

**AFTER RECORDING MAIL TO:**

Name Adams Country Properties  
Address PO Box 427  
City/State Bingen, WA 98605

SCR 26249

**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. Heintz, Oscar B.
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. Heintz, David O.
- 2.
- 3.
- 4.
5. ☒ Additional names on page 243 of document

**Abbreviated Legal Description as follows:** (i.e. lot/block/plat or section/township/range/quarter/quarter)  
The South 12 Feet of the North 24 feet of the East Half of Lot 6 of the Oregon Lumber Company's Subdivision, recorded in Book 'A' of Plats, Page 29, in the County of Skamania, State of Washington.

☐ Complete legal description is on page \_\_\_\_\_ of document

**Assessor's Property Tax Parcel / Account Number(s):** 03-09-14-3-0-0400-00  
A Portion Of

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**

23631

FEB 11 2004

PAID

exempt

Michael Chelland

SKAMANIA COUNTY TREASURER

# AFFIDAVIT

## Lack of Probate

State of Oregon

County of Washington

David O. Heintz, being first duly sworn, deposes and says:  
(affiant)

1. The undersigned affiant is the SON of Oscar B. Heintz,  
(relationship to decedent) (decedent)  
who died December 19, 1958, 1958, at Goldendale,  
(date of death) (city)  
State of Washington, then being a legal resident of Portland,  
(city)  
Multnomah, Oregon.  
(county) (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.

☐ Decedent left no last Will.

☒ Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto. please see Line # 7

☐ Decedent left a Will which was probated in \_\_\_\_\_ County, State \_\_\_\_\_ 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:

Clarissa M. Heintz Deceased Spouse  
(full name) (age) (relationship) (residence)

12-11-03

DOC # 2004151966  
Page 2 of 5

## HEIRS AT LAW (continued)

Michael S. Heintz Deceased SON

(full name) (age) (relationship) (residence)

David O. Heintz 56 SON Hillsboro, OR

(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: NONE

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 \$ 22,000.00. 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: Oscar B. Heintz had a will, of which no copy has been found.

Oscar B. was legally married to Clavissa M. Heintz, and she was his legal & rightful heir. All property and monies were held jointly, and passed to Clavissa M. Heintz. These are the facts to the best of my knowledge, memory, and experience.

12-11-03

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

12-11-03  
Date

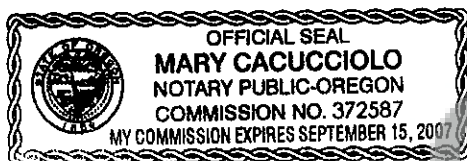
\_\_\_\_\_  
Affiant's Full Name

\_\_\_\_\_  
Date

State of Oregon )  
County of Washington ) ss.

On this day personally appeared before me David O. Heintz 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 11<sup>th</sup> day of December, 2003.



[Signature]  
Notary Public in and for the State of Oregon  
Residing at Hillsboro, OR  
My appointment expires 9/15/2007

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

V.A.

WASHINGTON STATE DEPARTMENT OF HEALTH

STATE FILE NO. 24401

REG. DIST. NO. A-1

CERTIFICATE OF DEATH

REGISTRAR'S NO. 65

1. PLACE OF DEATH a. COUNTY Klickitat		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oregon b. COUNTY Multnomah	
b. CITY, TOWN, OR LOCATION Goldendale, Wsh.		c. CITY, TOWN, OR LOCATION Portland	
d. NAME OF HOSPITAL OR INSTITUTION --		d. STREET ADDRESS 2208 N. E. 12th, Portland 12, Ore.,	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First OSCAR Middle B. Last HEINTZ		4. DATE OF DEATH Month Dec. 19, 1958 Day Year	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 30, 1916
9. AGE (In years last birthday) 42		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Field man	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Field man		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (State or foreign country) Portland, Ore.,		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Oscar Heintz		14. MOTHER'S MAIDEN NAME Ethel Pittenger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY [REDACTED]	
17. INFORMANT Arthur McElroy		Address Portland, Ore.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured skull & hemorrhage Conditions, if any, which give rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH Immediate	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Car went over bank	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 8-1/2 miles So. Goldendale		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature] M.D.		22b. ADDRESS Yakima, Wash., 12-25-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 12-27-58	
23c. NAME OF CEMETERY OR CREMATORY Portland Memorial		23d. LOCATION (City, town, or county) (State) Portland, Ore.	
24. FUNERAL DIRECTOR J.C. PHILLIPS GOLDENDALE WN.		25. DATE REC'D BY LOCAL REG. 12-25-1958	
26. REGISTRAR'S SIGNATURE [Signature]			



DOH.01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

NON-RES. TRANS.

S. F. No. 7784-11-56-15 (Rev. 4-6-56)

Page 5 of 5