149581 BOOK 247 PAGE 3

SKAMANIA CO. TITLE
JUL 25 ... '03
J. Germann

AFTER RECORDING MAIL TO:

Name: Donna Green
Address: PO Box 63
City/State: Carson, WA 98610
SCR 25770

Document Title(s): (or transactions contained therein)
1. AFFIDAVIT LACK OF PROBATE
2.
3.
4.

First American Title Insurance Company

(this space for title company use only)

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. HENRY MARTIN BERNYS
2. KATHRYN M. BERNYS
3.
4.
5. ☐ Additional names on page ______ of document

REAL ESTATE EXCISE TAX
23148
JUL 25 2003
PAID Exempt
Vicki Kellond
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. DONNA GREEN
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)
NW ¼ SEC 20 T3N R8E

☒ Complete legal description is on page 7 of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-20-2-0-0201-00 310 7-25-03

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.*

AFFIDAVIT
Lack of Probate

State of Washington

County of SKAMANIA

Donna Lee Hazard Green being first duly sworn, deposes and says:

1. The undersigned affiant is the Daugher (relationship to decedent) of Kathryn Berrys (decedent), who died July 3 (date of death) 2002 (year) at Mesa (city), State of Arizona, then being a legal resident of Mesa (city), Maricopa (county), Arizona (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:

Donna Lee Hazard Green (full name) 69yrs (age) Daughter (relationship) Mesa AZ 85208 (residence)

HEIRS AT LAW (continued)

(full name)	(age)	(relationship)	(residence)
James Wainwright Berrys	53	Son	Buckley WA

(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: All debts Have Been Paid.

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 $ 50,000. The value of all separate property of the decedent was approximately $ Ø.

7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction: There is None

BOOK 247 PAGE 4

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.

Donald Carrick Green
Affiant's Full Name

5-15-2003
Date

Affiant's Full Name

Date

AZ
STATE OF ~~WASHINGTON~~,
COUNTY OF Maricopa } ss.

On this day personally appeared before me Deborah A. Emmons **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 15 **day of** May, **20**03.

NOTARY PUBLIC
STATE OF ARIZONA
Maricopa County
DEBORAH A. EMMONS
My Commission Expires 08/16/05

Deborah A. Emmons
Notary Public in and for the State of AZ
~~Washington~~, residing at Maricopa County
My appointment expires 8-16-2005

CERTIFICATION OF VITAL RECORD

BOOK 247 PAGE 7

STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS

CERTIFICATE OF DEATH

DEATH NO
D 102-

1. NAME OF DECEASED: A. FIRST: KATHRYN; B. MIDDLE: M.; C. LAST: BERNYS	2. SEX: FEMALE	3. DATE OF DEATH: JULY 3, 2002	
4A. RACE: WHITE	4B. WAS DECEDENT OF HISPANIC ORIGIN?: NO	4C. IF YES, MEXICAN, PUERTO RICAN, CUBAN, ETC:	5. WAS DECEASED EVER IN U.S. ARMED FORCES?: NO
6. PLACE OF DEATH: A. COUNTY: MARICOPA	B. TOWN OR CITY: MESA	C. HOSPITAL OR OTHER (IF RESIDENCE GIVE STREET & NUMBER): 9727 E. FRITO AVE.	D. DOA / OP ENTER / IN PATIENT
7. DATE OF BIRTH: AUGUST 21, 1911	8A. AGE: LAST BIRTHDAY: 90	B. IF UNDER 1 YEAR: MOS.	C. IF UNDER 1 DAY: HRS. MIN.
9. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED: WIDOWED	10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):		
11. STATE AND CITY OF BIRTH: PORTLAND, OREGON	12. CITIZEN OF WHAT COUNTRY: U.S.A.	13. SOCIAL SECURITY NO.: 542-09-0370	14A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): BEAUTICIAN
B. KIND OF BUSINESS OR INDUSTRY: BEAUTY	15. USUAL RESIDENCE: A. STATE: ARIZONA	B. COUNTY: MARICOPA	C. TOWN OR CITY: MESA
D. ZIP CODE: 85208	16. HOW LONG IN ARIZONA?: 2 YEARS	17. EDUCATION (HIGHEST GRADE COMPLETED):	
18A. STREET ADDRESS OF R.F.D.: 9727 E. FRITO AVE.	B. INSIDE CITY LIMITS? (SPECIFY YES OR NO): YES	C. ON RESERVATION (SPECIFY YES OR NO): NO	18. PREVIOUS STATE OF RESIDENCE: WASHINGTON
ELEMENTARY-SECONDARY (0-12): 12	COLLEGE (1-4 OR 5+):		
19. FATHER'S NAME: A. FIRST: EARL; B. MIDDLE: MONROE; C. LAST: HANN	20. MOTHER'S MAIDEN NAME: A. FIRST: ALICE; B. MIDDLE: WAINWRIGHT; C. LAST: MACKAY		
21. INFORMANT'S SIGNATURE: BY: DONNA GREEN	RELATIONSHIP TO DECEASED: DAUGHTER	22. ADDRESS: STREET NO.: 901 S. 98TH ST., CITY AND STATE: MESA, ARIZONA, ZIP CODE: 85208	
23. BURIAL, CREMATION, REMOVAL, OTHER (Specify): CREMATION	DATE: 7/10/2002	24. CEMETERY OR CREMATORY - NAME: ARIZONA CREMATION SERVICES	LOCATION: MESA, AZ
25. FUNERAL HOME - NAME: PARADISE CHAPEL	STREET ADDRESS: 3934 E. INDIAN SCHOOL RD.	CITY AND STATE: PHX., AZ	25A. EMBALMER'S SIGNATURE: NOT EMBALMED
CERT NO.	25B. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (SIGNATURE):	DEPT NO: 1092	

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

30. SIGNATURE AND TITLE: MD

DATE SIGNED (Mo. Day, Yr.): 7/9/2002

HOUR OF DEATH: APPROX 1430

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):

To be completed by MEDICAL EXAMINER OR INVESTIGATOR ONLY

ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.

34. SIGNATURE AND TITLE:

DATE SIGNED (Mo. Day, Yr.):

HOUR OF DEATH:

PRONOUNCED DEAD (Mo. Day, Yr.):

PRONOUNCED DEAD (Hour):

35. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR OTHER LEGAL INVESTIGATIVE AUTHORITY: MICHAEL LUCHERINI M.D. 1056 S. BAL VISTA DR. MESA, AZ

AUTHORIZED FOR CREMATION (SPECIFY): X YES ☐ NO

MEDICAL EXAMINER'S SIGNATURE:

DATE REGISTERED: JUL 18 2002

REG. FILE NO.: 14424

REGISTRAR'S SIGNATURE:

REG. DISTRICT: 0705

DATE RECD. IN STATE OFFICE:

FOR GOVERNMENT USE ONLY

37. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH): ENTER ONLY ONE CAUSE ON LINE a.

a. DUE TO OR AS A CONSEQUENCE OF:

b. DUE TO OR AS A CONSEQUENCE OF:

c. DUE TO OR AS A CONSEQUENCE OF:

SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST. PART I

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

40. ARTHRITIS, STENOSIS

41. AUTOPSY (Specify Yes or No): NO

42. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): YES

43. MANNER OF DEATH: ☐ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ COULD NOT BE DETERMINED

44. DATE OF INJURY: MO. DAY YR. HOUR

45. INJURY AT WORK? (Specify Yes or No):

46. DESCRIBE HOW INJURY OCCURRED:

47. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY:

48. WHERE LOCATED: STREET ADDRESS, CITY OR TOWN, STATE

49. SUPPLEMENTARY ENTRIES:

CERTIFIED COPY OF VITAL RECORDS August 2, 2002

STATE OF ARIZONA } ss
COUNTY OF MARICOPA }

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of

Jonathan B. Weisbuch, M.D.
County Registrar
Director, Maricopa County Department of Public Health

3866404

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS

CERTIFICATION OF VITAL RECORD

BOOK 247 PAGE 8

STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO D 102-

Field	Entry
1. Name of Deceased (a. First, b. Middle, c. Last)	HENRY MARTIN BERNYS
2. Sex	MALE
3. Date of Death (Month, Day, Year)	NOVEMBER 5, 2001
4a. Race	WHITE
4b. Was decedent of Hispanic origin?	NO
4c. If yes, indicate Mexican, Spanish, Puerto Rican, Cuban, etc.	
5. Was deceased ever in U.S. Armed Forces?	YES
6a. Place of Death – County	MARICOPA
6b. Town or City	PHOENIX
6c. Hospital or Institution	VA MEDICAL CENTER
6d.	☐ DOA ☐ OP/ER ☒ INPATIENT
7. Date of Birth (Month, Day, Year)	JANUARY 24, 1913
8a. Age – Years Last Birthday	88
8b. If under 1 year (Mos, Days)	
8c. If under 1 day (Hrs, Min)	
9. Married, Never Married, Widowed, Divorced	MARRIED
10. Surviving Spouse (if wife give maiden name)	KATHRYN MANN
11. State and City of Birth	POLAND
12. Citizen of what country	U.S.A.
13. Social Security No.	069 14 3493
14a. Usual Occupation	ENGINEER
14b. Kind of Business or Industry	GOVERNMENT
15a. Usual Residence – State	ARIZONA
15b. County	MARICOPA
15c. Town or City	MESA
15d. Zip Code	85208
16. How long in Arizona	1 YEAR
15e. Street Address or R.F.D.	9727 E. FRITO AVE.
15f. Inside City Limits	YES
15g. On Reservation	NO
18. Previous State of Residence	WASHINGTON
17. Education – Highest Grade Completed: a. Elementary/Secondary (0-12)	11
17b. College (1-4 or 5+)	
19. Father's Name (First, Middle, Last)	JOSEPH BERNYS
20. Mother's Maiden Name (First, Middle, Last)	JOSEPHINE UNK
21. Informant's Signature	▶ VA MEDICAL CENTER RECORDS
22. Relationship to Deceased	NONE
23. Address	650 E. INDIAN SCHOOL RD., PHOENIX, AZ 85012
24. Burial, Cremation, Removal, Other	CREMATION
25. Date	11/8/2001
26. Cemetery or Crematory – Name/Location	ARIZONA CREMATION SERVICES MESA, AZ
27a. Embalmer's Signature	▶ NOT EMBALMED
27b. Cert No.	
28. Funeral Home – Name, Street Address, City and State	PARADISE CHAPEL 3934 E. INDIAN SCHOOL RD., PHX., AZ
29a. Funeral Director Signature	▶ [signature]
29b. Cert No.	F092(?)
30. Signature and Title (Certifying Physician)	[signature] MD MPH
31. Date Signed	NOVEMBER 6, 2001
32. Hour of Death	3:43 PM
33. Name of attending physician if other than certifier	
34. Signature and Title (Medical Examiner)	
35. Date Signed	
36. Hour of Death	
37. Pronounced Dead (Mo, Day, Year)	
38. Pronounced Dead (Hour)	
39. Name and Address of Certifier	BRIAN LIPTON, MD VAMC, 650 E. INDIAN SCHOOL RD, PHX, AZ 85012
42. Authorized for Cremation	☒ Yes ☐ No
43. Medical Examiner's Signature	[signature]
Date Registered	NOV 27 2001
44. Reg. File No.	35577
44. Registrar's Signature	[signature]
Reg. District	0705
45. Date Rec'd in State Office	

Part I. Cause of Death

	Cause	Approximate Interval Between Onset and Death
a. Immediate cause	ANOXIC BRAIN INJURY	3 DAYS
b. Due to or as a consequence of	REMOVAL OF SUPPORTIVE CARE (AS PER WISHES OF THE FAMILY)	10 MINUTES
c. Due to or as a consequence of	MYOCARDIAL INFARCTION	UNKNOWN

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

Field	Entry
49. Autopsy	NO
50. Was case referred to medical examiner	YES
51. Manner of Death	☐ Natural Causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined
52. Date of Injury	
53. Hour	
54. Injury at Work	
55. Describe how injury occurred	
56. Place of Injury	
57. Where located	

Supplementary Entries:

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA }
COUNTY OF MARICOPA } SS

DATE ISSUED December 5, 2001

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA, issued under the authority of A.R.S. 36-341, and by direction of

[signature], MD
Jonathan B. Weisbuch, M.D.
County Registrar
Director, Maricopa County Department of Public Health Services

3710359

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH SERVICES

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

A tract of land in the Northwest Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

The North 160 feet of the West 88.5 feet of the following described property:

Beginning at a point 20 feet South of the Northeast corner of the Northwest Quarter of the Northwest Quarter of said Section 20; thence West 104.5 feet; thence South 418 feet; thence East 104.5 feet, more or less, to the intersection with the East line of the Northwest Quarter of the Northwest Quarter of said Section 20; thence North 418 feet, more or less, to the point of beginning.

Gary H. Martin, Skamania County Assessor
Date 7-15-03 Parcel # 03 08 10 2 00 20 100
$10