

Doc # 2004151968
Page 1 of 5
Date: 02/11/2004 02:06P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$23.00

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, Ethel M.
- 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. Heintz, John E.
3. Heintz, Thomas P.
4. Heintz, Ronald T.
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.

Gary H. Martin, Skamania County Assessor

Date 2/11/04 Parcel # 3-9-14-3-400
G.S.

☐ 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

23633

FEB 11 2004

PAID

Nicole 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 Grandson of Ethelm. Heintz,
(relationship to decedent) (decedent)
who died July 1, 19 68, at Tillamook,
(date of death) (city)
State of Oregon, then being a legal resident of Tillamook,
(city)
Tillamook, 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.

☐ 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:

Oscar B. Heintz Deceased Son
(full name) (age) (relationship) (residence)

12-11-03

HEIRS AT LAW (continued)

John P. Heintz Decased SON
 (full name) (age) (relationship) (residence)

Thomas P. Heintz 61 Grandson Espeano, Colorado
 (full name) (age) (relationship) (residence)

Michael S. Heintz Decased Grandson
 (full name) (age) (relationship) (residence)

David B. Heintz 56 Grandson Hillsboro, OR
 (full name) (age) (relationship) (residence)

John E. Heintz 53 Grandson Eysene, OR
 (full name) (age) (relationship) (residence)

Ronald T. Heintz 50 Grandson LAKE OSWEGO, OR
 (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 \$ 0. The value of all separate property of the decedent was approximately \$ 0.

7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

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

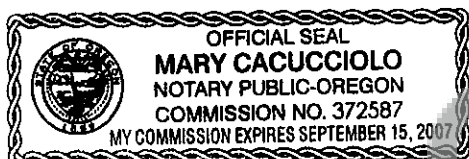
Affiant's Full Name

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 11th day of December, 2003.



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

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN SERVICES HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

LOCAL REGISTRAR'S NUMBER 99		STATE OF OREGON		STATE FILE NO. 010718
DATE RECEIVED JUL 19 1968				
1. NAME OF DECEASED <i>Ethel M. Heintz</i>				
2. PLACE OF DEATH A. COUNTY <i>Tillamook</i>		B. COUNTY <i>Tillamook</i>		
C. CITY, TOWN, OR LOCATION <i>Tillamook</i>		D. CITY, TOWN, OR LOCATION <i>Tillamook</i>		
E. LENGTH OF STAY IN 2B <i>7 yrs.</i>		F. STREET ADDRESS, RURAL ROUTE, ETC. <i>1000 Third Street</i>		
3. NAME OF HOSPITAL OR INSTITUTION <i>Tillamook Hospital</i>		4. DATE OF DEATH <i>July 1, 1968</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married
8. SOCIAL SECURITY NO. [REDACTED]		9. USUAL OCCUPATION <i>Housewife</i>		10. NAME OF SPOUSE <i>None</i>
11. DATE OF BIRTH <i>June 14, 1892</i>		12. AGE LAST BIRTHDAY <i>76</i>		13. IF DECEASED WAS A VETERAN, WHAT WAR? <i>None</i>
14. BIRTHPLACE (City & State) <i>Portland, Oregon</i>		15. WAS DECEASED A CITIZEN OF U.S. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. IF DECEASED WAS A VETERAN, WHAT WAR? <i>None</i>
17. NAME OF FATHER <i>Thomas Pittenger</i>		18. MAIDEN NAME OF MOTHER <i>Stella Daugherty</i>		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED <i>John Heintz, son</i>
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C))				
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): <i>Cerebral Thrombosis</i>				
CONDITIONS, IF ANY, WHICH GAVE RISE TO: ABOVE CAUSE (B):				
DUE TO (C):				
PART II: (If death occurred in hospital, enter date and time of death; if elsewhere, enter date and time of death.) <i>1952 to 1968</i>				
21. IF DECEASED WAS FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
23. IF ACCIDENT, OR INJURY, OR DISEASE, OR OTHER CAUSE, DESCRIBE HOW INJURY OCCURRED.				
24. TIME OF INJURY				
25. CERTIFICATE: I certify that I (personnel) investigated the death of the deceased from or on <i>1952</i> to <i>1968</i> and that the death occurred on <i>July 1, 1968</i> at <i>Tillamook, Oregon</i> on <i>2 July 68</i>				
26. RESERVED FOR REGISTRAR'S USE				
27. DATE RECEIVED BY LOCAL REGISTRAR <i>7-8-68</i>				
28. REGISTRAR'S SIGNATURE <i>Betty E. Massey</i>				
29. FURNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Wayne's Funeral Home Tillamook, Oregon</i>				
30. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other				
31. DATE <i>7-6-68</i>				
32. NAME OF CREMATORY OR CEMETERY <i>Rose City Cemetery</i>				
33. LOCATION (City or Town) <i>Portland, Oregon</i>				
34. STATE <i>Ore</i>				

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

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 16 2003**

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE