

144366

BOOK 223 PAGE 57

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

APR 16 11 54 AM '02

Y. M. S. R.

ADD FOR

J. MICHAEL GARVISON

AFTER RECORDING MAIL TO:

Name Jim Carroll

Address 27817 SE 7th Street

City/State Camas, WA 98607

SEA 24293

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. CARROLL, LYNNE MARIE

2.

3.

4.

5. ☐ Additional names on page _____ of document

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

1. CARROLL, JIM L

2.

3.

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 $\frac{1}{4}$ of the SW $\frac{1}{4}$ of S31, T2N, R5E

☐ Complete legal description is on page 7 of document

Assessor's Property Tax Parcel / Account Number(s): 02-05-31-3-0-0100-00

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.



First American Title
Insurance Company

(this space for title company use only)

REAL ESTATE EXCISE TAX

22189

APR 16 2002

PAID Exempt

W. J. M. O. P. O.
SKAMANIA COUNTY TREASURER

Registered ☒
Advised ☒
Indexed ☒
Filed ☒
Mailed ☒

**AFFIDAVIT
Lack of Probate**

State of Washington

County of Clark

Jim L Carroll, being first duly sworn, deposes and says:

1. The undersigned affiant is the Husband of Lynne
(relationship to decedent) (decedent)
Carroll, who died May 3 1983 at Bellevue
(date of death) (year) (city)
State of Washington, then being a legal resident of Clark
(county) (state) (city)

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:

(full name)

(age)

(relationship)

(residence)

HEIRS AT LAW (continued)

(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)

(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 ☐ 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 \$ _____. The value of all separate property of the decedent was approximately \$ _____.
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

BOOK 223 PAGE 60

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.

Jim L Carroll
Affiant's Full Name

4/5/02
Date

Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF _____) ss.

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

GIVEN under my hand and official seal this _____ day of _____, 20__.

Notary Public in and for the State of
Washington, residing at _____
My appointment expires _____

STATE OF WASHINGTON, }
County of Strom } ss. ACKNOWLEDGMENT - Individual

On this day personally appeared before me Jim L. Carroll to me known

to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 5 day of April, 2002.

Notary Public
State of Washington
JAMES R COPELAND, JR
MY COMMISSION EXPIRES
September 13, 2003

[Signature]
Notary Public in and for the State of Washington,
residing at Strom

My appointment expires 9-13-03

STATE OF WASHINGTON, }
County of _____ } ss. ACKNOWLEDGMENT - Corporate

On this _____ day of _____, 19____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____ and _____ to me known to be the _____ President and _____ Secretary, respectively, of _____ the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____ authorized to execute the said instrument and that the seal affixed (if any) is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

Notary Public in and for the State of Washington,
residing at _____

My appointment expires _____

WA-46A (11/96)

This jurat is page _____ of _____ and is attached to _____ dated _____.

STATE OF WASHINGTON DEPARTMENT OF HEALTH														
6017 LOCAL FILE NUMBER					Health CERTIFICATE OF DEATH					146-223 PAGE 62 STATE FILE NUMBER				
1 NAME		First		Middle		Last		2 SEX (M / F)		3 DEATH DATE (Mo Day Yr)				
Lynne		Marie		CARROLL		F		4-28-1993						
4 AGE LAST BIRTH DAY (Yr)		5 UNDER 1 YEAR		6 UNDER 1 DAY		7 BIRTH DATE (Mo Day Yr)		8 BIRTH PLACE (City, State or Foreign Country)		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)				
52						8-24-1940		Seattle, Wa.		No				
11 CITY, TOWN OR LOCATION OF DEATH		12 PLACE OF DEATH		13 SMOKING IN LAST 15 YEARS (Yes / No)		14 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify))		15 SURVIVING SPOUSE (If wife, give maiden name)		16 SOCIAL SECURITY NO.				
Camas		27817 SE 7th Street		No		Married		Jim L. Carroll						
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RET. RED.)		19 KIND OF BUSINESS OR INDUSTRY		20 Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)		21 RACE (Specify)		22 DECEASED'S EDUCATION (Specify only highest grade completed)		23 LENGTH OF RES. IN CO.				
School Teacher		Camas Public Schools		No		White		College (11, 12 or 13)		31 Yrs.				
24 RESIDENCE—NUMBER AND STREET		25 CITY, TOWN OR LOCATION		26 INSIDE CITY 25A COUNTY (Yes / No)		27 ZIP CODE		28 FATHER'S NAME—FIRST, MIDDLE, LAST		29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME				
27817 SE 7th Street		Camas		No		Clark		Alvin Englesen		Unknown				
30 INFORMANT—NAME		31 MAILING ADDRESS		32 BIRTH DATE (Mo Day Yr)		33 CEMETERY/CREMATORY—NAME		34 LOCATION—CITY/TOWN STATE		35 ADDRESS OF FACILITY				
Jim L. Carroll		27817 SE 7th Street Camas, Wa 98607		May 3, 1993		Park Hill Crematory		Vancouver, Washington		Camas, Wa 98607				
36 FUNERAL DIRECTOR SIGNATURE		37 NAME OF FACILITY		38 DATE SIGNED (Mo Day Yr)		39 HOUR OF DEATH (24 Hrs)		40 DATE SIGNED (Mo Day Yr)		41 HOUR OF DEATH (24 Hrs)				
Ronald Brown		Brown's Funeral Home		4-29-93		1155		42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		43 HOUR PRONOUNCED DEAD (24 Hrs)				
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		43 HOUR PRONOUNCED DEAD (24 Hrs)		44 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)		45 MEDICORNER FILE NUMBER		46 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		47 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
Janet Hosenpud MD		700 NE 87th Avenue Vancouver, Wa 98664		48 IMMEDIATE CAUSE (Final disease or condition resulting in death)		49 INTERVAL BETWEEN ONSET AND DEATH		50 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.		51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				
Metastatic Adenocarcinoma Unknown Primary		months		Multiple bone metastasis				52 AUTOPSY? (Yes / No)		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)				
No		Yes		54 ACC. SUICIDE, DOM. UNDET. OR PENDING INVEST. (Specify)		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 REVIEWED BY		63 DATE RECEIVED (Mo Day Yr)				
						Gary H. Martin, Skamania County Assessor		Date		MAY 03 1993				

DOH 110-008 (Rev 7/91) (formerly DSHS 9-150)

DOH 01-003 5-92

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

BOOK 223 PAGE 63

CERTIFIED

MAY 05 1993

Karen Steingart
Dr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist.

AA249317

EXHIBIT "A"

PARCEL A

That portion of the Northeast Quarter of the Southwest Quarter of Section 31, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Northeast corner of the Northeast Quarter of the Southwest Quarter of said Section 31; thence South $01^{\circ} 39' 43''$ West along the East line of said Section 31, a distance of 367.61 feet to the True Point of Beginning; thence North $71^{\circ} 05' 52''$ West, 445.94 feet; thence North $01^{\circ} 39' 43''$ East 72.69 feet to the center of a 30 foot private road and utility easement; thence North $72^{\circ} 40' 11''$ West, 137.49 feet; thence South $69^{\circ} 55' 59''$ East 92.80 feet; thence South $48^{\circ} 56' 48''$ West, 178.16 feet; thence South $55^{\circ} 13' 16''$ West, 333.00 feet; thence South $47^{\circ} 24' 14''$ West, 91.13 feet; thence South $68^{\circ} 55' 54''$ East, 205.44 feet; thence South $04^{\circ} 36' 04''$ West, 46.36 feet; thence South $28^{\circ} 13' 47''$ West, 152.30 feet; thence South $35^{\circ} 02' 59''$ West, 51.09 feet to the Northeasterly right of way line of S.R.140; thence along said line, following the arc of a curve to the right having a radius of 460.00 feet, through a central angle of $20^{\circ} 13' 55''$, an arc distance of 162.39 feet; thence South $29^{\circ} 03' 15''$ East, 370.93 feet to the beginning of a curve to the left; thence following said curve to the left, having a radius of 284.99 feet, through a central angle of $25^{\circ} 56' 47''$, an arc distance of 129.06 feet to the South line of the Northeast Quarter of the Southwest Quarter of said Section 31; thence South $89^{\circ} 40' 22''$ East along said South line, 627.17 feet to the Southeast corner of said Northeast Quarter of the Southwest Quarter; thence North $01^{\circ} 39' 43''$ East along the East line of said Northeast Quarter of the Southwest Quarter, 983.92 feet to the point of beginning.

PARCEL B

Together with and subject to a 30' road and utility easement as delineated on Amended Short Plat in Book 3 of Short Plats, Page 228, and recorded under Auditor's File No. 123050.

EXCEPT that portion lying within the above described Parcel A.