

143990

BOOK 221 PAGE 586

FILED FOR RECORD  
SKAMIA CO. WASH  
BY *Vye Blanchard*

MAR 11 3 35 PM '02

*P. Lawry*  
AUDITOR

Return Address: Vye Blanchard  
Attorney at Law  
5125 S.W. Macadam Avenue, Suite 210  
Portland, Oregon 97201

J. MICHAEL GARVISON

Document Title(s) or transactions contained herein:	
Affidavit, Letters Testamentary and Death Certificate	
REAL ESTATE EXCISE TAX	
GRANTOR(S) (Last name, first name, middle initial)	28093 MAR 11 2002
Estate of Geraldine Ruth Craine	PAID (EXCISE TAX) <i>W. Craine, Jr.</i>
[ ] Additional names on page _____ of document.	SKAMANIA COUNTY TREASURER
GRANTEE(S) (Last name, first name, middle initial)	
William Craine, Jr., and Judith Craine, Joint Tenants With Right of Survivorship	
[ ] Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: L., Lot, Block, Plus or Section, Township, Range, Quarter/Quarter)	
SW 1/4 NW 1/4 of Section 34, T2N, R5E WM, Skamania County, Washington.	
[ ] Complete legal on page 5 of document.	
REFERENCE NUMBER(S) of Documents assigned or released:	
[ ] Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
02 05 34 2 0 1600 00	2-5-34-2-1600 2-11-02 <i>GM</i>
[ ] 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.	

AFTER RECORDING RETURN TO:

VYE BLANCHARD  
Attorney at Law  
5125 S.W. Macadam Avenue, Suite 210  
Portland, Oregon 97201

AFFIDAVIT

GRANTORS: WILLIAM JOHN CRAINE, SR., and GERALDINE RUTH CRAINE  
GRANTEE: ESTATE OF GERALDINE RUTH CRAINE

STATE OF OREGON       )  
                                  ) ss.  
County of Multnomah    )

WILLIAM CRAINE, JR., and JUDITH CRAINE, being first duly sworn on oath, depose and say:

That this Affidavit is for the purpose of supplying information for the record pertaining to that certain Community Property Agreement, executed by WILLIAM JOHN CRAINE, SR., and GERALDINE RUTH CRAINE, husband and wife, dated December 20, 1994, and also to the estates of WILLIAM JOHN CRAINE, SR., and GERALDINE RUTH CRAINE, Deceased, the parties to said Agreement; and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with real property and personal property owned by the deceased spouses.

FIRST, that WILLIAM JOHN CRAINE, SR., died on June 3, 1996, in Clark County, State of Washington, and that GERALDINE RUTH CRAINE died on August 3, 2000, in Clark County, State of Washington, and her estate is being probated in Clark County, Washington, Superior Court Case No. 01 4 00251 2.

SECOND, that the parties to said Agreement entered into no subsequent joint Wills or

AFFIDAVIT - 1



agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement.

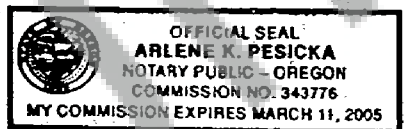
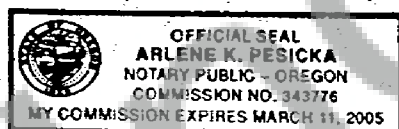
THIRD, that all property owned by the Decedents at the date of death of WILLIAM JOHN CRAINE, SR., was community property and WILLIAM JOHN CRAINE, SR., left no separate estate.

FOURTH, that all obligations of the community owing at the date of death of both Decedents have been paid in full, and all expenses of last sickness and for funeral services have been paid in full for both Decedents.

FIFTH, that Decedents were survived by the following named children:

WILLIAM CRAINE, JR., Son  
JUDITH CRAINE, Daughter

DATED this 28 day of February, 2002.



*William Craine Jr.*  
WILLIAM CRAINE, JR., Co-Personal  
Representative of the Estate of Geraldine  
Ruth Craine, Deceased

*Judith Craine*  
JUDITH CRAINE, Co-Personal Representa-  
tive of the Estate of Geraldine Ruth Craine

SUBSCRIBED AND SWORN to before me this 28<sup>th</sup> day of February, 2002.

*Arlene K. Pesicka*  
NOTARY PUBLIC FOR OREGON  
My Commission Expires: MAR. 11, 2005

STATE OF WASHINGTON DEPARTMENT OF HEALTH											
CERTIFICATE OF DEATH											
LOCAL FILE NUMBER 146 STATE FILE NUMBER 589											
BOOK 221 PAGE 589											
1 NAME: GERALDINE RUTH CRAINE											
2 SEX (M/F): Female											
3 DEATH DATE (Mo, Day, Yr): AUG 03, 2000											
4 AGE LAST BIRTH DAY (Yr): 89											
5 UNDER 1 YEAR: MCS											
6 UNDER 1 DAY: HRS											
7 BIRTH DATE (Mo, Day, Yr): OCT 09, 1910											
8 BIRTH PLACE (City, State or Foreign Country): Enid, Oklahoma											
9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): No											
10 COUNTY OF DEATH: Clark											
11 CITY, TOWN, OR LOCATION OF DEATH: Vancouver											
12 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 123 East 37th Street											
13 SMOKE IN LAST 15 YEARS? (Yes/No): No											
14 MARITAL STATUS - Married, Remarried, Widowed, Divorced (Specify): Widowed											
15 SURVIVING SPOUSE (If wife, give maiden name):											
16 SOCIAL SECURITY NO:											
17 DECEDENT'S EDUCATION (Specify only highest grade completed): 12											
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Homemaker											
19 KIND OF BUSINESS OR INDUSTRY: Domestic											
20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): No											
21 RACE (Specify): White											
22 RESIDENCE - NUMBER AND STREET: 123 East 37th Street											
23 CITY, TOWN, OR LOCATION: Vancouver											
24 INSIDE CITY LIMITS? (Yes/No): Yes											
25A COUNTY: Clark											
25B LENGTH OF RES. IN CO.: 175 Yrs.											
26 STATE: WA											
27 ZIP CODE: 98663											
28 FATHER'S NAME - FIRST, MIDDLE, LAST: Ernest R. Davis											
29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: Olga C. Johnson											
30 INFORMANT - NAME: Judith Ann Craine (daughter)											
31 MAILING ADDRESS: 123 East 37th St., Vancouver, Washington 98663											
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial											
33 DATE (Mo, Day, Yr): AUG 8, 2000											
34 CEMETERY, CREMATORY - NAME: Evergreen Memorial Gardens Cemetery											
35 LOCATION - CITY, TOWN, STATE: Vancouver, Washington											
36 FUNERAL DIRECTOR SIGNATURE: David R. Fuller											
37 NAME OF FACILITY: Hamilton-Mylan Funeral Home, Inc.											
38 ADDRESS OF FACILITY: 302 West 11th Street, Vancouver, Washington 98660											
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											
SIGNATURE AND TITLE: Geoff Richardson											
40 DATE SIGNED (Mo, Day, Yr): 8/4/00											
41 HOUR OF DEATH (24 Hrs.): 2020 HRS											
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Geoff Richardson MD, 100 East 33rd St., Suite 100, Vancouver, WA 98663											
43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED											
SIGNATURE AND TITLE: R. Stenger, MD											
44 DATE SIGNED (Mo, Day, Yr):											
45 HOUR OF DEATH (24 Hrs.):											
46 PRONOUNCED DEAD (Mo, Day, Yr):											
47 HOUR PRONOUNCED DEAD (24 Hrs.):											
48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Geoff Richardson MD, 100 East 33rd St., Suite 100, Vancouver, WA 98663											
49 MEDICORNER FILE NUMBER:											
50 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.											
Superiority list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.											
A. Renal Failure											
B. DUE TO, OR AS A CONSEQUENCE OF:											
C. DUE TO, OR AS A CONSEQUENCE OF:											
D. DUE TO, OR AS A CONSEQUENCE OF:											
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: CHF, HTN											
52 AUTOPSY? (Yes/No): No											
53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): Yes											
54 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify): Natural											
55 INJURY DATE (Mo, Day, Yr):											
56 HOUR OF INJURY (24 Hrs.):											
57 DESCRIBE HOW INJURY OCCURRED:											
58 INJURY AT WORK? (Yes/No):											
59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify):											
60 LOCATION - STREET OR RFD NO., CITY/TOWN, STATE:											
61 RECORD AMENDMENT (Registrar use only):											
62 SIGNATURE: R. Stenger, MD											
63 DATE RECEIVED (Mo, Day, Yr): AUG 07 2000											

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-009 (Rev. 7/91) (formerly DSHS 9-100)

A

DOH 01-003 (5/98)



IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
FOR THE COUNTY OF CLARK

In Probate

In the Matter of the Estate

No. 01 4 00251 2

of

LETTERS TESTAMENTARY

GERALDINE RUTH CRAINE,

Deceased.

FILED

APR 27 2001

JoAnne McBride, Clerk, Clark Co.

THIS CERTIFIES that the will of GERALDINE RUTH CRAINE, deceased, has been proved and WILLIAM CRAINE, JR., and JUDITH CRAINE have been and are at the date hereof duly appointed, qualified and acting CO-PERSONAL REPRESENTATIVES of the will and the estate of the decedent

IN WITNESS WHEREOF, I, as Clerk of the Superior Court of the State of Washington, for the County of Clark, in which proceedings for administration upon the estate are pending, do hereby subscribe my name as Clerk of the court this 27 day of April, 2001

CLARK COUNTY SUPERIOR COURT

BY: *JoAnne McBride*

COURT CLERK

STATE OF WASHINGTON

) ss

County of Clark

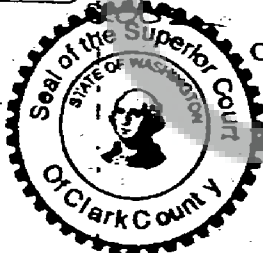
I, **JOANNE McBRIDE**

a Superior Court Clerk of the State of Washington for Clark County, do hereby certify that the foregoing copy of Letters Testamentary has been compared by me with the original, that it is a correct transcript therefrom and of the whole of such original Letters Testamentary, as the same appear on file and of record in my office and in my custody, and that said Letters are still in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court this 25 day of Jan, 2001

**JOANNE McBRIDE**

CLARK COUNTY SUPERIOR COURT



*Melen Deane*  
COURT CLERK



## EXHIBIT 'A'

A portion of the Southwest Quarter of the Northwest Quarter of Section 34, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows:

BEGINNING at a point of the West boundary line of Section 34, Township 2 North, Range 5 East of the Willamette Meridian where said boundary line intersects with the center of the Washougal River; thence Easterly, following the channel of said river 500 feet East of the West boundary to point of beginning of the tract herein conveyed, which point is also the Southeast corner of the Jack Pahud property; thence North parallel with the West boundary line of Section 34, 435 feet more or less, to a point in the center of a private road running Easterly and Westerly as now staked out and which point is 500 feet East of the West boundary of Section 34 and also the Northeast corner of the Jack Pahud property; thence Easterly along the center of said road 600 feet East of the West boundary of Section 34; thence South parallel with the West boundary line of Section 34, 435 feet more or less to a point in the center of the Washougal River, said point being 600 feet East of the West boundary of Section 34; thence Westerly following the center of the channel of the Washougal River 100 feet more or less to the point of beginning.

Gary H. Martin, Skamania County Assessor

Date 3-11-62 Parcel # 2-5-34-2-1600

*[Signature]*