

140841

BOOK 208 PAGE 746

RETURN ADDRESS:

John Rice
5111 SE 120th Ave
Portland, OR 97266

FILED FOR RECORD
SKANNED BY
BY John Rice

APR 18 11 42 AM '01

Garry
AUDITOR
GARY H. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Lack of Probate Affidavit
- 2.
- 3.
- 4.

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

1. Rice, Walter Windfield
- 2.
- 3.
- 4.

Additional Names on Page _____ of Document.

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

1. Rice, LaVelle F.
2. Rice, Richard W.
- 3.
- 4.

Additional Names on Page _____ of Document.

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

Section 9 T1N R5EWM

Complete Legal on Page 3 of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

1-5-9-401

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.

LACK OF PROBATE AFFIDAVIT

State of Washington
) ss.:
County of Skamania

Order No.: _____
County : _____

LA Velle F. Rice and Richard W. Rice being first duly sworn, on oath
deposes and says:

That affiant is the lawful surviving spouse surviving child
other (identify) _____ of Walter W. Rice who died
on Jan 17, 1996, at Portland, County of MULT., State of Oregon, then
being a resident of Portland, County of MULT. State of Oregon. A copy
of the death certificate is attached hereto.

That affiant has hereinbelow identified each and all of the heirs at law of
the decedent, including but not limited to children, adopted children, and the
issue of any predeceased child or adopted child (if decedant left no surviving
children, then the affiant has listed below all of the surviving parents,
brothers and sisters of decedent).

That the heirs at law of the decedant are (list all of the heirs at law,
using the reverse side or attaching a list if necessary):

1. _____ 21474
Address: _____ APR 18 2001
PAID exempt
2. _____
Address: Gary H. Martin, Skamania County Assessor
Date 4/19/01 Parcel # 010529 000401 00
SKAMANIA COUNTY TREASURER
3. _____
Address: _____

That affiant knows of his (her) own knowledge, and so states, that each and
all of the obligations against the estate of said decedant (including, but not
limited to: all the debts of decedant: all of the expenses of decedant's last
illness, funeral and burial: promisory notes: installment contracts and
mortgages: and state and federal succession taxes upon decedant's estate, if
applicable) have been paid in full, except as follows (use reverse side or
attach a list if necessary):

CHECK WHICH APPLIES:

- That the decedant left no will.
- That the decedant left a will, a copy of which is attached hereto.
- That the decedant's estate is not being probated.
- That the decedant's estate is subject to probate proceedings in _____ County, State of _____, under No. _____.
- That the estate of the decedant is exempt from State and/or Federal succession or inheritance taxes.
- That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge is attached hereto.
- That State and/or Federal succession or inheritance taxes are due, but have not been paid.
- That all creditor's claims against the estate of the decedant have been paid.

That the value of the decedant's estate at date of death, including all real and personal property, was approximately \$_____, including the value of community property of decedant and decedant's surviving spouse of approximately \$_____, and including the value of decedant's separate property of approximately \$_____.

This affidavit is made to induce _____ Title Insurance Company to insure real property covered by the Company's order set forth above, in which decedant held an interest at the time of his (her) death. Affiant urges Company to issue its policy of title insurance in full reliance upon the representations set forth herein.

Dated; 2-24-97

Richard W. Rice
(Affiant's full name) RICHARD W. RICE

7825 SE 64th AVE.
PORTLAND, OR. 97206
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me
this 24 day of Feb, 1997.

Debra S Slep
Notary Public in and for the State of Oregon



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Towit: Beginning at an iron pipe one hundred fifty eight (158') feet South of the Northwest corner of section Nine (9) Township One (1) North of range Five (5) East of the W.M. Thence South Fifty (50) Feet; Thence North Forty six degrees East One hundred fifty four (154) Feet to an iron pipe; Thence Northwesterly Fifty (50) feet to an iron Pipe; Thence South Forty six degrees West One hundred thirty nine (139) Feet to point of beginning, containing 1/6 of an acre more or less.
Skamania County Washington

CERTIFICATION OF VITAL RECORD

182301
I.O. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136

BOOK 208 PAGE 750

Local File Number

State File Number

1 DECEDENT'S NAME: First **Walter**, Middle **Windfield**, Last **RICE**; 2 SEX: **M**; 3 DATE OF DEATH: **January 17, 1996**

4 SOCIAL SECURITY NUMBER: [REDACTED]; 5a AGE Last Birthday (Years): **75**; 5b Under 1 Year: [REDACTED]; 5c Under 1 Day: [REDACTED]; 6 BIRTHPLACE (City and State or Foreign Country): **Portland, Oregon**; 7 DATE OF BIRTH (Month, Day, Year): **September 13, 1920**

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No; 9a PLACE OF DEATH (Check only one): HOSPITAL Inpatient ER/Outpatient DOA OTHER Nursing Home Decedent's Home Other (Specify); 9b FACILITY NAME (If not institution, give street and number): **7825 S.E. 64th**; 9c CITY, TOWN, OR LOCATION OF DEATH: **Portland**; 9d COUNTY OF DEATH: **Multnomah**

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): **Self Employed**; 10b KIND OF BUSINESS/INDUSTRY: **Welding Equipment Repair**; 11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): **Married**; 12 SPOUSE (If Married, Widowed): **LaVelle F.**

13a RESIDENCE - STATE: **Oregon**; 13b COUNTY: **Multnomah**; 13c CITY, TOWN OR LOCATION: **Portland**; 13d STREET AND NUMBER: **7825 S.E. 64th**

14 INSIDE CITY LIMITS? Yes No; 15 ZIP CODE: **97206**; 14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes; 15 RACE American Indian, Black, White, etc. (Specify): **White**; 16 DECEDENT'S EDUCATION (Specify only highest grade completed): **10**

17 FATHER - NAME first middle last: **John William Rice**; 18 MOTHER - NAME first middle maiden: **Ruth Bernice Johnson**; 19 INFORMANT - NAME and relationship to decedent: **LaVelle F. Rice - Wife**

20a METHOD OF DISPOSITION: Burial Cremation Removal from State Donation Other (Specify); 20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Willamette National Cemetery**; 20c LOCATION: City or Town, State: **Portland, Oregon**

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: *Deanne Johnson*; 21b LICENSE NUMBER (If Licensee): **RS 0250**; 22 NAME, ADDRESS AND ZIP OF FACILITY: **Mt. Scott Funeral Home, 4205 SE 59th, Portland, OR 97206**

23 DATE FILED (Month, Day, Year): **JAN 24 1996**; 24 REGISTRAR'S SIGNATURE: *[Signature]*

25 DO HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES NO N/A; 26 WAS GIFT MADE? YES NO N/A

10 TO BE COMPLETED BY CERTIFYING PHYSICIAN; 11 27 TIME OF DEATH: **10:30 AM**; 28 WAS MEDICAL EXAMINER NOTIFIED? Yes No; 29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) *A. Hayward*; 30 DATE SIGNED (Month, Day, Year): **1-22-96**

11 TO BE COMPLETED ONLY BY MEDICAL EXAMINER; 31a TIME OF DEATH: [REDACTED]; 31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): [REDACTED]; 32 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [REDACTED]; 33 DATE SIGNED (Month, Day, Year): [REDACTED]; COUNTY: [REDACTED]

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): **A. Hayward, MD, 10180 S.E. Sunnyside Road, Clackamas, OR 97015**; 35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): [REDACTED]

12 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST; 13 36 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); PART I (a) **Leukemia**; Interval between onset and death: [REDACTED]; (b) DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]; Interval between onset and death: [REDACTED]; (c) DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]; Interval between onset and death: [REDACTED]; PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: [REDACTED]; 37 Did tobacco use contribute to the death? Yes No Probably Unknown; 38 AUTOPSY: Yes No; 39 YES - was linkage considered in determining cause of death? Yes No N/A

14 40 MANNER OF DEATH: Natural Pending Investigation Accident Undetermined Suicide Manner Homicide LACM Intervention Other; 41a DATE OF INJURY (Month, Day, Year): [REDACTED]; 41b TIME OF INJURY: [REDACTED]; 41c INJURY AT WORK? Yes No; 41d DESCRIBE HOW INJURY OCCURRED: [REDACTED]; 41e PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify): [REDACTED]; 41f LOCATION (Street and Number or Rural Route Number, City or Town, State): [REDACTED]

15 RESERVED FOR REGISTRAR'S USE; 16 Gary H. Martin, Skamania County Assessor; 17 Date **4-18-01** Parcel # **010509 00 0401 00**

ORIGINAL-VITAL STATISTICS COPY

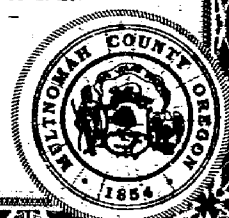
45-2 Rev 12/94

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

JAN 24 1996

DATE ISSUED: _____

[Signature]
GARY L. OXMAN, M.D.
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE