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BOOK 217 PAGE 946

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

Dec 10 4 08 PM '01
O Lucy
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name KATHY GARRITY KELLY

Address 7025 ANICE STREET

City/State ORANGEVALE, CA 95662

S.C.T.C. 24404

Document Title(s): (or transactions contained therein)
1. AFFIDAVIT LACK OF PROBATE
2. CERTIFICATE OF DEATH
3.
4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

First American Title Insurance Company

(this space for title company use only)

Grantor(s): (Last name first, then first name and initials)
1. THOMAS FRANK GARRITY
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
21948
DEC 11 2001
PAID exempt
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. KATHY RAYLENE GARRITY
2. [redacted]
3. [redacted]
4.
5. ☐ Additional names on page _____ of document

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

NE ¼ SEC 2 T2N R7E

☐ Complete legal description is on page _____ of document

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

02-07-02-1-0-0500-00

Gary H. Martin, Skamania County Assessor
Date 12-10-01 Parcel # 2-7-2-1-500

WA-1

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

BOOK 217 PAGE 941

AFFIDAVIT
Lack of Probate

State of Washington

County of Skamania

Kathy R. Garrity, being first duly sworn, deposes and says:

1. The undersigned affiant is the wife (relationship to decedent) of Thomas (decedent) F. Garrity, who died Dec. 20 (date of death), 1992 (year), at Stevenson (city), State of Washington, then being a legal resident of Stevenson (city), Skamania (county), Washington (state).

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.

[X] 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:

Kathy Raylene Garrity (adult name) 52 (age) wife (relationship) 1531 Lakeview Rd (residence) Stevenson, WA

HEIRS AT LAW (continued)

(full name)	(age)	(relationship)	(residence)
Timothy James Garrity	26	son	1531 Lakeview Rd Stevenson, WA
Tamara Rae Schroeder	28	daughter	1049 E Adams College Grove, OR

(attach additional page for additional names)

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:

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 $ 126,500. The value of all separate property of the decedent was approximately $ 0.

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

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.

Kathy Raylene Garrity — 12/5/01
Affiant's Full Name — Date

Affiant's Full Name — Date

STATE OF WASHINGTON, }
COUNTY OF Okanogan } ss.

On this day personally appeared before me Kathy Raylene Garrity 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 uses and purposes therein mentioned.

GIVEN under my hand and official seal this 5 day of December 2001.

MARIA P. SPENCER NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES APR. 21, 2005

Notary public in and for the State of Washington, residing at Okanogan
My appointment expires 4-21-05

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local file number: 2007

Health — BOOK 217 PAGE 950

CERTIFICATE OF DEATH

State file number: 146

12

1. Name: Thomas Frank GARRITY
2. Sex: Male
3. Death date: December 20, 1999
4. Age: 53
6. Birthdate: 3/11/46
7. Birthplace: Petaluma, CA
8. Was decedent ever in U.S. Armed Forces: No
9. County of death: Clark
10. City, town or location of death: Vancouver
11. Place of death — facility name: S.W. Washington Medical Center
12. Smoking in last 15 years: No
14. Marital status: Married
15. Surviving spouse: Kathy Raylene Wymore
16. Social security no.: [redacted]
17. Usual occupation: Park Ranger
18. Kind of business or industry: Wash. State Parks
19. Hispanic origin: No
20. Race: White
21. Residence — number and street: 1531 Lakeview Rd
22. City or location: Stevenson
23. Inside city limits: Yes
24. County: Skamania
25. Length of residence in county: 15yrs
26. State: WA
27. Zip code: 98648
28. Father's name: Charles R. Garrity
29. Mother's name: Anita - Senn
30. Informant — name: Kathy Garrity
31. Mailing address: PO Box 255, Stevenson WA 98648
32. Method of disposition: Cremation
33. Date: 12/20/99
34. Cemetery or crematory: Win-Quatt Crematory
35. Location: The Dalles, Oregon
36. Funeral director signature: C.W. Daniel
37. Name of facility: GARDNER FUNERAL HOME
38. Address of facility: P.O. BOX 390, White Salmon, WA 98672

Certifier signature: [signature] M.D.
Date signed: 21 Dec 99
License number: 1528

Name and address of certifier: Michael Markham, M.D. 505 NE 87th Ave. Suite 310, Vancouver, WA 98664

Part I. Immediate cause: a. Intracerebral hemorrhage — 3 days

Autopsy: No
Were autopsy findings available prior to completion of cause of death: Yes

Registrar signature: R. Stengant, MD
Date received: DEC 21 1999