

148761

BOOK 242 PAGE 614

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY SKAMANIA CO. TITLE

MAY 14 2 48 PM '03

*O. Lavy*  
AUDITOR  
J. MICHAEL PARVISON

**AFTER RECORDING MAIL TO:**

Name Virgil H. Hudgins

Address PO Box 542

City/State Stevenson, WA 98648

SCTC 25690

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

1. Certificate of Death
- 2.
- 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. Karen Marie Hudgins
- 2.
- 3.
- 4.

5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. Virgil H. Hudgins
- 2.
- 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)

S 1/2 SE 1/4 SW 1/4 SEC 17 T 3 N R 8 E AND E 1/2 NE 1/4 SEC 35 T 4 N R 7 E

Gary H. Martin, Skamania County Assessor

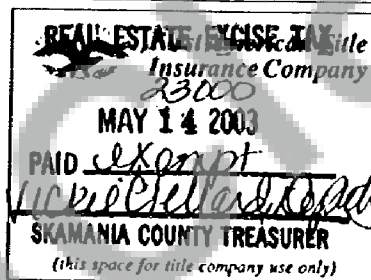
Date 5/14/03 3-8-17-3-2000, 4-7-35-200 Parcel # \_\_\_\_\_

☒ Complete legal description is on page 6 & 7 of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-17-3-0-2000-00  
04-07-35-0-0-0800-00

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.



*[Handwritten signature]*  
dated 5/14/03  
by \_\_\_\_\_  
title \_\_\_\_\_  
verified \_\_\_\_\_

# CERTIFICATION OF VITAL RECORD

BOOK 242 PAGE 615

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

361614

ID TAG NO

119-2003

Local File Number

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

136

State File Number

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1. DECEASED'S NAME<br><b>KAREN MARIE HUDGINS</b>   |  | 2. SEX<br><b>F</b>   |  | 3. DATE OF DEATH (Month, Day, Year)<br><b>Feb. 6, 2003</b>                           |  |
| 4. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>   |  | 5. AGE (Year, Month, Day)<br><b>56</b>   |  | 6. DATE OF BIRTH (Month, Day, Year)<br><b>Aug. 29, 1946</b>                          |  |
| 7. PLACE OF DEATH (City, County, State)<br><b>Hood River, Hood River, OR</b>   |  | 8. PLACE OF DEATH (City, County, State)<br><b>Hood River, Hood River, OR</b>           |  |  |  |
| 9. DECEASED'S USUAL OCCUPATION<br><b>Day Care Provider</b>   |  | 10. RPO OF BUSINESS/INDUSTRY<br><b>Child Care</b>                                      |  | 11. MARITAL STATUS (Married, Single, Widowed, Divorced, Separated)<br><b>Married</b> |  |
| 12. RESIDENCE - STATE<br><b>Washington</b>   |  | 13. RESIDENCE - COUNTY<br><b>Skamania</b>  |  | 14. RESIDENCE - CITY/TOWN OR LOCATION<br><b>Hemlock</b>                              |  |
| 15. RESIDENCE - ZIP CODE<br><b>98610</b>   |  | 16. RACE (American Indian, Black, White, etc.)<br><b>White</b>                         |  | 17. DECEASED'S EDUCATION<br><b>12</b>  |  |
| 18. FATHER'S NAME (Last, First, Middle)<br><b>Robert Williams</b>  |  | 19. MOTHER'S NAME (Last, First, Middle)<br><b>Ruby Stallings</b>                       |  | 20. DECEASED'S NAME (Last, First, Middle)<br><b>Virgil M. Hudgins</b>                |  |
| 21. METHOD OF DISPOSITION<br><input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Home at last place |  | 22. PLACE OF DISPOSITION (Name of cemetery, church, etc.)<br><b>Stevenson Cemetery</b> |  | 23. LOCATION (City or Town, State)<br><b>Stevenson, Washington</b>                   |  |
| 24. SIGNATURE OF DECEASED (If known)<br><b>[Signature]</b>   |  | 25. DATE OF DEATH (Month, Day, Year)<br><b>February 11, 2003</b>                       |  | 26. SIGNATURE OF REGISTRAR<br><b>Dorothy A. O'Dell</b>                               |  |
| 27. TO BE COMPLETED BY CERTIFYING PHYSICIAN  |  |  |  |  |  |
| 28. TIME OF DEATH<br><b>1130</b>   |  | 29. DATE OF DEATH (Month, Day, Year)<br><b>2-7-03</b>                                  |  |  |  |
| 30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print)<br><b>Gary Regalbuto, M.D., 1410 May St., Hood River, OR 97031</b>            |  |  |  |  |  |
| 31. NAME OF ATTENDING PHYSICIAN (If other than Certifier, Type or Print)   |  |  |  |  |  |
| 32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g., Cardiac or Respiratory Arrest.)            |  |  |  |  |  |
| 33. IMMEDIATE CAUSE (a) <b>Anoxic Encephalopathy</b>   |  |  |  |  |  |
| 34. IMMEDIATE CAUSE (b) <b>Cardio-Respiratory Arrest</b>   |  |  |  |  |  |
| 35. IMMEDIATE CAUSE (c) <b>Unknown Natural Cause</b>   |  |  |  |  |  |
| 36. OTHER SIGNIFICANT CONDITIONS (e.g., Conditions contributing to death but not resulting in the underlying cause given in Part I)                    |  |  |  |  |  |
| 37. TO BE COMPLETED ONLY BY MEDICAL EXAMINER   |  |  |  |  |  |
| 38. TIME OF DEATH<br><b>1130</b>   |  | 39. DATE OF DEATH (Month, Day, Year)<br><b>2-7-03</b>                                  |  |  |  |
| 40. DATE OF DEATH (Month, Day, Year)<br><b>2-7-03</b>  |  |  |  |  |  |
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| 100. DATE OF DEATH (Month, Day, Year)<br><b>2-7-03</b>   |  |  |  |  |  |



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

HOOD RIVER

FEB 11 2003

COUNTY OREGON

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Gary H. Martin, Skamania County Assessor  
Date 5/14/03 5:58:17-3-2003  
4-7-35-800

Dorothy A. O'Dell  
COUNTY REGISTRAR  
HOOD RIVER COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**AFFIDAVIT  
Lack of Probate**

State of Washington

County of SKAMANIA

Vigil Hudgin, being first duly sworn, deposes and says:

1. The undersigned affiant is the HUSBAND of KAREN  
(relationship to decedent) (decedent)  
Hudgins, who died 02-06-03, 03, at HOOD RIVER,  
(date of death) (year) (city)  
 State of OREGON, then being a legal resident of HEMLOCK,  
SKAMANIA, Washington.  
(county) (state) (city)

**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:

Jimmy Edward Hudgins 39 SON Clovis, CA  
(full name) (age) (relationship) (residence)

## HEIRS AT LAW (continued)

|  |                    |                              |                                     |
|--|--------------------|------------------------------|-------------------------------------|
| <u>Dale Preston Hudgins</u><br>(full name) | <u>37</u><br>(age) | <u>SON</u><br>(relationship) | <u>Astoria, Ore</u><br>(residence)  |
| <u>Michael John Hudgins</u><br>(full name) | <u>31</u><br>(age) | <u>SON</u><br>(relationship) | <u>Vancouver, Wa</u><br>(residence) |
| _____<br>(full name)                       | _____<br>(age)     | _____<br>(relationship)      | _____<br>(residence)                |
| _____<br>(full name)                       | _____<br>(age)     | _____<br>(relationship)      | _____<br>(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 \$ 435,000. The value of all separate property of the decedent was approximately \$ \_\_\_\_\_.
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.

Virgil Hudgins  
Affiant's Full Name

4/17/03  
Date

\_\_\_\_\_  
Affiant's Full Name

\_\_\_\_\_  
Date

STATE OF WASHINGTON, )  
COUNTY OF Skamania ) ss.

On this day personally appeared before me Virgil Hudgins to me  
known to be the individual described in and who executed the within and foregoing  
instrument, and acknowledged that He signed the same as His free and  
voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 17<sup>th</sup> day of April, 2003



Julie A. Andersen  
Notary Public in and for the State of  
Washington, residing at Casson  
My appointment expires 7-17-2006

EXHIBIT 'A'

A tract of land located in the South half of the Southeast Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, more particularly described as follows:

Beginning at the Northeast corner of the South half of the Southeast Quarter of Section 17; thence West 416 feet following the North line of the South half of the Southeast Quarter of the Southwest Quarter of Section 17 to the initial point of the tract hereby described; thence West 208 feet following the North line of the South half of the Southeast Quarter of the Southwest Quarter of said Section 17; thence South 208 feet; thence East 208 feet to the point South of the initial point; thence North 208 feet to the initial point.



EXHIBIT 'A'

A tract of land in the East Half of the Northeast Quarter of Section 35, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at an 8" diameter Douglas Fir Tree, set as a witness to the corner of Section 25, 26, 35 and 36, Township 4 North, Range 7 East of the Willamette Meridian, Skamania County, Washington by Mart C. Perkins, licensed land surveyor in 1957, said tree being 262.0 feet South of said corner; thence Southerly along the Section line common to said Section 35 and 36 a distance of 988.0 feet to a  $\frac{3}{8}$ " x  $\frac{1}{2}$ " metal rod extending 12" above the ground which is the true point of beginning of this description; thence West 1,320.0 feet, more or less, to a 1  $\frac{1}{4}$ " steel axle extending 6" above the ground; thence South a distance of 960.0 feet to a 1  $\frac{1}{4}$ " steel rod extending 6" above ground; thence East a distance of 1,320.0 feet, more or less, to a point on aforesaid Section line which is marked with a  $\frac{3}{8}$ " x  $\frac{1}{2}$ " rod extending 12" above the ground; thence Northerly along said Section line a distance of 960.0 feet to the true point of beginning.