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FILED IN RECORD
SKAMANIA CO. WASH
ON JULY 22, 2003

MAY 13 3 14 PM '03

Q. L. W. N. Y.

J. MICHAEL G. REVISION

AFTER RECORDING MAIL TO:

Name Tamara L. Quinton

Address 3965 Lutz Lane

City/State The Dalles, OR 97058

CTC 56603

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

1. Probate
- 2.
- 3.
- 4.

Referen Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

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

1. Hazel A. Miller
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. Tamara L. Quinton, Personal Representative of the Estate Hazel A.
2. Miller, Deceased
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

All of that portion of the East Half of the Northeast Quarter of Section 15, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, Lying Southeasterly of the County Road No. 1106 designated as the Washougal River Road.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-05-15-1-0-0702-00

Gary H. Martin, Skamania County Assessor

WA-1 Date 5-13-03 Parcel # 02-05-15-1-0-0702-00

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.



First American Title
Insurance Company

REAL ESTATE EXCISE TAX (see only)

22999

MAY 13, 2003

PAID

W. H. Bellard
SKAMANIA COUNTY TREASURER

000778

LETTERS TESTAMENTARY

By P. Petersen Deputy

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HEALTH SERVICES
 OREGON HEALTH DIVISION
 VITAL RECORDS SECTION
 CERTIFICATE OF DEATH

| | | | | | |
|--|--|--|--|--|--|
| 1. DECEASED'S NAME - Last, first, middle Hazel Annabel Miller | | 2. SEX Female | | 3. DATE OF DEATH August 30, 2001 | |
| 4. AGE - Last birthday 83 | | 5. BIRTH PLACE - City and State or Foreign Napavine, WA | | 6. DATE OF BIRTH July 4, 1918 | |
| 7. HAD DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 8. PLACE OF DEATH (Check one) <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other Facility | | | |
| 9. FACILITY NAME (if not institution, give street and number) Hid Columbia Medical Center | | 10. CITY, TOWN, OR LOCATION OF DEATH The Dalles | | 11. COUNTY OF DEATH Masco | |
| 12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life) Homemaker | | 13. KIND OF BUSINESS/INDUSTRY Own Home | | 14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed | |
| 15. RESIDENCE - STATE Oregon | | 16. CITY, TOWN, OR LOCATION The Dalles | | 17. STREET AND NUMBER 2120 West 8th Street | |
| 18. INMATE CITY 97058 | | 19. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No | | 20. RACE - American Indian, Black, White, etc. (Specify) Caucasian | |
| 21. DECEASED'S EDUCATION (Specify only highest grade completed) 8 | | 22. DECEASED'S NAME and relationship to deceased Joseph LaChine | | | |
| 23. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Pending from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 24. PLACE OF DISPOSITION - Name of cemetery, crematory, or other place Win-quatt Crematory | | 25. LOCATION - City or Town, State The Dalles, Oregon | |
| 26. SIGNATURE OF OREGON LICENSED REGISTRAR Marie J. Pirell | | 27. OREGON LICENSE NO. (If Licensed) 0080 | | 28. NAME, ADDRESS AND ZIP OF FACILITY Spencer, Libby & Powell P. Home | |
| 29. DATE SIGNED (Month, Day, Year) SEPTEMBER 11, 2001 | | 30. REGISTRAR'S SIGNATURE Consuelo Palom Deputy | | 31. NAME, ADDRESS AND ZIP OF FACILITY 1100 Kelly Ave. The Dalles, OR | |

| | | | |
|---|--|---|--|
| 32. TIME OF DEATH 03:42 a.m. | | 33. DATE PROCEDED DEAD (Month, Day, Year, Hour) 8/30/01 | |
| 34. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [Signature] | | 35. 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) [Signature] | |
| 36. DATE SIGNED (Month, Day, Year) 9/4/01 | | 37. COUNTY CLATSOP | |
| 38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Brendon R. Irvine, M.D., 425 East 7th St., The Dalles, OR 97058 | | | |
| 39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN (Type or Print) | | | |
| 40. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c). Do not enter mode of death as a cardiac or respiratory arrest.) | | | |
| (a) Myocardial infarction | | (b) peripheral vascular disease | |
| (c) due to, or as a consequence of | | (d) Interval between onset and death | |
| 41. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. | | | |
| 42. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other | | 43. DATE OF INJURY (Month, Day, Year) | |
| 44. TIME OF INJURY | | 45. BLIND AT WORK? | |
| 46. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) | | 47. LOCATION (Street and Number or Rural Route Number, City or Town, State) | |

RECORDERS NOTE: PORTIONS OF THIS DOCUMENT POOR QUALITY FOR FILING

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CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED: **SEP 11 2001**

Jennifer A. Woodward, PhD
 STATE REGISTRAR



IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR WASCO COUNTY
PROBATE DEPARTMENT

IN THE MATTER OF THE ESTATE
OF
HAZEL A. MILLER, DECEASED.

No. P01-86

ORDER ADMITTING WILL TO PROBATE AND
APPOINTING PERSONAL REPRESENTATIVE

The petition of Tamara L. Quinton for the admission of decedent's will to probate and for the appointment of a personal representative in the above entitled estate now coming on to be heard and it appearing that this court has jurisdiction herein; that the above named decedent died on August 30, 2001, at The Dalles, Oregon at the age of 83 years, leaving a will dated August 12, 1999; that on said date the decedent was of the age of 81 years, of sound mind and memory and not acting under the fraud, duress or undue influence of any person whomsoever; that said will, duly proved herein, was in all respects properly executed and is the true last will and testament of the decedent; and it further appearing that said petition sets forth the information required by law in such matters; that in said will the decedent nominated Tamara L. Quinton as the personal representative of decedent's estate to serve without bond and decedent's said nominee is in all respects competent and qualified to act as such personal representative;

NOW, THEREFORE, IT HEREBY IS ORDERED that decedent's said will be and it is admitted to probate herein, that Tamara L. Quinton is appointed as the personal representative of said

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1 estate to serve without bond and that Letters Testamentary be issued forthwith.

2 DONE this 11 day of October, 2001.

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Circuit Judge

PERSONAL REPRESENTATIVE:

TAMARA L. QUINTON
3965 LUTZ LANE
THE DALLES, OR 97058
541-298-4941

PERSONAL REPRESENTATIVE'S ATTORNEY:

WILLIAM G. DICK II, OSB #78181
601 WASHINGTON STREET
THE DALLES, OR 97058
541-296-2152