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BOOK 254 PAGE 108

FILED
SKAMANIA CO. TILL
BY SKAMANIA CO. TILL

Nov 12 10 18 AM '03

Amose
J. MICHAEL WILSON

AFTER RECORDING MAIL TO:

Name Terrance Hollenbeck
Address 19878 S. Henrici Rd
City/State Oregon City, OR 97045
SEA 26313

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. Hollenbeck, Leonard
2. Hollenbeck, Julia
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. Hollenbeck, Terrance
2. Hollenbeck, Timothy
- 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)
Cabin Site 98, Northwoods

Gary H. Martin, Skamania County Assessor

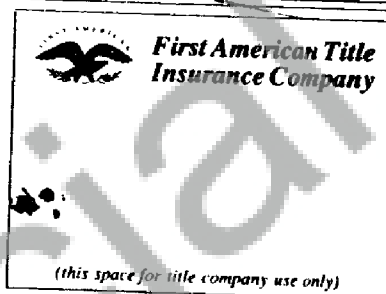
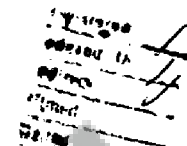
Date 11-12-03 Parcel # 96-000098

☐ Complete legal description is on page 7 of document

Assessor's Property Tax Parcel / Account Number(s): 96-000098

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

23447

NOV 12 2003

PAID *Exempt*

Vicki Chelland
SKAMANIA COUNTY TREASURER

AFFIDAVIT **Lack of Probate**

State of Washington

County of SKANAWA

TERENCE H. HELLERBACH, being first duly sworn, deposes and says:

1. The undersigned affiant is the SON of JULIA HELLERBACH
EDWARD HELLERBACH, who died _____, at _____
 (relationship to decedent) (decedent)
 (date of death) (year) (city)
 State of CALIFORNIA, then being a legal resident of _____
SKANAWA, WA
 (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:

TERENCE HELLERBACH 49 SON WA
 (full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

<u>TIMOTHY HALLIBROOK</u>	<u>57</u>	<u>SON</u>	<u>CA.</u>
(full name)	(age)	(relationship)	(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 AFFILIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFILIANT 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

11/06/03
Date

Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF Skamania) ss.

On this day personally appeared before me Terrance Hollerbeck 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 6 day of November, 2003.



[Signature]
Notary Public in and for the State of
Washington, residing at Severston
My appointment expires 9-17-07

1719 W. 17TH STREET • SANTA ANA, CALIFORNIA 92706

BOOK 254 PAGE 112

3-95-30-014294

STATE FILE NUMBER		CASE CLASSIFICATION - ICD-9 DEATH				LOCAL REGISTRATION NUMBER			
1. NAME OF DECEASED - FIRST NAME LEONARD		2. MIDDLE J.		3. LAST NAME HOLLENBECK		4. DATE OF DEATH MM/DD/YYYY 08/28/1997			
5. AGE YRS 68		6. SEX MALE		7. DATE OF BIRTH MM/DD/YYYY 12/10/1995		8. HOUR 2000		9. TIME	
10. STATE OF BIRTH KS		11. SOCIAL SECURITY NO.		12. MARITAL STATUS MARRIED		13. REMARKS - YEARS COMPLETED 16		14. USUAL RESIDENCE	
15. OCCUPATION MAINTENANCE SUPERVISOR		16. TYPE OF BUSINESS STEEL MFG.		17. YEARS IN OCCUPATION 22		18. USUAL RESIDENCE 27120 N.E. 105TH AVE.			
19. CITY BATTLE GROUND		20. COUNTY CLARK		21. ZIP CODE 98604		22. TIME IN COUNTY 2		23. STATE OR FOREIGN COUNTRY WA	
24. NAME, RELATIONSHIP TERRY HOLLENBECK, SON		25. ADDRESS ADDRESS STREET AND NUMBER OR FURNAL HOME NUMBER, CITY OR TOWN, STATE, ZIP 27120 N.E. 105TH AVE. BATTLE GROUND, WA 98604							
26. NAME OF SURVIVING SPOUSE - FIRST JULIA		27. MIDDLE -		28. LAST SURVIVING NAME CUNNINGHAM		29. DATE OF DEATH MM/DD/YYYY 12/12/1995			
30. NAME OF FATHER - FIRST LEONARD		31. MIDDLE A.		32. LAST HOLLENBECK		33. DATE OF BIRTH 25			
34. NAME OF MOTHER - FIRST CARRIE		35. MIDDLE ELLEN		36. LAST ILES		37. DATE OF BIRTH UNK			
38. DATE MM/DD/YYYY 12/12/1995		39. PLACE OF FINAL REGISTRATION TERRY HOLLENBECK RESIDENCE 27120 N.E. 105TH AVE. BATTLE GROUND, WA 98604							
40. TYPE OF INFORMATION TR/CR/RES		41. SIGNATURE OF REGISTRAR <i>[Signature]</i>		42. LICENSE NO. EXB 7903		43. DATE OF REGISTRATION 12/12/1995			
44. NAME OF FUNERAL DIRECTOR FERRARA COLONIAL MORTUARY		45. ADDRESS 70164		46. PHONE 425-4444		47. FAX 425-4444			
48. PLACE OF DEATH UCI MEDICAL CENTER		49. TYPE OF DEATH <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z <input type="checkbox"/> AA <input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AD <input type="checkbox"/> AE <input type="checkbox"/> AF <input type="checkbox"/> AG <input type="checkbox"/> AH <input type="checkbox"/> AI <input 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88517

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ORANGE

DATE ISSUED

12 / 12 / 1995

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Hugh F. Stallworth
HUGH F. STALLWORTH, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF WASHINGTON DEPARTMENT OF HEALTH



BOOK 854 PAGE 113
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CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE OR PRINT PERMANENT BLOCKING

619
LOCAL FILE NUMBER

1 NAME First Middle Last Julia Ellen Hollenbeck		2 SEX (M/F) Female	3 DEATH DATE (Mo Day Yr) Sept 8, 1997
4 AGE LAST BIRTH DAY (Yr) 80	5 UNDER 1 YEAR MOS DAYS HRS 10+2V	6 BIRTHDATE (Mo Day Yr) May 11, 1917	7 BIRTHPLACE (City, State or Foreign Country) Michigan Township
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? No		9 COUNTY OF DEATH Cowlitz	
10 CITY, TOWN OR LOCATION OF DEATH Woodland		11 PLACE OF DEATH - At home or place then give address or institution name Woodland Convalescent Center	
12 MARRITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widow		13 SURVIVING SPOUSE (If a female, give maiden name)	
14 SOCIAL SECURITY NO. [REDACTED]		15 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) or 17 2	
16 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Registered Nurse		17 KIND OF BUSINESS OR INDUSTRY Medical	
18 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		19 RACE (Specify) White	
20 RESIDENCE - NUMBER AND STREET 310 4th Street		21 CITY, TOWN OR LOCATION Woodland	
22 INSIDE CITY LIMITS? (Yes/No) Yes		23 COUNTY Cowlitz	
24 LENGTH OF RES. IN CO. 24yrs		25 STATE WA	
26 ZIP CODE 98674		27 FATHER'S NAME - FIRST, MIDDLE, LAST Henry Cunningham	
28 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Mary		29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Mary	
30 INFORMATION - NAME Terrance Hollenbeck (Son)		31 MAILING ADDRESS 27120 NE 105th Ave., Battle Ground, WA 98604	
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation Sept 16, 1997 Oregon Crematory		33 DATE (Mo Day Yr) Sept 16, 1997	
34 CEMETERY, CREMATORY - NAME Hamilton-Mylan		35 LOCATION - CITY/TOWN, STATE Portland, OR	
36 FUNERAL DIRECTOR'S SIGNATURE [Signature]		37 NAME OF FACILITY Funeral Home	
38 ADDRESS OF FACILITY 302 W. 11th St Vancouver, WA 98660		39 ME CORONER FILE NUMBER	
40 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE [Signature] Ron me		41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE [Signature]	
42 DATE SIGNED (Mo Day Yr) Sept 9, 1997		43 HOUR OF DEATH (24 Hrs) 16:30 hrs	
44 NAME AND TITLE OF ATTENDING PHYSICIAN (If other than Certifier) (Type or Print) Timothy Ross, M.D., 715 S. Andresen Rd., Vanc., WA 98661-7603		45 PRONOUNCED DEAD (Mo Day Yr)	
46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Timothy Ross, M.D., 715 S. Andresen Rd., Vanc., WA 98661-7603		47 HOUR PRONOUNCED DEAD (24 Hrs)	
48 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. A Acute myocardial infarction B Coronary artery atherosclerotic heart dis. C D INTERVAL BETWEEN ONSET AND DEATH 15 min 5 yrs		49 ME CORONER FILE NUMBER	
50 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		51 AUTOPSY? (Yes/No) No	
52 ADD SUICIDE HOW, UNDET OR PENDING INVEST (Specify)		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No	
54 INJURY AT WORK? (Yes/No)		55 PLACE OF INJURY - AT HOME, FARM, BLDG, ETC (Specify)	
56 INJURY DATE (Mo Day Yr)		57 DESCRIBE HOW INJURY OCCURRED	
58 RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY REVIEWED BY DATE		59 DATE RECEIVED (Mo Day Yr) SEP 11 1997	



FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7-91) (Formerly DSHS 9-150)
DC 01-003 (8/95)

EXHIBIT 'A'

Lot 98, as shown on the Plat entitled Record of Survey for Water Front Recreation, Inc., dated May 16, 1974, on file and of record under Auditor File No. 77523, at Page 449, of Book 'J' of Miscellaneous Records of Skamania County, Washington, together with an appurtenant easement as established in writing on said Plat, for the joint use of the areas shown as roadway on the Plat.

Subject to reservations by the United State of America in approved selection list number 259 dated March 4, 1953, and recorded September 4, 1953, at Page 23, of Book 52 of Deed, under Auditor File No. 62114, records of Skamania County as follows:

"...the provisions, reservations, conditions and limitations of Section 24, Federal Power Act of June 10, 1920, as amended...and the prior right of the United States, its licenses and permittees to use for power purposes that part withing Power Project No. 2071, 2111 and 264."