

145974

BOOK 229 PAGE 588

FILED IN RECORD-
SKAMANIA COUNTY WASH
BY Janet Warrtz

SEP 18 12 07 PM '02

Colony
J. MICHAEL G. RYSON

AFTER RECORDING MAIL TO:

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

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

1. Affidavit Lack of Probate
2. Death Certificate
- 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. Warrtz, Dennis August
- 2.
- 3.
- 4.

☐ Additional names on page _____ of document

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

1. Warrtz, Janet Rae pka
2. Joyce, Janet R.
- 3.
- 4.

☐ Additional names on page _____ of document

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

Lot 7 Oregon Lumber Co.
sub division

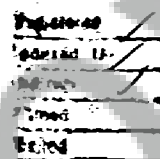
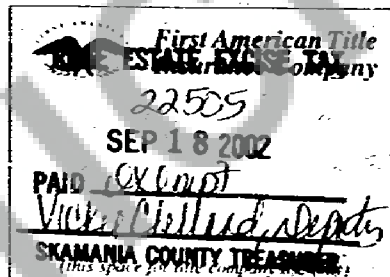
☒ Complete legal description is on page 3 of document

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.



Gary H. Martin, Skamania County Assessor

Date 9/18/02 Parcel # 3-9-14-3-502
Lot 7 und

**AFFIDAVIT
Lack of Probate**

State of Washington

County of Skamania

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

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

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

Gary H. Martin, Skamania County Assessor
Date 9/12/2002 Parcel # 3-9-14-3-562
Port # F Lot # 7

☐ 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:

Janet Rae Waritz 48 Spouse Cook, Washington
(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:

ONSU 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.

\$72,500 →

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.

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

title was not transferred.

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)
Affiant's Full Name

9/18/02
Date

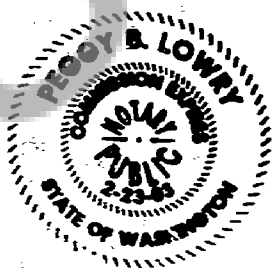
Affiant's Full Name

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 in and for the State of
Washington, residing at Carson
My appointment expires 2/23/03

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Filed for Record at Request of

AFTER RECORDING MAIL TO:

JOSEPH L. UALL

P. O. Box 417

White Salmon, WA 98672

Registered
Indexed
Serialized
Filed
Mailed

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.

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 9/18/02 Parcel # 3-9-14-3-302

REAL ESTATE EXCISE TAX
OCT 15 1985

PAID 245.90

dated this

day of October, 1995.

RECEIVED
OCT 1985
BANKING
ST. LOUIS
ST. LOUIS
ST. LOUIS

JOHN C. DOOLITTLE & BEVERLY A. DOOLITTLE

to me known to be the individuals 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
 Notary Public for the State of Michigan

STATE OF WASHINGTON
COUNTY OF _____

On this ____ day of _____
before me, the undersigned, Notary Public in and for the State of
_____, constitutionally and sworn, personally appeared _____

and no one known to be the President and

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 each stated that _____ authorized to execute the said instrument and that the seal affixed is the corporate seal

CERTIFICATION OF VITAL RECORD

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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

138

State File Number

1. DECEDENT'S NAME First: Dennis Middle: August Last: WARITZ		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) November 8, 2001
4. SOCIAL SECURITY NUMBER 50		5. BIRTHPLACE (City and State or Foreign Country) Oregon City, OR	7. DATE OF BIRTH (Month, Day, Year) November 3, 1951
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No			
9. FACILITY NAME (If not institution, give street and number) Oregon Health & Sciences University Hospital			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use abbrev.) Engineer		10b. KIND OF BUSINESS/INDUSTRY US Forest Service	
11. RESIDENCE - STATE Washington		12. COUNTY OF DEATH Multnomah	
13. CITY, TOWN OR LOCATION OF DEATH Portland		14. STREET AND NUMBER 3431 Cook Underwood Rd.	
15. INSIDE CITY LAKEVIEW 98605		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 15) 2	
17. FATHER'S NAME Elmer A. Waritz		18. MOTHER'S NAME Milna Hanquist	
19. METHOD OF DISPOSITION ☐ Burial ☒ Cremation		20. PLACE OF DISPOSITION (Name of cemetery, crematory, etc.) Oregon Crematory	
21. SIGNATURE OF PERSON FURNISHING INFORMATION (Print name and title) Randy Skamania		22. DATE FILED NOV 9 2001	
23. TIME OF DEATH 6:21 A.M.			
24. DATE SIGNED (Month, Day, Year) 11/14/01			
25. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN David MacCabe MD 3181 SW Sam Jackson Park Road Portland, OR 97201			
26. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFYING PHYSICIAN) John Hunter MD			
27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE FOR THE FORMAL AND CAUSE FOR THE UNDERLYING CAUSE, e.g., Coronary Artery Disease) Pulmonary Embolism			
28. DUE TO, OR AS A CONSEQUENCE OF: 1. 2. 3.			
29. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I			
30. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Unintentional ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other			
31. DATE OF INJURY (Month, Day, Year) 11/8/01			
32. TIME OF INJURY M ☒ Yes ☐ No			
33. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) At home			
34. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3431 Cook Underwood Rd., Portland, OR			

Gary H. Martin, Skamania County Assessor
Date 9/18/02
Parcel # 3-9-14-3-502

COPY OF ORIGINAL DOCUMENT

Polany, Sk. Co. Recorder
DEPUTY

ORIGINAL-VITAL STATISTICS COPY

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

NOV 29 2001

DATE ISSUED:

Lila Williams RN MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.