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BOOK 204 PAGE 995

RETURN ADDRESS:

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FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Christopher Lanz

DEC 6 4 25 PM '00

GARY M. OLSON  
AUDITOR

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Order of Adjudication of Intestacy and Heirship 00-4-00008-1
2. Certificate of Death: Lillian Elaine Tucker
3. Legal Description
- 4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Tucker, Lillian Elaine, Deceased
- 2.
- 3.
- 4.

☐ Additional Names on Page \_\_\_\_\_ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Polson, Rochelle M., a married person as her separate estate
- 2.
- 3.
- 4.

☐ Additional Names on Page \_\_\_\_\_ of Document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)  
In Section 2, T2N, R7E WM lot 400

Gary H. Martin, Skamania County Assessor

☒ Complete Legal on Page 4 of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page \_\_\_\_\_ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

02 07 02 4 1 0400 00

☐ Property Tax parcel ID is not yet assigned.

☐ 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.

BOOK 204 PAGE 996

SKAMANIA COUNTY  
FILED  
MAY 25 2000  
LORENA E. HULLIS, CLERK  
DEPUTY

IN THE SUPERIOR COURT OF WASHINGTON  
IN AND FOR SKAMANIA COUNTY

In the Matter of the Estate

of

LILLIAN ELAINE TUCKER,  
Deceased.

No. 99-4-00006-3

ORDER OF ADJUDICATION OF  
INTESTACY AND HEIRSHIP

The Petitioner, ROCHELLE M. POLSON, having filed with the Court a Petition for an Order of Adjudication of Intestacy and Heirship, the Court finds:

1. That LILLIAN ELAINE TUCKER died a resident of Stevenson, Skamania County, Washington, on July 21, 1994, leaving real property in Skamania County, and no will has been found.
2. That the surviving spouse of LILLIAN ELAINE TUCKER the decedent, NEWELL ANGUS TUCKER, died testate on February 20, 1999, was a resident of Skamania County, Washington, and his estate is admitted for probate under Probate No. 99-4-00006-3, Skamania County Superior Court.
3. The petitioner, ROCHELLE M. POLSON is the sole surviving heir of the estate.
4. The Decedent's estate is, in accordance with the laws of the State of Washington, entitled to be adjudged intestate and distributed to the surviving heir.

NOW THEREFORE, IT IS ORDERED that:

Estate of Lillian Elaine Tucker, Deceased  
ORDER OF ADJUDICATION  
OF INTESTACY AND HEIRSHIP  
Page 1

CHRISTOPHER R. LANZ, WSBA #24220  
Attorney At Law  
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1. The decedent is intestate; and
2. The Estate of the Decedent shall be distributed to the sole surviving heir; and
3. Unless within four months of the date of this Order of Ajudication of Intestacy and Heirship, a petition is filed seeking the admission of a will of the decedent for probate, or contesting this adjudication of heirship; this adjudication shall become final and conclusive for all legal intents and purposes.

DONE IN OPEN COURT this 25<sup>th</sup> day of May, 2000.

*[Signature]*  
Judge/Court Commissioner

Presented By:

*[Signature: Christopher R. Lanz]*  
CHRISTOPHER R. LANZ, WSBA #24220  
Attorney for Petitioner  
P.O. Box 848, 273 SW First Street  
Stevenson, Washington 98648

County of Skamania

I, Lorena E. Hollis, County Clerk of the Superior Court of Skamania County, Washington, DO HEREBY CERTIFY that this instrument, consisting of 2 page(s), is a true and correct copy of the original now on file and of record in my Office and, as County Clerk, I am the legal custodian thereof.

Signed and sealed at Stevenson, Washington

this date: 12-16-00

LORENA E. HOLLIS, County Clerk

BY *[Signature]* Deputy

Estate of Lillian Elaine Tucker, Deceased  
ORDER OF ADJUDICATION  
OF INTESTACY AND HEIRSHIP  
Page 2

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STATE OF WASHINGTON DEPARTMENT OF HEALTH											
LOCAL FILE NUMBER						STATE FILE NUMBER					
CERTIFICATE OF DEATH						BOOK 204 PAGE 998					
1. NAME First Middle Last <b>Lillian Elaine TUCKER</b>		2. SEX (M / F) <b>Female</b>		3. DEATH DATE (Mo, Day, Yr) <b>July 21, 1994</b>							
4. AGE LAST BIRTHDAY (Yr) <b>80</b>		5. UNDER 1 YEAR MO. DAY. HRS. <b>1</b>		6. BIRTHDATE (Mo, Day, Yr) <b>8/19/1913</b>							
7. BIRTHPLACE (City, State or Foreign Country) <b>Pilot Rock, OR</b>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>		9. COUNTY OF DEATH <b>Klickitat</b>							
10. CITY, TOWN OR LOCATION OF DEATH <b>White Salmon</b>		11. PLACE OF DEATH - BOX FOR PLACE THEY GAVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERGENCY 4. HOSPITAL 5. NURSING HOME 6. OTHER PLACE <b>Skyline Hospital</b>		12. STAYING IN LAST 15 YEARS? (Yes / No) <b>Yes</b>							
13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): <b>Married</b>		14. SURVIVING SPOUSE (if wife give maiden name) <b>Newell A. Tucker</b>		15. SOCIAL SECURITY NO. <b>538-09-7437</b>							
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (13 or 14) <b>12</b>		17. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify <b>No</b>		18. RACE (Specify) <b>White</b>							
19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Homemaker</b>		20. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		21. LENGTH OF RES. IN CO. <b>15 yrs</b>							
22. RESIDENCE - NUMBER AND STREET <b>MP 0.23 Foster Creek</b>		23. CITY/TOWN OR LOCATION <b>Stevenson</b>		24. COUNTY <b>Skamania</b>							
25. FATHER'S NAME - FIRST, MIDDLE, LAST <b>James - Drew</b>		26. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME <b>Rose - Smith</b>		27. ZIP CODE <b>98648</b>							
28. INFORMANT - NAME <b>Newell Tucker</b>		29. MAILING ADDRESS - STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>MP 0.23 Foster Creed Road Stevenson, WA 98648</b>		30. LOCATION - CITY/TOWN STATE <b>Stevenson, WA</b>							
31. DATE (Mo, Day, Yr) <b>7/26/1994</b>		32. CEMETERY/CREMATORIUM - NAME <b>Stevenson Cemetery</b>		33. ADDRESS OF FACILITY <b>Box 390</b>							
34. SIGNATURE OF PHYSICIAN <i>[Signature]</i>		35. NAME OF FACILITY <b>GARDNER FUNERAL HOME, INC.</b>		36. ADDRESS OF FACILITY <b>White Salmon, WA 98672</b>							
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN											
37. 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 <i>[Signature]</i> <b>Ray FitzSimmons MD</b>											
38. DATE SIGNED (Mo, Day, Yr) <b>1345</b>		39. HOUR OF DEATH (24 Hrs.) <b>1345</b>		40. DATE SIGNED (Mo, Day, Yr) <b>1345</b>							
41. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Raymond FitzSimmons, M.D. POB: 1519 White Salmon, WA 98672</b>		42. PRONOUNCED DEAD (Mo, Day, Yr) <b>1345</b>		43. HOUR PRONOUNCED DEAD (24 Hrs.) <b>1345</b>							
44. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Raymond FitzSimmons, M.D. POB: 1519 White Salmon, WA 98672</b>											
45. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.											
IMMEDIATE CAUSE (Final disease or condition resulting in death) DO NOT EXCEED THE SPACE OF 100 CHARACTERS. LIST ONLY ONE CAUSE ON EACH LINE. Specify if not condition, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <b>Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF: B. <b>PNEUMONIA</b> DUE TO, OR AS A CONSEQUENCE OF: C. <b>CHRONIC OBSTRUCTIVE LUNG DISEASE</b> DUE TO, OR AS A CONSEQUENCE OF: D. <b>Nicotine Addiction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Hours</b> INTERVAL BETWEEN ONSET AND DEATH <b>DAYS</b> INTERVAL BETWEEN ONSET AND DEATH <b>YEARS</b> INTERVAL BETWEEN ONSET AND DEATH							
46. ACC. SUICIDE, HON. UNDER, OR PENDING INVEST (Specify) <b>No</b>		47. INJURY DATE (Mo, Day, Yr) <b>No</b>		48. HOUR OF INJURY (24 Hrs.) <b>No</b>							
49. INJURY AT WORK? (Yes / No) <b>No</b>		50. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) <b>No</b>		51. LOCATION - STREET OR RFD NO., CITY/TOWN STATE <b>No</b>							
52. RECORD AMENDMENT (Registrar use only) ITEM DISCREPANCY REVIEWED BY DATE <b>No</b>		53. SIGNATURE <i>[Signature]</i>		54. DATE RECEIVED (Mo, Day, Yr) <b>JUL 25 1994</b>							
FOR INSTRUCTIONS SEE BACK AND HANDBOOK											

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A tract of land located in Section 2, Township 2 North, Range 7 East of the Willamette Meridian, more particularly described as follows:

Beginning at the southwest corner of Lot 8 in Section 1, Township 2 North, Range 7 East of the Willamette Meridian; thence South along the Section lines between Sections 1 and 2 of said Township and Range, 344.67 feet; and thence South  $77^{\circ} 25'$  West 691.56 feet to the initial point of the tract herein described; thence South  $46^{\circ} 00'$  West 424.5 feet to the intersection with the division line between the Northeasterly and Southwesterly halves of the Baughman D.L.C.; thence North  $64^{\circ} 10'$  West 413.0 feet, more or less, along the said division line to the intersection with the Westerly line of the said D.L.C.; thence North  $00^{\circ} 01'$  West along said division line 526.94 feet to the Northerly bank of Foster Creek; thence in an Easterly direction along the Northerly bank of Foster Creek to a point North  $29^{\circ} 31'$  West of the initial point; thence South  $29^{\circ} 31'$  East 523.7 feet to the initial point, EXCEPT that portion thereof lying Southwesterly of the County Road known and designated as the Foster Creek Road.

Tax Lot No: 02 07 02 4 1 0400 00