

Doc # 2004151969
Page 1 of 5
Date: 02/11/2004 02:08P
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

SR 26249

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

1. Affidavit
2. Death Cert
- 3.
- 4.



**First American Title
Insurance Company**

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, Michael S.
- 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 _____ of document

REAL ESTATE EXCISE TAX

23634

FEB 11 2004

PAID Exempt

Vickie Clelland, Deputy

SKAMANIA COUNTY TREASURER

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

☐ Complete legal description is on page _____ of document

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

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.

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 Brother of Michael S. Heintz
(relationship to decedent) (decedent)
who died December 11, 19 89, at Portland,
(date of death) (city)
State of Oregon, 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.

☐ 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:

David O. Heintz 56 Brother Hillsboro, Oregon
(full name) (age) (relationship) (residence)

12-11-03

HEIRS AT LAW (continued)

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

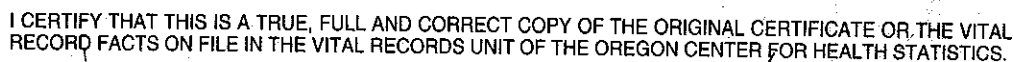
NONE

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 \$ 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:

[Signature] 12-11-03

DEPARTMENT OF HUMAN SERVICES
HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

DOC # 2004151963
Page 5 of 5



SEP 25 2003

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

