

149120

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SKAMANIA CO. TITLE

JUN 17 1 35 PM '03

Amoser

AFTER RECORDING MAIL TO:

Name Steve Scott
Address 227 NE Paloma CT
City/State Gresham, OR 97030
SEA 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.

☐ Additional names on page _____ of document

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

1. Scott, Steve
- 2.
- 3.
- 4.

Gary H. Martin, Skamania County Assessor

Date 6-17-03 Parcel # 03073514050000

☐ Additional names on page _____ of document

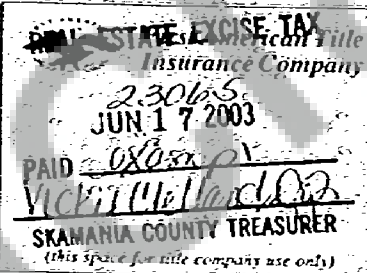
Abbreviated Legal Description as follows: (i.e. lot/block/plat or section township/range/quarter/quarter)
Lots 8 and 9, Iman Rock Creek Tracts, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 118, in the County of Skamania, State of Washington.

☐ Complete legal description is on page _____ of document

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

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

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

DATE OF
PERMANENT
BLOCK

840515
TO 12-30-00
366

1. DECEDENT'S NAME Terry Lee Waits		2. SEX Female		3. DATE OF DEATH, Month, Day, Year July 9, 2002	
4. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE, last birthday 58		6. PLACE OF BIRTH, State, County, City Klamath Falls, OR	
7. DATE OF BIRTH, Month, Day, Year December 1, 1947		8. PLACE OF DEATH, County, City Klamath			
9. FACILITY NAME, if in hospital, nursing home, or other institution Highway 97, North Mile Post 203					
10. CITY, TOWN, OR LOCATION OF DEATH Chemult					
11. COUNTY OF DEATH Klamath					
12. DECEDENT'S USUAL OCCUPATION Youth Counselor		13. TYPE OF BUSINESS, INDUSTRY Child Welfare		14. MARITAL STATUS, if married, name of spouse Divorced	
15. RESIDENCE, State Oregon		16. CITY, TOWN, OR LOCATION Portland		17. STREET AND NUMBER 7751 SE 92nd, Apt. F	
18. ZIP CODE 97266		19. RACE White		20. DECEASED'S EDUCATION Elementary Schooling (1-8)	
21. FATHER'S NAME Raymond Floyd Waits		22. MOTHER'S NAME Lucille Marie Courley		23. DECEASED'S NAME AND RELATIONSHIP TO DECEASED Lucille Marie Courley Mother	
24. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Other, specify		25. PLACE OF DISPOSITION, name of facility, city, county, state Klamath Cremation Service		26. LOCATION, City or Town, State Klamath Falls, Oregon	
27. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR OTHER PERSON AS SUCH James O. Riggs		28. OREGON LICENSE NO. 00-3572		29. NAME, ADDRESS AND ZIP OF FACILITY O'Bair & Riggs Funeral Chapel	
30. DATE FILED, Month, Day, Year JUL 11 2002		31. REGISTRAR'S SIGNATURE Christine Hernandez			
RESERVED FOR REGISTRAR'S USE					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
32. TIME OF DEATH 9:32A					
33. DATE PHONED DEAD, Month, Day, Year July 9, 2002					
34. DATE SIGNED, Month, Day, Year July 11, 2002					
35. TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Charles D. Bury, M.D., 2300 Clairmont Street, Klamath Falls, Oregon 97601					
36. NAME OF ATTENDING PHYSICIAN, if other than certifying physician					
PART I: CAUSE OF DEATH					
37. (a) Intercranial Injuries MVA					
38. (b) Due to or as a consequence of					
39. (c) Other significant conditions					
40. (d) Driver of vehicle ejected from rolled car down eight foot embankment of Highway 97					
41. (e) Highway 97 North Mile Post 203					



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

JUL 11 2002

DATE ISSUED

Christine Hernandez
EVELYN SANDISON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



THIS COPY NOT VALID WITHOUT AN OREGON STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**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 of TERRY L
Watts who died 6-7-9-02 at Chemult
(relationship to decedent) (date of death) (city)
 State of Oregon then being a legal resident of Portland
Multnomah Oregon
(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:

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

HEIRS AT LAW (continued)

James H. Sloff	35	Son	Oregon
(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 \$_____. 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.

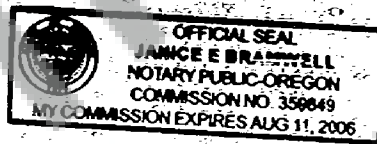
[Signature]
Affiant's Full Name

6-5-03
Date

Affiant's Full Name

Date

Oregon
STATE OF WASHINGTON,)
COUNTY OF Multnomah) ss.



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

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