BOOK 244 PAGE 328

149120

SKAMANIA CO. TITLE

JUN 17 1 35 PM '03

Amaser

AFTER RECORDING MAIL TO:

Name Steve Scott

Address 227 NE Paloma Ct

City/State Gresham, OR 97030

SCA 25841

Document Title(s): (or transactions contained therein)
1. Affidavit
2. Death Cert
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. Waits, Terry Lee
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. Scott, Steve
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)
Lots 8 and 9, Iman Rock Creek Tracts, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 118, in the County of Skamania, State of Washington.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-35-1-4-0500-00

REAL ESTATE EXCISE TAX
Chicago Title Insurance Company
23065
JUN 17 2003
PAID 0.00
SKAMANIA COUNTY TREASURER
(this space for title company use only)

Gary H. Martin, Skamania County Assessor
Date 6-17-03 Parcel # 03 07 35 1 4 0500 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.*

CERTIFICATION OF VITAL RECORD

BOOK 244 PAGE 329

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

B40515 ID TAG NO
366 Local File Number
136 State File Number

DECEDENT

Field	Entry
1. Decedent's Name (First, Middle, Last)	Terry Lee WAITS
2. Sex	Female
3. Date of Death	July 9, 2002
4. Social Security Number	[redacted]
5a. Age Last Birthday (Years)	54
6. Birthplace	Klamath Falls, OR
7. Date of Birth	December 1, 1947
8. Was Decedent Ever in U.S. Armed Forces?	No
9a. Place of Death	Other: Hwy 97
9b. Facility Name	Highway 97, North Mile Post 203
9c. City, Town, or Location of Death	Chemult
9d. County of Death	Klamath
10a. Decedent's Usual Occupation	Youth Councilor
10b. Kind of Business/Industry	Child Welfare
11. Marital Status	Divorced
12. Spouse	
13a. Residence – State	Oregon
13b. County	Washington
13c. City, Town, or Location	Portland
13d. Street and Number	7751 SE 92nd. Apt. E
13e. Inside City Limits?	No
13f. Zip Code	97266
14. Was Decedent of Hispanic Origin?	No
15. Race	White
16. Decedent's Education	College: 4

PARENTS

Field	Entry
17. Father's Name	Raymond Floyd Waits
18. Mother's Name	Lucille Marie Courley
19. Informant's Name and Relationship to Decedent	Lucille Andrieu Mother

DISPOSITION

Field	Entry
20a. Method of Disposition	Cremation
20b. Place of Disposition	Klamath Cremation Service
20c. Location	Klamath Falls, Oregon
21a. Signature of Oregon Funeral Service Licensee	James O. Riggs
21b. Oregon License No.	00-3572
22. Name, Address and Zip of Facility	O'Hair & Riggs Funeral Chapel, 515 Pine ST. Klamath Falls, OR 97601

REGISTRAR

Field	Entry
23. Date Filed	JUL 11 2002
24. Registrar's Signature	Angelique Hernandez

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

Field	Entry
27. Time of Death	
28. Was Medical Examiner Notified?	Yes
29. Signature	Charles D. Bury
30. Date Signed	July 11, 2002

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

Field	Entry
31a. Time of Death	9:32A
31b. Date Pronounced Dead	July 9, 2002 9:32AM
32. Signature	M.D.
33. Date Signed	July 11, 2002
County	Klamath

34. Name, Title, Address and Zip of Certifier/Medical Examiner: Charles D. Bury, M.D. 2300 Clairmont Street, Klamath Falls, Oregon 97601

35. Name of Attending Physician if Other Than Certifier:

CAUSE OF DEATH

Part I	Cause	Interval between onset and death
(a)	Intra Cranial Injuries MVA	Inst
(b) Due to or as a consequence of		
(c) Due to or as a consequence of		

PART II Other significant conditions:

Field	Entry
37. Did tobacco use contribute to the death?	Unknown
38. Autopsy	No
40. Manner of Death	Accident
41a. Date of Injury	7-9-2002
41b. Time of Injury	9:32AM
41c. Injury at Work	No
41d. Describe How Injury Occurred	Driver of vehicle ejected from rolled car down eight foot embankment of highway 97.
41e. Place of Injury	Highway
41f. Location	Highway 97 North Mile Post 203

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 KLAMATH COUNTY REGISTRAR

DATE ISSUED: JUL 11 2002

Evelyn Simonson
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

STATE OF OREGON 1859

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BOOK 244 PAGE 330

AFFIDAVIT
Lack of Probate

State of Washington

County of Multnomah

Steve Scott, being first duly sworn, deposes and says:

1. The undersigned affiant is the son (relationship to decedent) of Terry L (decedent) Watts, who died 7-9-02 (date of death), at 82 (age), at Chemult (city), State of Oregon, then being a legal resident of Portland (city), Multnomah (county), Oregon (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.

[X] 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:

(full name)	(age)	(relationship)	(residence)
Steve Scott	33	Son	Oregon

HEIRS AT LAW (continued)

(full name)	(age)	(relationship)	(residence)
James H Stoll	35	Son	ORegon

(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 [X] 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 $_____. 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:

BOOK 244 PAGE 332

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.

Affiant's Full Name — 6-5-03 Date

Affiant's Full Name — Date

STATE OF WASHINGTON, Oregon
COUNTY OF Multnomah } ss.

OFFICIAL SEAL
JANICE E BRAMWELL
NOTARY PUBLIC-OREGON
COMMISSION NO. 359849
MY COMMISSION EXPIRES AUG 11, 2006

On this day personally appeared before me Steven Corbett Scott 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 5 day of June, 2003

Janice E Bramwell
Notary Public in and for the State of Oregon
Washington, residing at Gresham, OR
My appointment expires 8/11/06