145974

BOOK 229 PAGE 588

FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Janet Waritz
SEP 18 12 07 PM '02
J. MICHAEL GARRISON

AFTER RECORDING MAIL TO:

Name Janet Waritz
Address 3431 Cook-Underwood Rd
City / State Cook WA 98605

Document Title(s): (or transactions contained therein)
1. Affidavit Lack of Probate
2. Death Certificate
3.
4.

First American Title Insurance Company
REAL ESTATE EXCISE TAX
22505
SEP 18 2002
PAID Exempt
Vicki Clelland, Deputy
SKAMANIA COUNTY TREASURER
(This space for title company use)

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. Waritz, Dennis August
2.
3.
4.
5. ☐ Additional names on page _____ of document

Recorded
Indexed
Filed

Grantee(s): (Last name first, then first name and initials)
1. Waritz, Janet Rae pka
2. Joyce, Janet R.
3.
4.
5. ☐ Additional names on page _____ of document

Gary H. Martin, Skamania County Assessor
Date 9/18/02 Parcel # 3-9-14-3-502
Part of Lot 7
Land

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

Lot 7 Oregon Lumber Co. subdivision

☑ Complete legal description is on page 3 of document

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

03 09 14 3 0 0502 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.*

220517

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AFFIDAVIT
Lack of Probate

State of Washington

County of Skamania

Janet Rae Waritz pka Janet R. Joyce, being first duly sworn, deposes and says:

1. The undersigned affiant is the Wife (relationship to decedent) of Dennis Haguest Waritz (decedent), who died 11-8 (date of death) 2001 (year) at Portland (city), State of Oregon, then being a legal resident of Cook (city), Skamania (county), Washington (state).

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

Gary H. Martin, Skamania County Assessor
Date 9/18/2002 Parcel # 3-9-14-3-502
Part of Lot 7 unit

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)
Janet Rae Waritz	48	Spouse	Cook, Washington

220518

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:

OHSU University Hospital & Clinics
Patient Accounts
PO Box 575
Portland, OR 97207-0575
$ 251.06

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 $ 72,500. The value of all separate property of the decedent was approximately $ 0.

$72,500 →

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

Title was not transfered.

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.

Janet R. Waritz (Joyce) — 9/18/02
Affiant's Full Name — **Date**

Affiant's Full Name — **Date**

STATE OF WASHINGTON,)
COUNTY OF Skamania) **ss.**

On this day personally appeared before me Janet R. Waritz 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 18th day of September, 2002

PEGGY B. LOWRY NOTARY PUBLIC 2-23-03 STATE OF WASHINGTON

Peggy B. Lowry
Notary Public in and for the State of Washington, residing at Carson
My appointment expires 2/23/03

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100128

BOOK 85 PAGE 187

TICOR TITLE INSURANCE

Filed for Record at Request of

AFTER RECORDING MAIL TO:
JOSEPH L. UDALL
Attorney at Law
P. O. Box 417
White Salmon, WA 98672

Registered
Indexed Dir
Indexed
Filmed
Mailed

THIS SPACE RESERVED FOR RECORDER'S USE
STATE OF WASHINGTON } ss
COUNTY OF SKAMANIA }
I HEREBY CERTIFY THAT THE WITHIN
INSTRUMENT OF WRITING FILED BY
Ticor Title Co
AT 2:55 P.M. 11-15 1985
WAS RECORDED IN BOOK 85
Deed AT PAGE 187
RECORDS OF SKAMANIA COUNTY WITH
Lucy M Allen
COUNTY AUDITOR
BY Minnie A DEPUTY

Statutory Warranty Deed

THE GRANTORS, JOHN C. DOOLITTLE and BEVERLY A. DOOLITTLE, husband and wife,

for and in consideration of TEN DOLLARS and other good and valuable consideration

in hand paid, conveys and warrants to DENNIS A. WARITZ, a single person, and JANET R. JOYCE, a single person, as tenants in common,

the following described real estate, situated in the County of Skamania, State of Washington:

A tract of land located in Lot 7 of OREGON LUMBER COMPANY SUBDIVISION according to the official plat thereof on file and of record at page 29 of Book A of Plats, records of Skamania County, Washington, described as follows:

Beginning at the Northeast corner of the said Lot 7; thence along the North line of said Lot 7 West 264 feet; thence South 372 feet to the initial point of the tract hereby described; thence South 106 feet; thence East 264 feet to the East line of said Lot 7; thence North along said East line 106 feet; thence West 264 feet to the initial point.

SUBJECT TO easements of record.

TOGETHER WITH 1977 Waldemar 70 x 28 Mobile Home, Vehicle I.D. No. 11808557.

Gary H. Martin, Skamania County Assessor
Date 9/13/02 Parcel # 3-9-14-3-302
Part of 7

REAL ESTATE EXCISE TAX
OCT 15 1985
PAID 243.90
SKAMANIA COUNTY TREASURER

Dated this 11th day of October, 1985.

John C Doolittle (SEAL)
JOHN C. DOOLITTLE
Beverly A Doolittle (SEAL)
BEVERLY A. DOOLITTLE
(SEAL)
(SEAL)

OCT 1985 RECEIVED SKAMANIA COUNTY AUDITOR

STATE OF WASHINGTON }
COUNTY OF Klickitat } ss

On this 11th day of October, 1985, personally appeared before me JOHN C. DOOLITTLE & BEVERLY A. DOOLITTLE to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 11th day of October, 1985.

STATE OF WASHINGTON }
COUNTY OF _____ } ss

On this ____ day of _____, before me, the undersigned, Notary Public in and for the State of _____, commissioned and sworn, personally appeared _____ and _____ to me known to be the _____ President and _____, 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 is the corporate seal

CERTIFICATION OF VITAL RECORD

BOOK 229 PAGE 593

TYPE OR PRINT IN PERMANENT BLACK INK

349405
I.D. TAG NO.

005949
Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME: First: Dennis	Middle: August	Last: WARITZ	2. SEX: Male	3. DATE OF DEATH: November 8, 2001	
4. SOCIAL SECURITY NUMBER: [redacted]	5a. AGE Last Birthday (Years): 50	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Oregon City, OR	7. DATE OF BIRTH: November 3, 1951
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No	8b. PLACE OF DEATH: HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other				
9a. FACILITY NAME: Oregon Health & Sciences University Hospital	9b. CITY, TOWN, OR LOCATION OF DEATH: Portland	9c. COUNTY OF DEATH: Multnomah			
10a. DECEDENT'S USUAL OCCUPATION: Engineer	10b. KIND OF BUSINESS/INDUSTRY: US Forest Service	11. MARITAL STATUS: Married	12. SPOUSE: Janet		
13a. RESIDENCE - STATE: Washington	13b. COUNTY: Skamania	13c. CITY, TOWN, OR LOCATION: Cook	13d. STREET AND NUMBER: 3431 Cook Underwood Rd.		
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 98605	14. WAS DECEDENT OF HISPANIC ORIGIN? ☐ Yes ☐ No: NO	15. RACE: White	16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 12	College (1-4 or 5+): 2
17. FATHER - NAME: Elmer A. Waritz	18. MOTHER - NAME: Hilma Hanquist	19. INFORMANT - NAME and relationship to deceased: Janet Waritz, Wife			
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation	20b. PLACE OF DISPOSITION: Oregon Crematory	20c. LOCATION - City or Town, State: Portland, Oregon			
21a. SIGNATURE OF PERSON FURNISHING SERVICE OR PERSON ACTING AS SUCH: [signature]	21b. LICENSE NO.: 0417	21c. NAME AND ADDRESS OF FACILITY: Holman-Hawkins-Baker & Waud, Inc 715 7th St Oregon City, OR97045			
22. DATE FILED: NOV 2 9 2001	23. REGISTRAR'S SIGNATURE: [signature]				
RESERVED FOR REGISTRAR'S USE					

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 6:21 A	28. WAS MEDICAL EXAMINER CONTACTED? ☐ Yes ☐ No	29. TIME OF DEATH	30. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
31. To the best of my knowledge, death occurred due to the cause(s) and manner stated. (Signature): [signature]		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
33. DATE SIGNED: 11/16/01		33. DATE SIGNED (Month, Day, Year)	COUNTY
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN: David Maccabee MD		3181 SW Sam Jackson Park Road Portland, OR 97201	
35. NAME OF ATTENDING PHYSICIAN (OTHER THAN DECEDENT) (Type or Print): John Hunter MD			

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I — 36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Pulmonary Embolism — Interval between onset and death: 1 week
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ Unknown	38. AUTOPSY: ☐ Yes ☐ No	39. Were findings considered in determining cause of death? ☐ Yes ☐ No			
40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK? ☐ Yes ☐ No	41d. DESCRIBE HOW INJURY OCCURRED	
CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY	41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

COPY OF ORIGINAL DOCUMENT
Clackamas Co. Recorder
DEPUTY

ORIGINAL-VITAL STATISTICS COPY

Gary H. Martin, Skamania County Assessor
Date 9/18/02 Parcel # 3-9-18-3-502

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

NOV 2 9 2001

DATE ISSUED: _____

Lila Wickham Emms
LILA WICKHAM, EMMS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER