

146534

BOOK 281 PAGE 997

FILED IN BOOK 281
SKAMANIA COUNTY
BY SKAMANIA CO. III

Nov 8 4 27 PM '02

Q. Lowry
J. MICHAEL GARYSON

AFTER RECORDING MAIL TO:

Name Lorena Dupuis

Address 22435 SE Donna Circle

City/State Boring, OR 97009

SEP 25 2002

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

1. Death Certificate
2. Affidavit
3. Will
- 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. Tichenor, Lorena Skaalheim
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. Dupuis, Lorena Ann
2. Tichenor, Marjorie
3. Budley, Sharon Lee
- 4.

5. ☐ Additional names on page _____ of document

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

Gary H. Martin, Skamania County Assessor
Date 11/1/02 3-7-36-4-4-1100 1101

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-4-4-1100-00
1101-00

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.

REAL ESTATE EXCISE TAX

22620

NOV 12 2002

PAID Wemp

G. Apple

SKAMANIA COUNTY TREASURER

**AFFIDAVIT
Lack of Probate**

State of Washington

County of Skamania

Lorena (Tichenor) Dupuis, being first duly sworn, deposes and says:

1. The undersigned affiant is the Daughter of Lorena S. Tichenor, who died May 13, 2002 at Gresham, State of Oregon, then being a legal resident of Boring, Clackamas, Oregon.
- (relationship to decedent) (decedent) (date of death) (year) (city) (county) (state)

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:

Lorena (Tichenor) Dupuis is Daughter Boring, OR

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

HEIRS AT LAW (continued)

<u>Marjorie Tichenor</u> (full name)	<u>43</u> (age)	<u>Daughter</u> (relationship)	<u>Fremont CA</u> (residence)
<u>Sharon (Tichenor) Dudley</u> (full name)	<u>40</u> (age)	<u>Daughter</u> (relationship)	<u>Stevenson, WA</u> (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 \$ 85,000. 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:

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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.

Lorena Ann DuPuis
Affiant's Full Name

8-15-02
Date

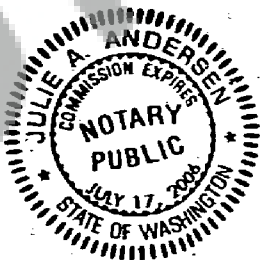
Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF Skamania)

On this day personally appeared before me Lorena Ann DuPuis 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 15th day of August, 2002



Julie A. Andersen
Notary Public in and for the State of
Washington, residing at Oregon
My appointment expires July 17, 2006

CERTIFICATION OF VITAL RECORD

BOOK 231 PAGE 1001

TYPE OR
PRINT IN
PERMANENT
BLACK INK

298952

10. TAG NO.

002609

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: Lorena Middle: Skallheim Last: TICHENOR		2. SEX F	3. DATE OF DEATH (Month, Day, Year) May 13, 2001
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE Last Birthday (Years) 80	5b. UNDER 1 Year Days: [REDACTED] Hours: [REDACTED] Mins: [REDACTED]
6. BIRTHPLACE (City and State or Foreign Country) Stevenson, WA		7. DATE OF BIRTH (Month, Day, Year) April 18, 1921	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): [REDACTED]			
10. FACILITY NAME (If not institution, give street and number) Powell Valley Care Center			
11. CITY, TOWN OR LOCATION OF DEATH Gresham		12. COUNTY OF DEATH Multnomah	
13a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not list title) Homemaker		13b. KIND OF BUSINESS/INDUSTRY Own Home	
14. RESIDENCE - STATE Oregon		15. COUNTY Clackamas	
16. CITY, TOWN OR LOCATION Boring		17. STREET AND NUMBER 22435 SE Donna Circle	
18. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. ZIP CODE 97009	
20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify race or year-4 just specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. RACE (Specify) White	
22. FATHER - NAME Hans - Skallheim		23. MOTHER - NAME Maude - East	
24. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify): [REDACTED]		25. PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place) Stevenson Cemetery	
26. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		27. FUNERAL HOME AND ZIP OF FACILITY Batesman Carroll Funeral Chapel 520 W. Powell Blvd Gresham OR 97030	
28. DATE FILED (Month, Day, Year) MAY 29 2001		29. PRE-DETERMINED [Signature]	
RESERVED FOR REGISTRAR'S USE			
10. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
30. TIME OF DEATH 2000		31. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. TO THE BEST OF MY KNOWLEDGE, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Ernest Talley			
33. DATE SIGNED (Month, Day, Year) May 21, 2001			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Ernest Talley MD, 501 NE Hood #340, Gresham OR 97030			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 36a, 36b, AND 36c. Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)			
36a. Dehydration		36b. Dementia	
36c. Cerebrovascular disease		36d. Other significant conditions: Pneumonia	
37. CAUSE OF DEATH (Enter only one cause per line for 37a, 37b, and 37c. Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)			
37a. Natural		37b. Accidental	
37c. Suicide		37d. Other	
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Other		39. DATE OF INJURY (Month, Day, Year) [REDACTED]	
40. TIME OF INJURY [REDACTED]		41. PLACE OF INJURY (In home, farm, street, factory, office, building, etc., Specify) [REDACTED]	
42. LOCATION (Street and Number or Rural Route Number, City or Town, State) [REDACTED]		43. LOCATION (Street and Number or Rural Route Number, City or Town, State) [REDACTED]	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL VITAL STATISTICS COPY

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

MAY 31 2001

DATE ISSUED:

THIS COPY NOT VALID WITHOUT MULTNOMAH COUNTY SEAL AND BORDER

Ula Wickham RN MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



FIRST CODICIL
TO LAST WILL AND TESTAMENT
OF
LORENA S. TICHENOR

I, LORENA S. TICHENOR, a resident of Skamania County, State of Washington, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or the undue influence of any person whosoever, do make, declare and publish this a first codicil to my Last Will and Testament bearing date the 3rd day of January, 1974.

WHEREAS, my son, AVERY H. TICHENOR, having predeceased me, I hereby modify said Last Will and Testament by deleting his name wherever it appears throughout said Last Will and Testament.

Further, ARTICLE IV Residuary Clause, is hereby amended to read as follows:

"I give, devise and bequeath all of the rest, residue and remainder of my property, both real and personal, of whatsoever nature and wheresoever situate, owned by me at the time of my death, to my daughter, LORENA A. TICHENOR, my daughter, MARJORIE TICHENOR, and my daughter, SHARRON TICHENOR, share and share alike, per stirpes."

Further, ARTICLE V Nomination of Executor, is hereby amended to read as follows:

"Nomination of Executrix. I nominate and appoint my daughter, LORENA A. TICHENOR, as executrix of this my Last Will, to act as such without bond and without the intervention of any court except as may be required under the laws of the State of Washington in the case of nonintervention wills. My executrix shall have full power to sell, convey and encumber, without notice or confirmation, any assets of my estate, real or personal, at such prices and terms as to her may seem just; to advance funds and borrow money, secured or unsecured, from any source; to mortgage or pledge estate property; to select any part of the estate in satisfaction of any partition or distribution hereunder, in kind, in money or both. Such powers may be exercised whether or not necessary for the administration of my estate."

L. S. T.
Testatrix

Further, ARTICLE VI Nomination of Guardian, is hereby amended to read as follows:

"In the event that my husband predeceases me, I nominate and respectfully request the court to appoint my daughter, LORENA A. TICHENOR, as guardian of the person and estate of any of my children that survive me and who are under the age of majority."

IN WITNESS WHEREOF, I have hereunto set my hand this 20th day of March, 1990, and I hereby ratify and confirm all of the provisions of my said Last Will and Testament, except as modified by this First Codicil.

Lorena A. Tichenor
Testatrix

STATE OF WASHINGTON)
County of Skamania) ss.

The undersigned, each competent to testify and being first duly sworn on oath, depose and say:

The foregoing instrument, to which this affidavit is attached, consisting of two (2) pages, of which this is the second, dated the 20th day of March, 1990, and which purports to be a first codicil to the Last Will and Testament of LORENA S. TICHENOR, was signed and executed by her, at Stevenson, Washington, in the presence of myself and the other witness.

The Testatrix thereupon published the instrument as and declared it to be her First Codicil to her Last Will and Testament and requested us to sign the same as witnesses and to execute this affidavit in proof thereof. In the presence of the Testatrix and at her request and direction, and in the presence of each other, the other witness and I subscribed our names as witnesses thereto.

At the time of executing this First Codicil to her Last Will and Testament, the Testatrix, the other witness and I were each of legal age, we were competent to act as witnesses, and the Testatrix appeared to be of sound and disposing mind and was not acting under duress, menace, fraud, undue influence or misrepresentation.

Joseph H. Beat
Residing at Stevenson, WA

Shirley C. Brown
Residing at Vancouver, Wn.

SUBSCRIBED AND SWORN to before me this 20th day of March, 1990.



Shirley C. Brown
Notary Public in and for the State of Washington, residing at Stevenson
My commission expires 8-19-91

LAST WILL AND TESTAMENT

of

LORENA S. TICHENOR

I, LORENA S. TICHENOR, of Skamania County, State of Washington, declare this to be my Last Will and Testament, and revoke all former Wills and Codicils.

ARTICLE I
Identification of Family

My immediate family now consists of my husband, ROBERT H. TICHENOR, my step-son, ROBERT H. TICHENOR, my step-son, RAY W. TICHENOR, my step-daughter, RUTH E. TICHENOR, my son, AVERY H. TICHENOR, my daughter, LORENA A. TICHENOR, my daughter, MARJORIE TICHENOR, and my daughter, SHARRON TICHENOR. Except as provided below I intend to make no provisions in this Will for any of my children whether named herein or hereafter born or adopted, or the descendants of any such child that does not survive me.

ARTICLE II
Provision for Husband

I have this date entered into a Community Property Agreement with my husband, ROBERT H. TICHENOR. I hereby affirm said agreement in all respects but if for any reason said agreement should fail, I give, devise and bequeath all of my property, both real and personal, to my husband, ROBERT H. TICHENOR.

ARTICLE III
Alternate Specific Devises and Bequests

A. To my step-son, ROBERT H. TICHENOR, I bequeath the sum of One Dollar (\$1.00).

B. To my step-son, RAY W. TICHENOR, I bequeath the sum of One Dollar (\$1.00).

C. To my step-daughter, RUTH E. TICHENOR, I bequeath the sum of One Dollar (\$1.00).

ARTICLE IV
Residuary Clause

I give, devise and bequeath all of the rest, residue and remainder of my property, both real and personal, of whatsoever nature and wheresoever situate, owned by me at the time of my death, to my son, AVERY H. TICHENOR, my daughter, LORENA A. TICHENOR, my daughter, MARJORIE TICHENOR, and my daughter, SHARRON TICHENOR, share and share alike, per stirpes.

ARTICLE V
Nomination of Executor

I nominate and appoint my son, AVERY H. TICHENOR, as executor of this my Last Will, to act as such without bond and without the intervention of any Court, except as may be required under the Laws of the State of Washington in the case of nonintervention wills. My executor shall have full power to sell, convey and encumber, without notice or confirmation, any assets of my estate, real or personal, at such prices and terms as to him may seem just; to advance funds and borrow money, secured or unsecured, from any source; to mortgage or pledge estate property; to select

any part of the estate in satisfaction of any partition or distribution hereunder, in kind, in money or both. Such powers may be exercised whether or not necessary for the administration of my estate.

ARTICLE VI
Nomination of Guardian

In the event that my husband predeceases me, I nominate and respectfully request the Court to appoint my son, AVERY H. TICHENOR, as guardian of the person and estate of any of my children that survive me and who are under the age of majority.

ARTICLE VII
Taxes

I direct that all taxes imposed upon my estate or upon the beneficiaries thereof, by the federal or state government, be paid by my residuary estate without apportionment or reimbursement from the beneficiaries.

ARTICLE VIII
Definitions

A. All references to children and descendants shall include adopted children and/or stepchildren.

B. Wherever the masculine or feminine form is used it shall be deemed to include the other.

DATED at Stevenson, Washington, this 3rd day of January, 1974.

Lorena S. Tichenor
Testatrix

STATE OF WASHINGTON)

County of Skamania)

ss.

AFFIDAVIT OF WITNESSES

The undersigned attesting witnesses, being duly sworn, on oath, depose and state:

1. DECLARATIONS. Immediately prior to the execution of the attached document dated the 3rd day of January, 1974, the Testatrix, LORENA S. TICHENOR, declared it to be her last Will and requested the undersigned witnesses to subscribe their names to it.

2. SIGNATURE ATTESTATION AND SUBSCRIPTION. Immediately following her declaration, the Testatrix signed the attached Will in the presence of the undersigned witnesses. Each of the undersigned witnesses attested the execution thereof by subscribing his name thereto in the presence of the Testatrix and of the other subscribing witness.

3. COMPETENCY. Each of the undersigned witnesses, for himself, states that he is competent and of legal age, and that the other subscribing witness and the Testatrix appeared to be of legal age, competent and of sound mind, and the Testatrix further appeared to be able fully to dispose of her estate and to be acting of her own free will and without duress.

The Testatrix requested that this affidavit in proof of her attached Will be made by the undersigned subscribing witnesses thereto.

Witness: Paul A. Neely

Witness: Wayle L. Ferguson

January, 1974.
SUBSCRIBED AND SWORN to before me this 3rd day of

Shirley A. Little
Notary Public in and for the State
of Washington, residing at Stevenson.