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BOOK 226 PAGE 547

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

JUL 16 2 57 PM '02

Harry
AUDITOR

J. MICHAEL GARVISON

AFTER RECORDING MAIL TO:

Name _____

Address _____

City / State _____

SEA 24894

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

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

1. CAVANAGH, Catherine E
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. CAVANAGH, David N.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX

22369

JUL 16 2002

PAID *Exempt*

Vicki Clelland

SKAMANIA COUNTY TREASURER

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

27, T2N, R5E

J

☒ Complete legal description is on page 2 of document

Assessor's Property Tax Parcel / Account Number(s): 02-05-27-0-0-1300

gpl

WAT

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 226 PAGE 548

EXHIBIT "A"

The West half of the Southwest Quarter of Section 27, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington.

EXCEPT Public Roads.

ALSO EXCEPT that portion lying Southeasterly of the Washougal River Road as recorded in Book 72, Page 193.

Gary H. Martin, Skamania County Assessor
Date 7/16/42 2-S-21-1360
Parcel #

**AFFIDAVIT
Lack of Probate**

State of Washington

County of Skamania

David N. Cavanagh, being first duly sworn, deposes and says:

1. The undersigned affiant is the husband of Catherine E. Cavanagh, who died March 4, 2001 at (Solano) Fairfield
(relationship to decedent) (date of death) (year) (city)
 State of California, then being a legal resident of Solano, California
(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:

Carolyn Clark-Bennett ³⁶ niece Washougal, WA
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

| | | | |
|-------------------------------------|--------------------|---------------------------------|---------------------------------------|
| <u>Marilyn Clark</u> (full name) | <u>56</u> (age) | <u>sister</u> (relationship) | <u>Beech Grove, TN</u> (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:

N/A

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 \$ 55,000. 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:

Marilyn Clark & Carolyn Clark-Bennett are to inherit Catherine's $\frac{1}{2}$ share of CMC Tree Farm equally.

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.

Signature DAVID N. Cavanagh
Affiant's Full Name

David Nathan Cavanagh
Affiant's Full Name

Date

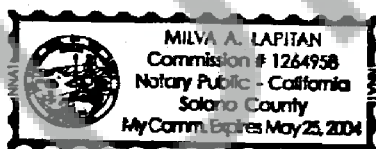
JULY 5 2002
Date

California
STATE OF WASHINGTON,)
COUNTY OF Solano) ss.

On this day personally appeared before me David N. Cavanagh 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 use and purposes therein mentioned.

Notary

GIVEN under my hand and official seal this 5th day of July, 2002



California
Notary Public in and for the State of
Washington, residing at Fairfield
My appointment expires May 15, 2004

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO

HEALTH AND SOCIAL SERVICES DEPARTMENT

355 TUOLUMNE ST.

VALLEJO, CALIFORNIA 94590

BOOK 226 PAGE 552

CERTIFICATE OF DEATH

| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
|--|--|--|--------------|
| 1. NAME OF DECEASED—FIRST (GIVEN) | | 2. MIDDLE | |
| Catherine | | Elizabeth | |
| 3. LAST (FAMILY) | | Cavanagh | |
| 4. DATE OF BIRTH M/M/D/C/YY | | 5. AGE YRS | |
| 07/15/1944 | | 56 | |
| 6. STATE OF BIRTH | | 7. SEX | |
| Washington | | Female | |
| 8. SOCIAL SECURITY NO. | | 9. DATE OF DEATH M/M/D/C/YY | |
| | | 03/04/2001 | |
| 10. MILITARY SERVICE | | 11. MARITAL STATUS | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | Married | |
| 12. EDUCATION—YEARS COMPLETED | | 13. USUAL EMPLOYER | |
| 18 | | State Of California | |
| 14. RACE | | 15. HISPANIC—SPECIFY | |
| Caucasian | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 16. OCCUPATION | | 17. KIND OF BUSINESS | |
| Consultant | | Education | |
| 18. YEARS IN OCCUPATION | | 19. USUAL EMPLOYER | |
| 10 | | | |
| 20. RESIDENCE—(STREET AND NUMBER OR LOCATION) | | | |
| 2901 Owens Court | | | |
| 21. CITY | | 22. COUNTY | 23. ZIP CODE |
| Fairfield | | Solano | 94533 |
| 24. NAME, RELATIONSHIP | | 25. YES IN COUNTY | |
| David Cavanagh, Husband | | California | |
| 26. NAME OF SURVIVING SPOUSE—FIRST | | 27. MARITAL ADDRESS—(STREET AND NUMBER OR LOCATION, CITY, STATE, M/M/D, ZIP) | |
| David | | 2901 Owens Court Fairfield, CA 94533 | |
| 28. NAME OF FATHER—FIRST | | 29. MIDDLE | |
| Sinclair | | Nathan | |
| 30. NAME OF MOTHER—FIRST | | 31. MIDDLE | |
| Thelma | | Cavanagh | |
| 32. DATE M/M/D/C/YY | | 33. LAST (FAMILY NAME) | |
| 03/08/2001 | | Fanning | |
| 34. PLACE OF FINAL DISPOSITION | | 35. LAST (FAMILY NAME) | |
| CHC Tree Farm 12951 Washougal River Road Washougal, WA 98671 | | Schwartz | |
| 36. TYPE OF DISPOSITION | | 37. LAST (FAMILY NAME) | |
| CR/TR/BU | | Schwartz | |
| 38. NAME OF FUNERAL DIRECTOR | | 39. LICENSE NO. | |
| BRYAN - BRAKER FUNERAL HOME | | FD-988 | |
| 40. SIGNATURE OF LOCAL REGISTRAR | | 41. DATE M/M/D/C/YY | |
| Thomas L. Charron | | 03/06/2001 | |
| 42. PLACE OF DEATH | | 43. COUNTY | |
| North Bay Medical Center | | Solano | |
| 44. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) | | 45. CITY | |
| 1200 B. Gale Wilson Blvd. | | Fairfield | |
| 46. DEATH WAS CAUSED BY—(ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) | | 47. TIME OF DEATH | |
| (A) Acute Myocardial Infarction | | 1 DAY | |
| 48. IMMEDIATE CAUSE | | 49. DEATH REPORTED TO CORONER | |
| DUE TO (B) | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| DUE TO (C) | | 50. SIGNATURE OF PHYSICIAN | |
| DUE TO (D) | | 51. SIGNATURE OF PHYSICIAN | |
| 52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 | | 53. SIGNATURE OF PHYSICIAN | |
| Amyotrophic Lateral Sclerosis : Respiratory Failure | | 54. SIGNATURE OF PHYSICIAN | |
| 55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. | | 56. SIGNATURE OF PHYSICIAN | |
| 57. SIGNATURE OF PHYSICIAN | | 58. SIGNATURE OF PHYSICIAN | |
| 59. SIGNATURE OF PHYSICIAN | | 60. SIGNATURE OF PHYSICIAN | |
| 61. SIGNATURE OF PHYSICIAN | | 62. SIGNATURE OF PHYSICIAN | |
| 63. SIGNATURE OF PHYSICIAN | | 64. SIGNATURE OF PHYSICIAN | |
| 65. SIGNATURE OF PHYSICIAN | | 66. SIGNATURE OF PHYSICIAN | |
| 67. SIGNATURE OF PHYSICIAN | | 68. SIGNATURE OF PHYSICIAN | |
| 69. SIGNATURE OF PHYSICIAN | | 70. SIGNATURE OF PHYSICIAN | |
| 71. SIGNATURE OF PHYSICIAN | | 72. SIGNATURE OF PHYSICIAN | |
| 73. SIGNATURE OF PHYSICIAN | | 74. SIGNATURE OF PHYSICIAN | |
| 75. SIGNATURE OF PHYSICIAN | | 76. SIGNATURE OF PHYSICIAN | |
| 77. SIGNATURE OF PHYSICIAN | | 78. SIGNATURE OF PHYSICIAN | |
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| 81. SIGNATURE OF PHYSICIAN | | 82. SIGNATURE OF PHYSICIAN | |
| 83. SIGNATURE OF PHYSICIAN | | 84. SIGNATURE OF PHYSICIAN | |
| 85. SIGNATURE OF PHYSICIAN | | 86. SIGNATURE OF PHYSICIAN | |
| 87. SIGNATURE OF PHYSICIAN | | 88. SIGNATURE OF PHYSICIAN | |
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| 91. SIGNATURE OF PHYSICIAN | | 92. SIGNATURE OF PHYSICIAN | |
| 93. SIGNATURE OF PHYSICIAN | | 94. SIGNATURE OF PHYSICIAN | |
| 95. SIGNATURE OF PHYSICIAN | | 96. SIGNATURE OF PHYSICIAN | |
| 97. SIGNATURE OF PHYSICIAN | | 98. SIGNATURE OF PHYSICIAN | |
| 99. SIGNATURE OF PHYSICIAN | | 100. SIGNATURE OF PHYSICIAN | |

151244

STATE OF CALIFORNIA
COUNTY OF SOLANO

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED 03/06/2001

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY HEALTH AND SOCIAL SERVICES DEPARTMENT, PUBLIC HEALTH DIVISION, VALLEJO, CALIFORNIA.

This copy not valid unless prepared on engraved border displaying seal and signature of Health Officer.

Thomas L. Charron, M.D.
HEALTH OFFICER
AND LOCAL REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Last Will and Testament

OF

CATHERINE ELIZABETH CAVANAGH

ARTICLE ONE

DECLARATIONS

I, CATHERINE ELIZABETH CAVANAGH, declare the following:

Testamentary Intent: This document is my Will, and I revoke all other Wills and Codicils that I have previously made.

Family Declarations:

Residence: El Sobrante, Contra Costa County, California

Spouse: DAVID NATHAN CAVANAGH

Minor Children Living: None

Adult Children Living: None

Predeceased Children or Descendants: None

Former Marriages: None

Parents Living: None

Sister Living: MARILYN ELOISE CLARK, now residing in Beech Grove, Indiana.

Other siblings - Living or Deceased: None

Uncles and Nephews:

CAROLYN SUE BENNETT, now residing in Beech Grove, Indiana.

ARTICLE TWO

GIFTS

A. I give the Fanning and Schwartz family items to my sister, MARILYN ELOISE CLARK, and to my niece, CAROLYN SUE BENNETT, both now residing in Beech Grove, Indiana, or their heirs by right of representation, share and share alike.

B. I leave all of my remaining personal property and all of my real property to my Husband, DAVID NATHAN CAVANAGH, if he survives me for 90 days. If he does not survive me I leave all my property whether real or personal to my sister, MARILYN ELOISE CLARK, and to my niece, CAROLYN SUE BENNETT, or their heirs by right of representation, share and share alike.

L.M.S.

ARTICLE THREE
OFFICE OF EXECUTOR

Nominations:

I nominate as executor and as successor executor of this Will those named below. Each successor executor shall serve in the order designated if the prior designated executor fails to qualify or ceases to act. The term "executor" shall include any personal representative of the estate.

First: My Husband, DAVID NATHAN CAVANAGH

Second: My Sister, MARILYN ELOISE CLARK

Third: L. MILES SNYDER

Bond--Waiver:

I request that the court not require bond of any executor nominated in this Will.

Independent Administration--Permitted:

The executor may administer my estate under the California Independent Administration of Estates Act.

Retain Assets and Exculpation:

The executor shall have the power to retain any asset of the estate, including unproductive, speculative, or fluctuating assets. The executor shall not be liable for any resulting losses unless the executor acts in bad faith, willful misconduct, or gross negligence.

Sell Assets:

The executor shall have the power to sell, with or without notice, at either public or private sale, for cash or terms, any property of my estate as the executor, in the executor's reasonable discretion, considers necessary for the proper administration and distribution of my estate.

Lease Property:

The executor shall have the power to lease all or any property of my estate on such terms that the executor considers proper.

Distribution of Property--In Kind, Non Pro rata, at Date of Distribution Values:

The executor shall have the power to determine what property of my estate shall be allocated to the shares, parts, or bequests in selecting property for distribution or satisfaction of any bequest. Further, the executor may satisfy any general pecuniary bequest, except when specifically

L.M.-5.

6/3/84
L.M.

directed otherwise, by cash or in kind, or partly in each, with property distributed in kind valued at the date of distribution.

Facility of Payment:

In making distributions to a minor, to a person under legal disability, or to a person not adjudicated incompetent but who, by reason of illness or mental or physical disability, is, in the opinion of the executor, unable to manage the distribution properly, then the executor in its reasonable discretion shall pay such distribution in any of the following ways: 1. to the beneficiary directly, 2. to the legally appointed guardian or conservator of the beneficiary, 3. to a custodian for the beneficiary under the Uniform Gifts to Minors Act, 4. for the benefit of the beneficiary, or 5. to an adult relative or friend in reimbursement for amounts properly advanced for the benefit of the beneficiary.

Purchase of Estate Property by Beneficiary. Executor:

Any beneficiary of my estate, even when acting as executor, shall have the power to purchase or exchange assets for assets of my estate or any fractional interest for adequate consideration.

ARTICLE FOUR

NO CONTEST, DISINHERITANCE, DEFINITIONS

No Contest--Contestant Disinherited:

If any beneficiary under this Will in any manner, directly or indirectly, contests or attacks this Will or any of its provisions, any share or interest in my estate given to that contesting beneficiary under this Will is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me.

Disinheritance--General:

Except as otherwise provided in this Will, I have intentionally failed to provide herein for any of my heirs, or persons claiming to be my heirs, living at the date of my death, whether or not known to me.

Survivorship Requirement:

For all gifts under this Will, I require that the beneficiary survive me for sixty (60) days before entitlement to such gift.

1/3/94
RER

Definitions--Simple:

As used in this Will, the following terms shall mean:

1. "Descendants" shall mean lineal descendants in any degree of the ancestor designated and shall include persons adopted during minority.
2. "Brothers and sisters" shall include half-brothers and half-sisters if those persons are lineal descendants of mine.
3. "Death taxes" includes federal, foreign, state, and local estate and inheritance taxes, including penalties and interest, but not generation-skipping and special use valuation recapture taxes.
4. The masculine, feminine, or neuter gender and the singular or plural number shall each include the others whenever the context indicates.
5. Clause headings are for reading convenience and shall be disregarded when construing this Will.

Signature Clause:

I subscribe my name to this Will at Sacramento, California, on the 3rd day of June, 1994.


CATHERINE ELIZABETH CAVANAGH

Attestation Clause:

The testator declared to us, the undersigned, that this instrument consisting of the number of pages indicated below, including the page signed by us as witnesses, was the testator's Will and requested us to act as witnesses to it. The testator thereupon signed this Will in our presence, all of us being present at the same time. We now, at the testator's request, in

6/3/94
L.M.S.

the testator's presence, and in the presence of each other, subscribe our names as witnesses.

Pages: Five

Date: June 3, 1994

Place: Sacramento, California

We declare under penalty of perjury that the foregoing is true and correct.

L. Miles Snyder residing at 1110 Los Molinos Way
L. MILES SNYDER Sacramento, CA 95864

Darlene N. Pinson residing at 7303 Rio Linda Blvd.
DARLENE N. PINSON Rio Linda, CA 95673

6/3/94

L. M. S.

L. M. S.

the testator's presence, and in the presence of each other, subscribe our names as witnesses.

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6/3/94

L. M. S.

L. M. S.