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BOOK 206 PAGE 492

FILED FOR RECORD
SKAMANIA CO. WASH
BY Anthony Connors

FEB 7 10 32 AM '01

P. Olson
AUDITOR
GARY H. OLSON

Return Address:
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P O BOX 1116
WHITE SALMON, WA 98672

Document Title(s) or transactions contained herein:

AFFIDAVIT: Lack of Probate

GRANTOR(S) (Last name, first name, middle initial)

1. MESFORD, EUNICE BERNICE
2. MESFORD, DANNY LEE
MESFORD, DENNIS RICHARD

☐ Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

1. MESFORD, DANNY LEE
MESFORD, DENNIS RICHARD
2. FIRST AMERICAN TITLE INSURANCE COMPANY

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter, Quarter)

Lot 1, Block 6, SECOND ADDITION TO HILL CREST ACRE TRACTS and a portion of
Lot 7 Block 6

☒ Complete legal on page 2 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

REAL ESTATE EXCISE TAX

21354-0000

FEB - 7 2001

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03-75-36-2-3-1390-00

W. Olson
SKAMANIA COUNTY TREASURER

☐ 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.

After recording return to:
 Anthony H. Connors
 Attorney at Law
 P. O. Box 1116
 White Salmon, WA 98672

**AFFIDAVIT
 Lack of Probate**

STATE OF WA / OR)
) ss.
 County of Cowlitz / Multnomah

DANNY LEE MESFORD and DENNIS RICHARD MESFORD, being first duly sworn, on oath, depose and say:

1. The undersigned affiants are the sons of EUNICE BERNICE MESFORD, who died November 3, 2000, at Stevenson, State of Washington, then being a legal resident of Stevenson, Skamania County, Washington. Certified death certificate of decedent is attached.
2. Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.
3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers or sisters, and any surviving parents are as follows:

HEIRS AT LAW

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Residence</u>
Danny Lee Mesford		Son	411 Twin Lake Drive Longview, WA 98632
Dennis Richard Mesford		Son	14702 SE Old Barn Lane Boring, OR 97009

4. All debts of the decedent, 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

AFFIDAVIT - Lack of Probate
 Eunice Bernice Mesford, Decedent - Page 1

have been fully paid, except as follows: NONE

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 the property below of the decedent was approximately \$ 35,000.00.

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

Skamania County Tax Parcel No. 03-75-36-2-3-1390/00; more particularly described as:

Lot 1 of Block Six of SECOND ADDITION TO HILL CREST ACRE TRACTS according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington; and

All that portion of Lot 7 of Block Six of the SECOND ADDITION TO HILL CREST ACRE TRACTS aforesaid described as follows:

beginning at the Southeast corner of Lot 1 aforesaid, said point being on the North line of said Lot 7; thence South 25 feet; thence West to the Westerly line of said Lot 7; thence in a Northerly direction following said Westerly line to the Northwest corner of said Lot 7; thence East to the point of beginning.

SUBJECT TO restricting covenants as set forth in agreement dated February 16, 1956, and recorded November 12, 1958, at page 143 of Book 4 of Agreements & Leases, Records of Skamania County, Washington, relating to the keeping of animals, costs of construction, and building limitations. 3-75-36-2-3-1390
2-7-01

remains the only parcel of real property and asset of decedent's estate. This parcel of real property was awarded to the decedent, Eunice Bernice Mesford, by Stipulation and Property Settlement Agreement, Skamania County Dissolution Cause No. 5719, and entered in Skamania County Superior Court July 31, 1975, a true of copy of which is attached hereto and incorporated herein by reference.

This affidavit is being executed to clear title to the real property named above.

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

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FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Danny Lee Mesford, Affiant
Danny Lee Mesford, Affiant

DATE: 01-22-01

Dennis Richard Mesford, Affiant
Dennis Richard Mesford, Affiant

DATE: 01-18-01

STATE OF WASHINGTON)
County of Cowlitz) ss.

On this day personally appeared before me DANNY LEE MESFORD, to me know 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 22 day of January, 2001.



Linda L. Pentland
Name: Linda L. Pentland
NOTARY PUBLIC in and for the
State of Washington.
Residing at: Longview
My Commission expires: 11/9/02

STATE OF OREGON)
County of Multnomah) ss.

On this day personally appeared before me DENNIS RICHARD MESFORD, to me know to be the individuals 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 18 day of January, 2001.



Merrilee Lyman
Name: Merrilee Lyman
NOTARY PUBLIC in and for the
State of OREGON
Residing at: Gresham, OR
My Commission expires: Mar. 5, 2004

STATE OF WASHINGTON DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last Eunice Bernice MESFORD		2. SEX (M/F) F	3. DATE OF BIRTH (Mo Day Yr) Nov. 3, 2000
4. AGE LAST BIRTHDAY (Yr) 73	5. UNDER 1 YEAR Mo Day Yr N/A	6. UNDER 1 DAY Mo Day Yr N/A	7. BIRTH DATE (Mo Day Yr) 3/5/1927
8. BIRTH PLACE (City, State or Foreign Country) Foley, MN		9. WAS DECEASED EVER PLUS AT ANY OTHER TIME? (Yes/No) No	
10. COUNTY OF DEATH Skamania		11. CITY, TOWN OR LOCATION OF DEATH Stevenson	
12. PLACE OF DEATH (If not for place of death, give address of residence at time of death) 533 NE Major St.		13. SMOKING IN LAST 15 YEARS (Yes/No) Yes	
14. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify) Divorced		15. SURVIVING SPOUSE (Name, date of birth) 470-28-3665	
16. SOCIAL SECURITY NUMBER 470-28-3665		17. EDUCATION (Specify highest grade completed) 1	
18. USUAL OCCUPATION (Specify kind of work done during most of working life. DO NOT USE RETIRED) Administration Ass.		19. KIND OF BUSINESS OR INDUSTRY Courthouse	
20. Was Decedent of Hispanic origin or descent? (Specify) (Yes/No) Specify No		21. RACE (Specify) White	
22. RESIDENCE NUMBER AND STREET 533 NE Major St.		23. CITY, TOWN OR LOCATION Stevenson	24. RACE CITY Yes
25. COUNTY Skamania		26. LENGTH OF RES. IN CO. 44 yrs	27. ZIP CODE WA 98643
28. FATHER'S NAME - FIRST MIDDLE LAST Engor G. Hopland		29. MOTHER'S NAME - FIRST MIDDLE MARRIAGE SURNAME Tina C. Eckholm	
30. PERFORMANT NAME Dennis Mesford		31. MARRIAGE ADDRESS (Street or P.O. Box) 14702 SE Old Barn Lane Boring, OR 97039	
32. BURIAL CREMATION REMOVAL OTHER (Specify) Burial		33. DATE (Mo Day Yr) 11/9/00	
34. CEMETERY OR CREMATOR NAME Gardner Funeral Home		35. LOCATION CITY, TOWN, STATE Gresham, Oregon	
36. FUNERAL DIRECTOR'S NAME Gardner Funeral Home		37. ADDRESS OF FACILITY POB 390 White Salmon, WA 98672	
38. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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 X		39. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR POSTMORTEM FINDINGS DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X	
40. DATE SIGNED (Mo Day Yr) November 9, 2000		41. HOUR OF DEATH (24 Hrs) Unknown	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bradley Andersen, Coroner		43. HOUR OF DEATH (24 Hrs) 1231	
44. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) POB 790 Stevenson, WA 98643		45. HOUR OF DEATH (24 Hrs) 1231	
46. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH			
IMMEDIATE CAUSE (Final disease or condition resulting in death) DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		INTERVAL BETWEEN ONSET AND DEATH	
A Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH	
B bronchial asthma		INTERVAL BETWEEN ONSET AND DEATH	
C		INTERVAL BETWEEN ONSET AND DEATH	
D		INTERVAL BETWEEN ONSET AND DEATH	
47. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			
48. ACC. SUICIDE FROM UNREST OR PENDING INVEST (Specify)		49. AUTOPSY? (Yes/No) No	
50. PLACE OF INJURY - AT HOME, FARM, STREET, P.O. BOX, OFFICE, BLDG, ETC. (Specify)		51. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes	
52. HOUR OF INJURY (24 Hrs)		53. DATE RECEIVED (Mo Day Yr) 11/13/2000	
54. INJURY AT WORK? (Yes/No)		55. DESCRIBE HOW INJURY OCCURRED	
56. RECORD AMENDMENT (Reg. 104 use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		57. DATE RECEIVED (Mo Day Yr)	

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

LAST WILL AND TESTAMENT OF

of

EUNICE BERNICE MESFORD

I, Eunice Bernice Mesford, residing in Stevenson, Skamania County, State of Washington, declare this to be my Last Will and Testament and revoke all former wills and codicils.

ARTICLE I

Identification of Family

I hereby declare that I am a single woman and my immediate family now consists of my two sons, Danny Lee Mesford and Dennis Richard Mesford.

ARTICLE II

Specific Devises and Bequests

I hereby give, devise and bequeath all of my property, both real and personal, owned by me at the time of my death, and wheresoever situate, to my two sons, Danny Lee Mesford and Dennis Richard Mesford, per stirpes.

ARTICLE III

Nomination of Executor

I nominate and appoint my son, Danny Lee Mesford, as executor of this my Last Will, to act as such without bond and without the intervention of any court, except as may be required under the laws of the State of Washington in the case of nonintervention wills. My executor shall have full power to sell, convey and encumber, without notice or confirmation, any assets of my estate, real or personal, at such prices and terms as to he may seem just; to advance funds and borrow money, secured or unsecured, from any source; to mortgage or pledge estate property; to select any part of the estate in satisfaction of any portion or distribution hereunder, in kind, in money or both. Such powers may be exercised whether or not necessary for the administration of my estate.

ARTICLE IV

Taxes

I direct that all estate, inheritance and succession taxes assessed by reason of my death, whether attributable to property passing under this will or outside of it, shall be paid out of the residue of my estate disposed of by this will without apportionment, deduction or reimbursement therefore.

DATED at Stevenson, Washington, this 10th day of October, 1979.

Eunice Bernice Mesford
Testatrix

STATE OF WASHINGTON)

County of Skamania)

ss.

AFFIDAVIT OF WITNESSES

The undersigned attesting witnesses, being duly sworn on oath, depose and state:

1. DECLARATIONS: Immediately prior to the execution of the attached document dated October 10th, 1979, the Testatrix, Eunice Bernice Mesford, declared it to be her Last Will and requested the undersigned witnesses to subscribe their names to it.

2. SIGNATURE, ATTESTATION AND SUBSCRIPTION: Immediately following her declaration, the Testatrix signed the attached will in the presence of the undersigned witnesses. Each of the undersigned witnesses attested the execution thereof by subscribing his name thereto in the presence of the Testatrix and of the other subscribing witnesses.

3. COMPETENCY: Each of the undersigned witnesses, for himself, states that he is competent and of legal age, and that the other subscribing witness and the Testatrix appeared to be of legal age, competent and of sound mind, and the Testatrix further appeared to be fully able to dispose of her estate and to be acting of her own free will and without duress.

The Testatrix requested that this affidavit in proof of her attached will be made by the undersigned subscribing witnesses thereto.

Sandra R. Heinman

Shirley A. Salbeck

1979.

SUBSCRIBED AND SWORN to before me this 15th day of Oct.

Shirley A. Salbeck
Notary Public in and for the State of
Washington, residing at Stevenson.