

141127

BOOK 209 PAGE 465

RETURN ADDRESS:

Angela Morrell
18200 73rd Ave NE #A312
Kenmore WA 98028

FILED FOR RECORD
SKAMIA COUNTY WASH
BY *Angela Morrell*
MAY 18 11 24 AM '01
P. Lowry
AUDITOR
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. *& Affidavit Lack of Probate*
2. _____
3. _____
4. _____

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

1. *Green, Thomas*
2. _____
3. _____
4. _____

ESTATE EXCISE TAX

☐ Additional Names on Page _____ of Document.

21528

MAY 18 2001

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

1. *Woods, Mary R.*
2. _____
3. _____
4. _____

AID *John R. Woods*

SKAMIA COUNTY TREASURER

☐ Additional Names on Page _____ of Document.

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

W2 NW4 SW4 Sect 11 T3N R9E

☐ 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

5-18-01
3-9-11-3-400

☐ 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.

**AFFIDAVIT
Lack of Probate**

State of Washington
County of Clark

Mary R. Woods, being first duly sworn, deposes and says:

1. The undersigned affiant is the daughter of Thomas Green, who died February 24, 2001, at Appleton, State of Washington, then being a legal resident of Appleton, Klickitat County, Washington.

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:
- ☐ 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:
- Steven T. Green, 32, Son, 6900 South 123rd Street #198, Seattle, Washington
(full name) (age) (relationship) (residence)
- Mary R. Woods, 41, Daughter, residing at 12210 NE 37th Street, Vancouver, Washington
(full name) (age) (relationship) (residence)
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: 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 all community property of the decedent was approximately \$0. The value of all separate property of the decedent was approximately \$75,000.
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction: NONE

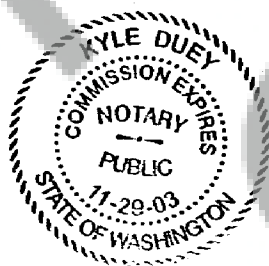
THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN TITLE INSURANCE COMPANY (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Signature: Mary R. Woods Date: 5/15/01
 Mary R. Woods

STATE OF WASHINGTON)
) ss.
 COUNTY OF Clark)

On this day personally appeared before me Mary R. Woods, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 15th day of May, 2001.



[Signature]
 Notary Public in and for the
 State of Washington
 Residing at Clark County
 My appointment expires 11-29-03

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The West Half of the Northwest Quarter of the Southwest Quarter (W2NW4SW4) of Section Eleven (11), in Township Three (3) North of Range Nine (9) East of A. M.

RESERVING unto the grantors a life estate in each of them and in the survivor of either of said grantors.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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STATE FILE NUMBER

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

001-1010
LOCAL FILE NUMBER

1 DISTRICT

2 COPIES

3 HOSPITAL

4 OCCURRENCE

5 RESIDENCE

6 TRACT

7 LOCATION

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1. NAME First: Thomas Middle: Duane Last: Green		2. SEX (M/F) M	3. DEATH DATE (Mo, Day, Yr) February 24, 2001
4. AGE LAST BIRTHDAY (Yr, Mo, Day) 64	5. UNDER 1 YEAR MOS: 00 DYS: 00 HRS: 00 MINS: 00	7. BIRTH DATE (Mo, Day, Yr) 07-19-1936	8. BIRTHPLACE (City, State or Foreign Country) Gravity, Iowa
11. CITY, TOWN OR LOCATION OF DEATH Appleton		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. PM OUT PTN 4. HOSP 5. NUR HOME 6. OTHER PLACE 12 Frontier Road Appleton, WA	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name) Hazel Irene Sextant	16. SOCIAL SECURITY NO. 537-30-5772
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Logger		19. KIND OF BUSINESS OR INDUSTRY Logging	20. Was Decedent of Hispanic origin or descent? (Ancestry, Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No
22. RESIDENCE — NUMBER AND STREET 12 Frontier Road		23. CITY, TOWN OR LOCATION Appleton	24. INSIDE CITY LIMITS? (Yes/No) No
25. COUNTY Klickitat		26. LENGTH OF RES. IN CO. 25 yrs.	27. STATE Wa.
28. ZIP CODE 98620		29. RACE (Specify) White	
30. INFORMANT — NAME Mary R. Woods		31. MAILING ADDRESS — STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 12210 NE 37th Street, Vancouver, Washington 98682	
32. BURIAL, CREMATION, REMOVAL OF CORPSE Cremation 12/2/2001		33. DATE (Mo, Day, Yr)	
34. CEMETERY, CREMATORY — NAME Columbia Crematory		35. LOCATION — CITY, TOWN, STATE Gresham, Oregon	
36. NAME OF FACILITY Davies Cremation & Burial Svc.		37. ADDRESS OF FACILITY PO Box 61747 Vancouver, Washington 98666	
38. 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 [Signature] Coroner		39. DATE SIGNED (Mo, Day, Yr) 3-6-01	
40. NAME AND TITLE OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or Print) James Hagarty, Coroner 205 S Columbus Goldendale WA 98620		41. HOUR OF DEATH (24 Hrs) February 24, 2001	
42. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) James Hagarty, Coroner 205 S Columbus Goldendale WA 98620		43. HOUR OF DEATH (24 Hrs) 1655	
44. 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. A. Occlusive Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF. B. DUE TO, OR AS A CONSEQUENCE OF. C. DUE TO, OR AS A CONSEQUENCE OF. D. 51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE 52. AUTOPSY? (Yes/No) Yes 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes		45. INTERVAL BETWEEN ONSET AND DEATH UNKNOWN 46. INTERVAL BETWEEN ONSET AND DEATH 47. INTERVAL BETWEEN ONSET AND DEATH 48. INTERVAL BETWEEN ONSET AND DEATH	
54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) Natural		55. INJURY DATE (Mo, Day, Yr) 02-24-01	
56. INJURY AT WORK? (Yes/No) NO		57. PLACE OF INJURY — AT HOME, FROM STREET, FACTORY, OFFICE, BLDG., ETC. (Specify) HOME	
58. RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY EVIDENCE REVEALED BY DATE		59. DESCRIBE HOW INJURY OCCURRED HEART ATTACK 12 FRONTIER RD, APPLETON, WA	
60. REG. NO. & SIGNATURE [Signature]		61. DATE RECEIVED (Mo, Day, Yr) 03/06/01	

THIS IS A CERTIFIED COPY FOR THE RECORDS OF THE DEPARTMENT OF HEALTH. CERTIFIED COPIES MUST BE FILED WITH THE DEPARTMENT OF HEALTH.