

146957

BOOK 234 PAGE 99

FILED
SKAMANIA CO. TITLE

DEC 20 9 34 AM '02

V. Carrell

J. NICHOLSON

AFTER RECORDING MAIL TO:

Name Blanche Seaman

Address 922 High Bridge Road

City/State Carson, WA 98610

SCR 25405

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

1. Death Cert
2. Will
3. Affidavit
- 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. Campbell, Fred W.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. Campbell, William J.
2. Campbell, Mirval F.
3. Seaman, Blanche M.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
SW 1/4 NW 1/4 S21, T3N, R8E

☐ Complete legal description is on page 8 of document

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

03-08-21-2-0-0802-00
12-20-02

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

22696

DEC 20 2002

PAID BY CHECK

Vicki Clelland

SKAMANIA COUNTY TREASURER

Stamp with fields: Registered, Indexed, Filed, and a date field.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

BOOK 234 PAGE 100 146 CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

678

LOCAL FILE NUMBER



146

STATE FILE NUMBER

1. NAME First Middle Last Fredrick William CAMPBELL				2. SEX (M/F) Male		3. DEATH DATE (Mo, Day, Yr) April 10, 2002	
4. AGE LAST BIRTH (Day, Mo, Yr) 83		5. UNDER 1 YEAR Days 10/4/1918		6. UNDER 1 YEAR Months 10/4/1918		7. BIRTH DATE (Mo, Day, Yr) 10/4/1918	
8. BIRTH PLACE State or Foreign Country Joseph, OR		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes		10. COUNTY OF DEATH Clark		11. SWORN IN LAST 15 YEARS? (Yes/No) No	
12. CITY, TOWN, OR LOCATION OF DEATH Vancouver				13. PLACE OF DEATH — X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. IN RESIDENTIAL HOME 4. IN HOSP. 5. IN NURSING HOME 6. OTHER PLACE 9608 Boulder Ave			
14. MARITAL STATUS — Married Never married Widowed Divorced (From Whom?) Widowed		15. SURVIVING SPOUSE (Name, give marker number) 		16. SOCIAL SECURITY # 		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (K-12) College (1-4 or 5-) 12	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Log Truck Driver		19. KIND OF BUSINESS OR INDUSTRY Timber		20. Was Decedent of Hispanic origin or descent? (Specify) (Yes or No) If Yes, specify Cuban, Mexican, Puerto Rican, etc. (Yes/No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 9608 Boulder Ave.		23. CITY, TOWN, OR LOCATION Vancouver		24. IN HOME CITY (Yes/No) Yes		25. COUNTY Clark	
26. FATHER'S NAME — FIRST, MIDDLE, LAST William Campbell		27. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Almedia Blanche Ryson		28. LENGTH OF RES. IN CO. 8 months		29. STATE WA	
30. INFORMANT — NAME Blanche Seaman		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 922 High Bridge Road Carson, WA 98610		32. BIRTH DATE (Mo, Day, Yr) 4/12/2002		33. LOCATION — CITY, TOWN, STATE Portland, Oregon	
34. FUNERAL DIRECTOR SIGNATURE C. M. [Signature]		35. NAME OF FACILITY STRAUB'S FUNERAL HOME		36. ADDRESS OF FACILITY 325 NE 3rd Ave Camas, Washington 98607		37. DATE RECEIVED (Mo, Day, Yr) APR 11 2002	
38. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 39. TO THE BEST OF MY KNOWLEDGE, THE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature] 40. DATE SIGNED (Mo, Day, Yr) 4/11/02 41. HOUR OF DEATH (24 Hr) 2115 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Jean Wong, MD 315 SE Stonemill Drive #110 Vancouver, WA 98684				39. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature] 44. DATE SIGNED (Mo, Day, Yr) 4/11/02 45. HOUR OF DEATH (24 Hr) 2115 46. HOUR PRONOUNCED DEAD (24 Hr) 2115 47. HOUR PRONOUNCED DEAD (24 Hr) 2115 48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Jean Wong, MD 315 SE Stonemill Drive #110 Vancouver, WA 98684 49. MEDICORNER FILE NUMBER 			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) A Failure to thrive DUE TO, OR AS A CONSEQUENCE OF: B COPD DM pulmonary Abscess DUE TO, OR AS A CONSEQUENCE OF: C DUE TO, OR AS A CONSEQUENCE OF: D 51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: 52. AUTOPSY? (Yes/No) No 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes							
54. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) 		55. INJURY DATE (Mo, Day, Yr) 		56. HOUR OF INJURY (24 Hr) 		57. DESCRIBE HOW INJURY OCCURRED 	
58. INJURY AT WORK? (Yes/No) 		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify) 		60. LOCATION — STREET OR RFD NO., CITY, TOWN, STATE 			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE 				62. REGISTRAR SIGNATURE [Signature]			

THIS CERTIFICATE IS FILED WITH THE CENTER FOR HEALTH SYSTEMS DATA. CERTIFIED COPIES MAY BE OBTAINED FROM THE CENTER.

LAST WILL AND TESTAMENT

KNOW ALL MEN BY THESE PRESENTS, That I, FRED W. CAMPBELL, being of legal age and of sound and disposing mind and memory, and not acting under duress, menace, fraud, or the undue influence of any person whomsoever, and having in mind the natural objects of my bounty, do make, publish and declare this to be my LAST WILL AND TESTAMENT:

FIRST: I hereby direct that my executrix hereinafter named, as soon as she shall have sufficient funds on hand, pay all of the just indebtedness against my estate.

SECOND: I hereby declare that I have three children namely, WILLIAM JOSEPH CAMPBELL, MIRVAL F. CAMPBELL, and BLANCHE MAE SEAMAN. I make no provisions for my children because I know my wife will care for them.

THIRD: After payment of the costs of administration and death and inheritance taxes, if any, I hereby give, devise and bequeath all the residue and remainder of my estate, whether real, personal or mixed, community or separate, and wheresoever situate, to my wife, DELPHA H. CAMPBELL.

FOURTH: I hereby nominate and appoint my wife, DELPHA H. CAMPBELL, as executrix of this, my Last Will and Testament, to act as such without bond or security of any kind.

FIFTH: I hereby direct that my estate be settled in the manner provided by the laws of the State of Washington relating to non-intervention wills and that the same shall be managed and settled, insofar as by such laws allowed, without the intervention of any court whatsoever.

SIXTH: If my wife, DELPHA H. CAMPBELL, shall predecease me, then in that event, after payment of costs of administration and death and inheritance taxes, I hereby give, devise and bequeath all the residue and remainder of my estate, whether

Fred W. Campbell
FRED W. CAMPBELL

real, personal or mixed and wheresoever situate, to my children, share and share alike, and in such event I nominate BLANCHE MAE SEAMAN as executrix of this, my Last Will and Testament, to act as such without bond or security of any kind, and I further direct that my estate be settled without intervention of any court whatsoever, as aforesaid.

SEVENTH: I hereby revoke any and all former wills by me made and declare this my Last Will and Testament.

IN WITNESS WHEREOF, I have hereunto set my hand this 4th day of March, 1976, at Stevenson, in Skamania County, State of Washington, and publish and declare this as my Last Will and Testament.

Fred W. Campbell
FRED W. CAMPBELL

The foregoing instrument, consisting of two typewritten pages, of which this is the last, was on the date thereof signed and published by FRED W. CAMPBELL, who at said time appeared to be of sound and disposing mind and memory, and by him declared to be his Last Will and Testament, in the presence of us, who, at his request and in his presence, and in the presence of each other, have hereunto set our hands as witnesses thereto, this 4th day of March, 1976.

Susan J. Kellie Residing at Stevenson, Washington

Bernard Heavey Jr Residing at Stevenson, Washington.

**AFFIDAVIT
Lack of Probate**

State of Washington

County of SKAMANIA

_____, being first duly sworn, deposes and says:

1. The undersigned affiant is the Daughter of Fred W
(relationship to decedent) (decedent)
Campbell, who died 4-10-82 at Vancouver
(date of death) (year) (city)
 State of WA, then being a legal resident of Carson
SKAMANIA, WA
(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 3-4-1976, 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:

William J Campbell 62 SON 13512 NE 47th St
(full name) (age) (relationship) (residence)
Vancouver, WA 98682

HEIRS AT LAW (continued)

<u>MIRVAL F Campbell</u> (full name)	<u>60</u> (age)	<u>SON</u> (relationship)	<u>9608 Ballard St Vancouver WA 98664</u> (residence)
<u>Blanche M Seaman</u> (full name)	<u>59</u> (age)	<u>Daughter</u> (relationship)	<u>922 High Bridge Rd Parsippany, NJ 07054</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 \$ 40,000. The value of all separate property of the decedent was approximately \$ 10,000.
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.

Blanche M. Seaman
Affiant's Full Name

12-20-02
Date

Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF Skamania) ss.

On this day personally appeared before me Blanche M. Seaman 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 20 day of December, 2002

Notary Public
State of Washington
JAMES R COPELAND, JR
MY COMMISSION EXPIRES
September 13, 2003

James R. Copeland, Jr.
Notary Public in and for the State of
Washington, residing at Stevenson
My appointment expires 9-13-03

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EXHIBIT 'A'

A tract of land in the Southwest Quarter of the Northwest Quarter of Section 21, Township 3 North, Range 8 East of the Willamette Meridian in the County of Skamania, State of Washington, described as follows:

Beginning a point 60 rods and 10 1/4 feet East and 101 rods and 13 1/4 feet North of the Southwest corner of the Northwest Quarter of the Southwest Quarter of the said Section 21; thence North 315 feet; thence East 40 feet to the initial point of the tract hereby described; thence North 210 feet; thence East 144.3 feet; thence South 210 feet; thence West 144.3 feet to the initial point.

EXCEPT the North 100 feet conveyed to Darnold Robertson et ux by instrument recorded in Book 67, Page 344.

Gary H. Martin, Skamania County Assessor

Date 12-20-02 Parcel # 3-8-21-2-802
GHR