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BOOK 254 PAGE 714

 FBI
 SEATTLE
 NOV 25 1 03 PM '03
 J. Germann
 J. MICHAEL
 ALSON
AFTER RECORDING MAIL TO:Name Judy CoreyAddress PO Box 845City/State Carson, WA 98610**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. Clapp, Anna
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document**Grantee(s):** (Last name first, then first name and initials)

1. Cory, Judy
2. Winch, Darlene
- 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)

Lot 1 of the Amended Newman Sub division, according to the recorded Plat thereof, recorded in Book 'B' of Plats, Page 85, in the County of Skamania, State of Washington.

Gary H. Martin, Skamania County Assessor

Date 11/25/03 Parcel # 3-8-20-1-4-200☐ Complete legal description is on page _____ of documentAssessor's Property Tax Parcel / Account Number(s): 03-08-20-1-4-0200-00

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.


**First American Title
Insurance Company**

(this space for title company use only)

REAL ESTATE EXCISE TAX

23479

NOV 25 2003

PAID Exempt
Vickie Clillard, Dog
 SKAMANIA COUNTY TREASURER

AFFIDAVIT Lack of Probate

State of Washington

County of Skamania

Judith Casey, being first duly sworn, deposes and says:

1. The undersigned affiant is the Daughter of Carol L. Case
(relationship to decedent) (decedent)
 who died June 13, 2003 at Grand
(date of death) (year) (city)
 State of Oregon, then being a legal resident of Carson
Skamania WV.
(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:

Judy A Corey 59 Daughter Carson
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

<u>Marlene M. Wince</u>	<u>69</u>	<u>Daughter</u>	<u>Brack Ave.</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 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.

Judith Coley
Affiant's Full Name

11-18-07
Date

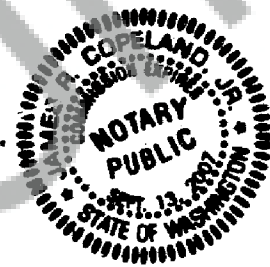
Affiant's Full Name

Date

STATE OF WASHINGTON, }
COUNTY OF Skamania }

On this day personally appeared before me Judy Coley 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 18 day of NOVEMBER, 2007.



[Signature]
Notary Public in and for the State of
Washington, residing at Spokane
My appointment expires 9-15-07

CERTIFICATION OF VITAL RECORD

396701
10 TAG NO
578
Local File Number

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

BOOK 254 PAGE 718
136- State File Number

1. DECEDENT'S NAME First Middle Last Anna Lee CLAPP		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) June 13, 2003
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE Last Birthday (Years) 95	5b. Under 1 Year Mos Days Hours Mins [REDACTED]	6. BIRTHPLACE (City and State or Foreign Country) Needmore, Oklahoma
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify) Home	
9. FACILITY NAME (If not institution, give street and number) 20414 Illahee Drive		10. CITY, TOWN, OR LOCATION OF DEATH Bend	
11. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12. KIND OF BUSINESS/INDUSTRY Own home	
13a. RESIDENCE STATE OR		13b. COUNTY Deschutes	
13c. CITY, TOWN, OR LOCATION Bend		13d. STREET AND NUMBER 20414 Illahee Drive	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE (Specify) White	
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 16) 8		17. FATHER'S NAME first middle last General Merideth Denniston	
18. MOTHER'S NAME first middle maiden Martha Adline Lunsford		19. INFORMANT: Name and relationship to decedent Darlene Winch - daughter	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Gardner Funeral Home	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		21b. OREGON LICENSE NO. (If licensee) 1772	
22. NAME, ADDRESS AND ZIP OF FACILITY Niswonger Reynolds Funeral Home 105 NW Irving Ave., Bend, OR 97701		23. REGISTRAR'S SIGNATURE [Signature]	
24. DATE FILED (Month, Day, Year) June 17, 2003			
25. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 12:10 A.M.			
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [Signature]			
30. DATE SIGNED (Month, Day, Year) 6/16/03			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Kathleen C. Antolak, M.D., 1501 NE Medical Center Drive Bend OR 97701			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter results of dying, e.g., Cardiac or Respiratory Arrest.)			
PART 1 (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease		Interval between onset and death 1 year	
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART 1 Diabetes Mellitus, Atrial Fibrillation		Interval between onset and death	
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		35. DATE OF INJURY (Month, Day, Year) [REDACTED]	
36. TIME OF INJURY [REDACTED]		37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		39. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
40. DESCRIBE HOW INJURY OCCURRED			
41. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown			
42. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
43. If YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED: **June 17, 2003**

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Wanda W. Peddy
DANIEL W. PEDDYCOORD
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON

