

150879

BOOK 253 PAGE 102

FILED
SKAMANIA CO. WASH
BY SKAMANIA CO. HIM

OCT 24 2 24 PM '03

Smoser
J. MICHAEL LEAVISON

AFTER RECORDING MAIL TO:

Name Tom Hartman

Address 8310 N. Brandon

City/State Portland, OR 97217

SEC 26136

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

1. Death Certificate
2. Affidavit
- 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. Hartman, Carmen
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. Hartman, Tom
- 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)

S17, T3N, R8E

Gary H. Martin, Skamania County Assessor

Date 10/24/03 Parcel # 3-2-17-2-130

☐ Complete legal description is on page 06 of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-17-2-0-0130-00

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.



REAL ESTATE EXCISE TAX

23405

OCT 24 2003

PAID Exempt

Vicki Clelland
SKAMANIA COUNTY TREASURER

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN SERVICES
HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

BOOK 253 PAGE 103

TYPE OR PRINT IN PERMANENT BLACK INK 241507 04123 Lead File Number		OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH		98-017040 Date File Number	
1. DECEASED'S NAME LAST: CAHMAN FIRST: Female DATE OF BIRTH: July 30, 1998		2. DATE OF DEATH: July 16, 1998		3. PLACE OF DEATH: Portland, Oregon	
4. BIRTH: July 30, 1998 5. PLACE OF BIRTH: Callamaca, Peru		6. DATE OF BIRTH: July 16, 1998		7. PLACE OF BIRTH: Callamaca, Peru	
8. SEX: Female		9. RACE: White		10. ETHNICITY: Hispanic or Latino	
11. MARRIAGE: Married		12. DIVORCE: None		13. WIDOW: None	
14. RESIDENCE: Portland, Oregon		15. COUNTY: Multnomah		16. CITY: Portland	
17. ADDRESS: 4055 N. Overlook Terrace		18. ZIP CODE: 97227		19. PHONE: 503-222-0391	
20. FATHER: None		21. MOTHER: None		22. SPOUSE: Tom Hartman	
23. PLACE OF DEATH: Portland, Oregon		24. PLACE OF DEATH: Portland, Oregon		25. PLACE OF DEATH: Portland, Oregon	
26. DATE OF DEATH: July 16, 1998		27. TIME OF DEATH: 11:05 AM		28. TIME OF DEATH: 11:05 AM	
29. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		30. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		31. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
32. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		33. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		34. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
35. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		36. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		37. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
38. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		39. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		40. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
41. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		42. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		43. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
44. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		45. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		46. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
47. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		48. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		49. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
50. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		51. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		52. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
53. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		54. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		55. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
56. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		57. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		58. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
59. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		60. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		61. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
62. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		63. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		64. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
65. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		66. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		67. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
68. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		69. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		70. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
71. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		72. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		73. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
74. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		75. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		76. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
77. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		78. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		79. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
80. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		81. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		82. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
83. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		84. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		85. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
86. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		87. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		88. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
89. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		90. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		91. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
92. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		93. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		94. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
95. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		96. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		97. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	
98. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		99. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213		100. NAME: John Bauer MD 4422 NE Broadway, Portland, OR 97213	



I 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 CENTER FOR HEALTH STATISTICS.

DATE ISSUED: **OCT 06 2003**

THIS COPY NOT VALID WITHOUT INTAGLIC STATE SEAL AND BORDER.

Jennifer A. Woodward
JENNIFER A. WOODWARD, P.L.D.
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**AFFIDAVIT
Lack of Probate**

State of Washington

County of Skamania

TOM HARTMAN, being first duly sworn, deposes and says:

1. The undersigned affiant is the HUSBAND of CARMEN
(relationship to decedent) (decedent)
HARTMAN, who died 7-30, 98, at PORTLAND
(date of death) (year) (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:

TOM HARTMAN 77 HUSBAND 4055 N OVERLOOK TERR.
(full name) (age) (relationship) (residence)
PORTLAND, OR 97227

HEIRS AT LAW (continued)

<u>THOMAS G. HARTMAN</u> (full name)	<u>47</u> (age)	<u>SON</u> (relationship)	<u>OREGON</u> (residence)
_____ (full name)	_____ (age)	_____ (relationship)	_____ (residence)
_____ (full name)	_____ (age)	_____ (relationship)	_____ (residence)
_____ (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:

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.

Tom Hartman
Affiant's Full Name

10-15-2003
Date

Affiant's Full Name

Date

STATE OF Arizona)
~~WASHINGTON~~) ss.
COUNTY OF Pima)

On this day personally appeared before me Thomas Hartman to me
known to be the individual described in and who executed the within and foregoing
instrument, and acknowledged that Tom 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 15 day of Oct, 2003

Rhonda R. McDanel
Notary Public in and for the State of
Arizona ~~Washington~~, residing at Tucson
My appointment expires 31 Aug 2005

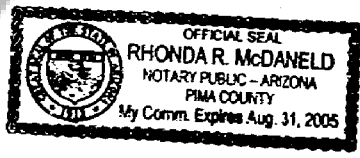


EXHIBIT 'A'

A Tract of Land in the Northwest Quarter of the Northwest 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 Northwest Corner of Section 17, Township 3 North, Range 8 East, of the Willamette Meridian; thence South $88^{\circ}29'10''$ East along North line of said Section 17 872.94 feet to the true point of beginning; thence South $88^{\circ}29'10''$ East 406.88 feet to a point 30 feet West of the one sixteenth corner; thence South $1^{\circ}22'10''$ West, 460.93 feet to the Easterly right of way line of the County Road known and designated Wind River Road (County Road No. 92135); thence North $40^{\circ}00'10''$ West along Easterly right of way line 615.58 feet to point of beginning.

Also know as Lot 3 of the Short Plat recorded in Book 1 of Short Plats, Page 32, Skamania County Records.