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FILED FOR RECORD  
SKAMANIA CO. WASH.  
BY *Rosemary Libby*

APR 24 4 34 PM '02

*P. Lawry*  
AUDITOR

J MICHAEL GARVISON

**AFTER RECORDING MAIL TO:**

Name *Rosemary Melinda Libby*

Address *442 Schoolhouse Rd.*

City/State *Underwood, WA 98651*

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

1. Affidavit Lack of Probate
- 2.
- 3.
- 4.



First American Title  
Insurance Company

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document

(this space for title company use only)

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

1. John Eric Libby
- 2.
- 3.
- 4.

REAL ESTATE EXCISE TAX

22211

APR 25 2002

PAID

*Exempt*

*In deposit*

SKAMANIA COUNTY TREASURER

5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. Rosemary Melinda Libby
- 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)

NW Corner SW 1/4 NW 1/4 SEC 22, T3N, R10E

☒ Complete legal description is on page 5 of document

Assessor's Property Tax Parcel / Account Number(s): *03-10-22-0-0-1103-00*

*4-24-02*  
*AM*

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.

**AFFIDAVIT**  
**Lack of Probate**

State of Washington

County of Skamania

Rosemary Melinda Libby, being first duly sworn, deposes and says:

1. The undersigned affiant is the wife of John Eric  
(relationship to decedent) (decedent)  
Libby, who died March 10, 94, at Underwood,  
(date of death) (year) (city)  
State of Washington, then being a legal resident of Underwood  
Skamania, Washington.  
(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:

<u>N/A</u>			
<small>(full name)</small>	<small>(age)</small>	<small>(relationship)</small>	<small>(residence)</small>



## 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:



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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.

Rosemary Melinda Libby  
Affiant's Full Name

4/24/02  
Date

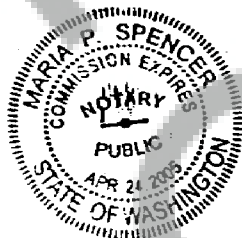
\_\_\_\_\_  
Affiant's Full Name

\_\_\_\_\_  
Date

STATE OF WASHINGTON, )  
COUNTY OF Skamania ) ss.

On this day personally appeared before me Rosemary Melinda Libby 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 24th day of April, 2002.



Maria P. Spencer  
Notary Public in and for the State of  
Washington, residing at Stevenson  
My appointment expires 4-24-05



EXHIBIT "A"

Beginning at the Northwest Corner of the Southwest Quarter of the Northwest Quarter of Section 22, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, which lies under the Schoolhouse Road in Skamania County, State of Washington; is referenced by a white post; thence East 745 feet, more or less, to the True Point of Beginning; thence East 200 feet, more or less; thence South 180 feet, more or less, to an iron pipe; thence West 200 feet, more or less, to an iron pipe; thence 180 feet, more or less, to the True Point of Beginning.

Gary H. Martin, Skamania County Assessor

Date 4-24-02 Parcel # 3-10-22-1103

*gmm*

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Health

CERTIFICATE OF DEATH

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1. NAME John Eric LIBBY		2. SEX (M/F) Male		3. DEATH DATE (Mo, Day, Yr) March 10 1994	
4. AGE LAST BIRTHDAY 33	5. UNDER 1 YEAR None	6. UNDER 1 DAY None	7. BIRTHDATE (Mo, Day, Yr) May 18 1940	8. BIRTHPLACE Caribou ME	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Y/N) No
11. CITY, TOWN OR LOCATION OF DEATH White Salmon			12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Skyline Hospital		
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Rosemary Melinda Libby		16. SOCIAL SECURITY NO. [REDACTED]	
18. USUAL OCCUPATION (The kind of work done during most of working life. DO NOT USE RETIRED) Carpenter		19. KIND OF BUSINESS OR INDUSTRY Telephone Company		20. Was Decedent of Hispanic origin or descent? (Specify) (Yes/No) No	
22. RESIDENCE—NUMBER AND STREET .043R Schoolhouse Rd		23. CITY/TOWN OR LOCATION Underwood		24. INSIDE CITY No	
25. FATHER'S NAME—FIRST, MIDDLE, LAST Merle Freeman Libby		26. MOTHER'S NAME—FIRST, MIDDLE, MARRIAGE SURNAME Ruth Agnes Marie Soderstrom		27. ZIP CODE 98651	
30. INFORMANT—NAME Rosemary Melinda Libby		31. MAILING ADDRESS .043R Schoolhouse Rd Underwood WA 98651		32. LOCATION—CITY/TOWN, STATE The Dalles	
33. DATE (Mo, Day, Yr) March 14 1994		34. CEMETERY/CREMATORY—NAME Win-quatt Crematory		35. ADDRESS OF FACILITY POB 390 WHITE SALMON WA 98672	
36. SIGNATURE OF PHYSICIAN [Signature]		37. NAME OF FACILITY GARDNER FUNERAL HOME, INC.		38. ADDRESS OF FACILITY POB 390 WHITE SALMON WA 98672	
39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 40. DATE SIGNED (Mo, Day, Yr) 3/14/94			41. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 42. DATE SIGNED (Mo, Day, Yr) [Blank]		
43. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) James G. Janney III, M.D. POB 1519 White Salmon, WA 98672			44. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) James G. Janney III, M.D. POB 1519 White Salmon, WA 98672		
45. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.					
IMMEDIATE CAUSE (First disease or condition resulting in death) A. LARGE CELL UNDIFFERENTIATED CARCINOMA		DUE TO, OR AS A CONSEQUENCE OF: B. [Blank]		INTERVAL BETWEEN ONSET AND DEATH 5 MONTHS	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. C. [Blank]		DUE TO, OR AS A CONSEQUENCE OF: D. [Blank]		INTERVAL BETWEEN ONSET AND DEATH [Blank]	
E. [Blank]		DUE TO, OR AS A CONSEQUENCE OF: F. [Blank]		INTERVAL BETWEEN ONSET AND DEATH [Blank]	
G. [Blank]		DUE TO, OR AS A CONSEQUENCE OF: H. [Blank]		INTERVAL BETWEEN ONSET AND DEATH [Blank]	
46. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE SEPARATELY DIFFERENTIATED BOYCOTT					
47. ACC. SUICIDE, HOMICIDE, UNDER OR PENDING INVEST (Specify) [Blank]		48. INJURY DATE (Mo, Day, Yr) [Blank]		49. HOUR OF INJURY (24 Hrs) [Blank]	
50. INJURY AT WORK? (Y/N) No		51. PLACE OF INJURY—AT HOME, FARM, STREET, BLDG, ETC. (Specify) [Blank]		52. DESCRIBE HOW INJURY OCCURRED: 6 hrs ago	
53. RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		54. DATE RECEIVED (Mo, Day, Yr) MAR 14 1994		55. [Blank]	



FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/81) (formerly DSH-8 9-157)

DOH 01-003 (5/92)

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