

140841

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## RETURN ADDRESS:

John Rice  
5111 SE 120<sup>th</sup> Ave  
Portland, OR 97266

FILED FOR RECORD  
SKANNED BY  
BY John Rice

APR 18 11 42 AM '01

GARY  
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 :

County of Skamania)

LA Velle F. Rice and Richard W. Rice being

That affiant is the lawful surviving spouse ✓ surviving child ✓  
other (identify) ✓, of Walter W. Rice who died  
on Jan 12, 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. \_\_\_\_\_  
Address: \_\_\_\_\_  
APR 18 2001  
PAID exempt  
2. \_\_\_\_\_  
Address: \_\_\_\_\_  
Gary H. Martin, Skamania County Assessor  
Date 4-18-01 Period # 01050900040188  
3. \_\_\_\_\_  
Address: \_\_\_\_\_  
SKAMANIA COUNTY TREASURER

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: promissory 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

LaDelle S. Rice 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. Slemp  
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  $\frac{1}{6}$  of an acre more or less.  
Skamania County Washington



# CERTIFICATION OF VITAL RECORD

182301  
IO. TAG NO.

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

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Local File Number

State File Number

1. DECEDENT'S NAME First: <b>Walter</b> Middle: <b>Windfield</b> Last: <b>RICE</b>		2. SEX <b>M</b>		3. DATE OF DEATH (Month, Day, Year) <b>January 17, 1996</b>	
4. SOCIAL SECURITY NUMBER <b>75</b>		5. AGE (Last Birthday) <b>75</b>		6. BIRTHPLACE (City and State or Foreign) <b>Portland, Oregon</b>	
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9. DATE OF BIRTH (Month, Day, Year) <b>September 13, 1920</b>	
10. FACILITY NAME (If not institution, give street and number) <b>7825 S.E. 64th</b>		11. CITY, TOWN, OR LOCATION OF DEATH <b>Portland</b>		12. COUNTY OF DEATH <b>Multnomah</b>	
13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Self Employed</b>		14. KIND OF BUSINESS/INDUSTRY <b>Welding Equipment Repair</b>		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
16. RESIDENCE - STATE <b>Oregon</b>		17. COUNTY <b>Multnomah</b>		18. SPOUSE (If Married, Widowed) <b>LaVelle F.</b>	
19. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. ZIP CODE <b>97206</b>		21. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
22. FATHER - NAME first middle last <b>John William Rice</b>		23. MOTHER - NAME first middle maiden <b>Ruth Bernice Johnson</b>		24. INFORMANT - NAME and relationship to decedent <b>LaVelle F. Rice - Wife</b>	
25. 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)		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Willamette National Cemetery</b>		27. LOCATION - City or Town, State <b>Portland, Oregon</b>	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Deanne Jackson</i>		29. LICENSE NUMBER (For Licensee) <b>RS 0250</b>		30. NAME, ADDRESS AND ZIP OF FACILITY <b>Mt. Scott Funeral Home 4205 SE 59th Portland, OR 97206</b>	
31. DATE FILED (Month, Day, Year) <b>JAN 24 1996</b>		32. REGISTRAR'S SIGNATURE <i>[Signature]</i>		33. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
34. DO HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA					

  

35. TIME OF DEATH <b>10:30 AM</b>		36. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
37. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>A. Hayward</i>		38. 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)	
39. DATE SIGNED (Month, Day, Year) <b>1-22-96</b>		40. DATE SIGNED (Month, Day, Year)	
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>A. Hayward, MD 10180 SE Sunnyside Road, Clackamas, OR 97015</b>		42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
43. 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) <b>Leukemia</b>		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I			
44. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		45. DATE OF INJURY (Month, Day, Year)	
46. TIME OF INJURY		47. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
48. DATE OF INJURY		49. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
50. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		51. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
52. If YES - was findings considered in determining cause of death?		53. If YES - was findings considered in determining cause of death?	

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:

GARY L. OXMAN, M.D.  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE