

139705

BOOK 204 PAGE 505

RETURN ADDRESS:

Lynette Kottis
7452 Settling Sun Way
Columbia, MD 21046

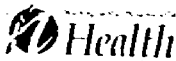
FILED FOR RECORD
SEALING WASH
BY Lynette Kottis

Nov 17 1 49 PM '00
JH Musee
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1.	Death Certificate
2.	
3.	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	
1.	Constantino S. Kottis
2.	
3.	
4.	
<input type="checkbox"/> Additional Names on Page _____ of Document.	
GRANTEE(S) (Last name, first, then first name and initials)	
1.	Lynette T. Kottis
2.	
3.	
4.	
<input type="checkbox"/> Additional Names on Page _____ of Document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)	
Lot 2 of Oregon Lumber Company	
<input type="checkbox"/> Complete Legal on Page <u>5</u> of Document.	
REFERENCE NUMBER(S) Of Document assigned or released:	
<input type="checkbox"/> Additional Numbers on Page _____ of Document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
<input type="checkbox"/> Property Tax parcel ID is not yet assigned. 03-09-14-2-0-0900-00	
<input type="checkbox"/> 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 information.	

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

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THE DEPARTMENT OF HEALTH HAS

41

LOCAL HEALTH DEPARTMENT

1. NAME Constantino Stephen KOTTIS		2. DATE OF DEATH November 10, 2000	
3. SEX 39	4. BIRTH DATE 12/12/1961	5. BIRTH PLACE Washington, DC	6. RACE No
7. CURRENT ADDRESS Underwood		8. DECEASED'S RESIDENCE 9.7 Milepost door Underwood Road	9. DECEASED'S RESIDENCE Yes
10. MARITAL STATUS Married		11. SPOUSE'S NAME Lynette Tavas	
12. USUAL OCCUPATION Consultant		13. DECEASED'S OCCUPATION Computers	
14. RESIDENT 142 Jessup Rd.		15. DECEASED'S RESIDENT Cook	
16. FATHER'S NAME Paul Gus Kottis		17. MOTHER'S NAME Patricia Ann Reid	
18. DECEASED'S NAME Christopher Kottis		19. DECEASED'S ADDRESS 7452 Setting Sun Way Columbia, MD 21046	
20. DATE OF CREMATION 11/15/2000		21. CREMATION PLACE Win-quatt Crematory	
22. FUNERAL DIRECTOR Gardner Funeral Home		23. FUNERAL HOME ADDRESS The Dalles, Oregon	
24. TO THE BEST OF MY KNOWLEDGE X		25. MEDICAL EXAMINER OR CORONER X	
26. DATE OF DEATH November 10, 2000		27. DATE OF DEATH November 13, 2000	
28. NAME AND TITLE OF ATTENDING PHYSICIAN Brad Andersen - Skamania County Physician		29. NAME AND TITLE OF MEDICAL EXAMINER OR CORONER Brad Andersen - Skamania County Physician	
30. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH BLUNT CERVICAL TRAUMA		31. OTHER SIGNIFICANT CONDITIONS Driver in a single vehicle collision.	
32. ACCIDENT (T) Nov. 10, 2000		33. DECEASED'S OCCUPATION 0155	
34. PLACE OF DEATH Street		35. LOCATION OF DEATH MP 9.7 Cook-Underwood Rd. Underwood, WA	
36. RECORD MAINTAINED X		37. DATE OF DEATH 11/13/2000	

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

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AFFIDAVIT
Lack of Probate

REAL ESTATE EXCISE TAX

21199

NOV 17 2000

State of Washington

County of SKAMANIA

PAID 000000

Oh. Neely
SKAMANIA COUNTY TREASURER

LYNETTE T. KOTTIS

being first duly sworn, deposes and says:

1. The undersigned affiant is the SPOUSE of CONSTANTINO
(relationship to decedent) (decedent)
S. KOTTIS, who died NOV. 10, 2000 at _____
(date of death) (year) (city)
State of WASHINGTON, then being a legal resident of MILL - A
SKAMANIA, WASHINGTON
(county) (state) (city)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

Gary H. Martin, Skamania County Assessor

2. Check the appropriate box below: Date 11-17-00 Parcel # 03091420090000
MD
☐ 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:

<u>LYNETTE T. KOTTIS</u>	<u>36</u>	<u>SPOUSE</u>	<u>142 JESSUP RD. COOK, WA</u>
(full name)	(age)	(relationship)	(residence)

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HEIRS AT LAW (continued)

PAUL NICHOLAS KOTNIS	6	SON	142 JESSUP RD. COOK, WA
(full name)	(age)	(relationship)	(residence)
PETER JEFFERSON KOTNIS	3	SON	142 JESSUP RD. COOK, WA
(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:

PNC MORTGAGE CO.
WELLS FARGO CREDIT CARD

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 \$ 23,000.00. 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:

None

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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 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.

[Signature]
Affiant's Full Name

11/17/00
Date

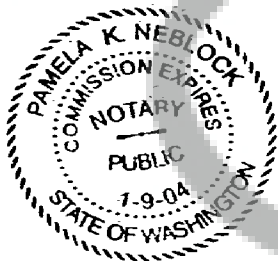
Affiant's Full Name

Date

STATE OF WASHINGTON, }
COUNTY OF _____ } ss.

On this day personally appeared before me LYNETTE T. KOTTIS to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that Lynette signed the same as _____ free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 17th day of November, 2000.



[Signature]
Notary Public in and for the State of
Washington, residing at Carson
My appointment expires 01-09-04

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4. THE LAND REFERRED TO IN THIS POLICY IS DESCRIBED AS FOLLOWS:

A tract of land in Lot 2 of the OREGON LUMBER COMPANY'S in Section 14, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Southeast corner of the West half of said Lot 2; thence West along the South line of said Lot 2 a distance of 110 feet; thence North parallel with the East line of the West half of said Lot 2 a distance of 142 feet; thence East parallel with the said South line 110 feet to the East line of the West half of said Lot 2; thence South 142 feet to the POINT OF BEGINNING.

Gary H. Martin, Skamania County Assessor

Date 11-17-00 Parcel # 03091420090000
SID