

141702

BOOK 212 PAGE 402

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JUL 17 11 23 AM '01

CHADLER
AUDITOR
GARY H. OLSON

141702

AFTER RECORDING RETURN TO:

Name: JUDITH L. JONES
Address: 61 MARSH MEADOW ROAD
City/State: UNDERWOOD WA, 98651
SR 24058

Document Title(s): (or transactions contained therein)

1. DEATH CERTIFICATE
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page ____ of document

Grantor(s): (Last name first, then first name and initials)

1. JONES, GARY ROSS
- 2.
- 3.
- 4.

☐ Additional names on page ____ of document

Grantee(s): (Last name first, then first name and initials)

1. THE PUBLIC
- 2.
- 3.
- 4.

☐ Additional names on page ____ of document

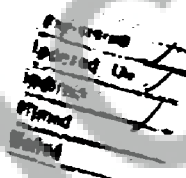
Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

SE 1/4 of Sec 15, T3N, R10E

☒ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel/Account Number(s):

03-10-15-0-0-1803-00



REAL ESTATE EXCISE TAX

21643

JUL 17 2001

PAID *Exempt*
Chadler
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON DEPARTMENT OF HEALTH											
5207 LOCAL FILE NUMBER				Health CERTIFICATE OF DEATH				146 5 26680 BOOK 202 PAGE 403			
1 NAME First Middle Last Gary Ross JONES				2 SEX (M / F) Male		3 DEATH DATE (Mo, Day, Yr) June 10, 1995					
4 AGE LAST BIRTH DAY (Yr) 53		5 UNDER 1 YEAR MOSE DAYS		6 UNDER 1 DAY HOURS MINS		7 BIRTH DATE (Mo, Day, Yr) April 11, 1942		8 BIRTH PLACE (City, State or Foreign Country) Hood River, Or.		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	
11 CITY, TOWN OR LOCATION OF DEATH White Salmon				12 PLACE OF DEATH - BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 C HOME 2 C IN TRANSIT 3 C BEING BORN 4 C HOSP 5 C N/A HOME 6 C OTHER PLACE Skyline Hospital				13 SMOKING IN LAST 15 YEARS? (Yes / No) Yes			
14 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (if wife give maiden name) Judith L. Logan				16 SOCIAL SECURITY NO 543-40-3867		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) 10 College (14 or 16)			
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Millwright		19 FIRM OF BUSINESS OR INDUSTRY Hanel Lumber Co.				20 Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify No		21 RACE (Specify) White			
22 RESIDENCE - NUMBER AND STREET 61 Marshmeadow Rd.		23 CITY/TOWN OR LOCATION Underwood		24 INSIDE CITY LIMITS? (Yes / No) No		25A COUNTY Skamania		25B LENGTH OF RES. IN CO. 10 Yrs.		26 STATE WA.	
27 ZIP CODE 98651		28 FATHER'S NAME - FIRST, MIDDLE, LAST Elmer Libby Jones				29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Viola Elizabeth Smith					
30 INFORMANT - NAME Judith L. Jones				31 MAILING ADDRESS 61 Marshmeadow Rd., Underwood, Wa. 98651				32 STATE WA.			
33 BIRTH DATE (Mo, Day, Yr) 6-16-1995		34 CEMETERY/CREMATORY - NAME Pine Grove Cemetery				35 LOCATION - CITY/TOWN, STATE Hood River, Oregon					
36 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37 NAME OF FACILITY Anderson Funeral Home				38 ADDRESS OF FACILITY 1401 Belmont Rd. Hood River, Oregon 97031					
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN											
39 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED											
40 SIGNATURE AND TITLE <i>[Signature]</i>											
41 DATE SIGNED (Mo, Day, Yr) 6/13/95				42 HOUR OF DEATH (24 Hrs) 6:48 P.M.				43 DATE SIGNED (Mo, Day, Yr)			
44 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Raymond Fitzsimmons MD., P.O. Box 1519, White Salmon, Wa. 98672				45 PRONOUNCED DEAD (Mo, Day, Yr)				46 HOUR PRONOUNCED DEAD (24 Hrs)			
47 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)											
48 ME/CORONER FILE NUMBER											
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH											
IMMEDIATE CAUSE (Final disease or condition resulting in death) Colon Cancer											
DO NOT ENTER THE MODE OF DYING, SUCH AS CHOKING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Superiority list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.											
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE											
52 AUTOPSY? (Yes / No) NO				53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) NO				54 ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify)			
55 INJURY DATE (Mo, Day, Yr)				56 HOUR OF INJURY (24 Hrs)				57 MONTH OF INJURY OCCURRED			
58 INJURY AT WORK? (Yes / No) No				59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)				60 LOCATION OF DEATH (Specify No, CITY/TOWN, STATE)			
61 RECORD AMENDMENT (Register use only) REVIEWED BY DATE				62 RECORD SIGNATURE <i>[Signature]</i>				63 DATE RECEIVED (Mo, Day, Yr) JUN 15 1995			

DECLARATION OF SUCCESSION TO COMMUNITY PROPERTY

State of Washington
County of Klickitat

I, Judith L. Jones, residing at 61 Marsh Meadow Road, Underwood WA 98651, being first duly sworn, depose and say:

1. Gary R. Jones died intestate in White Salmon WA, on 6/10/95.
2. The sole surviving heirs at law of said deceased, and their relationship to said decedent are as follows:

NAME	RELATIONSHIP
Judith L. Jones	SURVIVING SPOUSE
<u>Gary Daniel Jones</u>	<u>son</u>
<u>Larry Todd Jones</u>	<u>son</u>
<u>Christopher Lynn Jones</u>	<u>son</u>

3. The following property was held jointly between the decedent and the surviving spouse, as community property:

That portion of the Southeast quarter of the Southeast quarter of Section 15, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Southwest corner of the Southeast quarter of the Southeast quarter of said Section 15; thence North 00 degrees 24' East 890 feet along the West line of said subdivision; thence South 00 degrees 24' West along said West line 280.5 feet; thence North 89 degrees 43' East 233 feet to the true point of beginning; thence continuing North 89 degrees 43' East 233 feet; thence South 00 degrees 24' West 187 feet; thence South 89 degrees 43' West 233 feet; thence North 00 degrees 24' East 187 feet to the true point of beginning.

Also known as Lot 3 of Wilbur H. and Patricia Marsh Short Plat recorded March 29, 1977 in Book 1 of Short Plats at Page 65, records of Skamania County, Washington. Gary H. Martin, Skamania County Assessor

Date 7/17/01 Parcel # 3-10-15-1803

4. The surviving spouse is entitled to all of the community property described above.
5. The expenses of the last illness and burial of the decedent and all other claims against the decedent's estate have been settled and paid in full.
6. There are no federal estate taxes due or Washington inheritance taxes due.
7. The purpose of this affidavit is to induce Skamania County Title Company to issue a Title Insurance Policy without requiring a probate of the decedent's estate.
8. I, by my signature hereto, agree to indemnify and hold harmless Skamania Title Company of any and all liability, obligations, expenses, legal fees or litigation costs which it may incur as a result of a falsity or inaccuracy of any statement contained in this affidavit.

Dated this 11th day of JULY, 2001.

Judith L. Jones
Judith L. Jones

Subscribed and sworn to before me this 11 day of July, 2001.

Wendy Holtmann
WENDY HOLTSMANN
Notary Public for Washington
Residing at White Salmon, WA
My Commission Expires: 11/19/2002

