND REQUIRED. No bond shall be required of any individual named in this Will as my personal representative.

5.2 POWERS. I give my personal representative all powers conferred on a personal representative by Oregon law as now existing or later amended, whether or not those powers are exercised in Oregon.

5.3 TRANSFER TO CUSTODIAN. If any interest passes under this Will to a person under the age of 21, I authorize my personal representative to transfer that interest to a custodian for that person under the Oregon Uniform Transfers to Minors Act.

ARTICLE 6

GENERAL ADMINISTRATIVE PROVISIONS

6.1 SURVIVORSHIP. A beneficiary under my Will shall be considered to survive me only if the beneficiary is living on the sixtieth day after the date of my death.

6.2 DESCENDANTS. "Descendants" means all naturally born or legally adopted descendants of the person indicated.

6.3 TAXES. I direct my personal representative to pay out of the residue of my estate, without apportionment, all estate, inheritance, and other death taxes (including interest and penalties) payable by reason of my death on property passing under this Will. All death taxes on property not passing under this Will shall be apportioned according to Oregon law.

6.4 DEBTS AND EXPENSES. I direct my personal representative to pay out of the residue of my estate, without apportionment, all debts of mine as they come due, expenses of my last illness and funeral, and expenses incurred in administering my estate.

6.5 ELECTIONS, DECISIONS, AND DISTRIBUTIONS. I authorize my personal representative and my trustee, if any, to make any election or decision available to my estate or trust under federal or state tax laws, to make pro rata or non-pro rata distributions without regard to any differences in tax basis of assets distributed, and to make distributions in cash, in specific property, in undivided interests in property, or partly in cash and partly in property. The good faith decisions of my personal representative or trustee in the exercise of these powers shall be

3 WILL OF WILLIAM ARTHUR BULLACK

[Signature]

conclusive and binding on all parties, and my personal representative or trustee need not make any adjustments among beneficiaries because of any election, decision, or distribution.

6.6 CHANGE IN CORPORATE FIDUCIARY. If any corporate fiduciary is merged or voluntarily liquidated into or consolidated with another entity having the required fiduciary powers, the successor shall have all powers granted to the original corporate fiduciary.

6.7 GOVERNING LAW. The validity and construction of my Will shall be determined under Oregon law in effect on the date my Will is signed.

6.8 CAPTIONS. The captions are inserted for convenience only. They are not a part of this instrument and do not limit the scope of the section to which each refers.

6.9 BURIAL INSTRUCTIONS. My remains are to be buried at the Spring Creek Cemetery in my family plot. My personal representative is to contact E. Irvin Hunter of Goldendale, Washington, for assistance in this matter, and my personal representative should look to IMOE, Local 701, 555 E. First, Gladstone, Oregon, for death benefits.

I have signed this Will on this 11 day of April, 1994.

William A. Bullack
William Arthur Bullack

On the date of the foregoing Will of William Arthur Bullack, I saw him sign it. Upon his declaration that it was his Will, I signed my name below as a witness.

Carolyn A. Wells Residing at Hood River, Oregon

A. H. Sandilant Residing at Hood River, Oregon

W. A. Bullack

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State of Washington
County of Klickitat

I certify that the copy of the Will of William Arthur Bullack
is a true and correct copy of the original Will in the
possession of Betty J. Bullack as of this date.

Erin D. Anderson

Dated 10-11-00

Erin D. Anderson, Notary Public
My commission expires 4-24-03

