

Doc # 2004152194
Page 1 of 7
Date: 03/05/2004 02:00P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON *an*
AUDITOR
Fee: \$25.00

AFTER RECORDING MAIL TO:

Name Beverly A. Larson
Address PO Box 1974
City/State White Salmon, WA 98672
SCTC 26422

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

1. CERTIFICATE OF DEATH
- 2.
- 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. BETTY L. LARSON
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. BEVERLY A. LARSON
2. TIMOTHY LARSON
3. JANICE HUTCHENSON & RANDY LARSON
4. GARY LARSON, RON LARSON, RUSSELL LARSON AND LEWIS LARSON
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

SE ¼ SE ¼ SEC 20 T3N R8E

☒ Complete legal description is on page 7 of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-20-4-4-0200-00

3-504 Rn

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 Washington

County of Skamania

Beverly A. Larson, being first duly sworn, deposes and says:

1. The undersigned affiant is the Daughter of Betty Larson
(relationship to decedent) (decedent)
_____, who died Oct, 1997, at Hood River
(date of death) (year) (city)
State of Oregon, then being a legal resident of Hood River
(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:

Beverly Larson 47 daughter P.O. Box 1974
(full name) (age) (relationship) (residence)
White Salmon, WA.
98672

AFFIDAVIT Lack of Probate

State of Washington

County of _____

_____, being first duly sworn, deposes and says:

1. The undersigned affiant is the _____ of _____
 _____, who died _____, _____, at _____
 State of _____, then being a legal resident of _____
 _____, _____
 (county) (state)

AFFLIANT 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:

Lewis Ray Larson 58 Son Carson WA
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

(full name)	(age)	(relationship)	(residence)
GARY MICHAEL	54	SON	CARSON WA
RANDY LEE LARSON	51	SON	MOFOIL NEB
RON DUANE LARSON	49	SON	CARSON WA
BEVEELY ANN LARSON	47	DAUGHTER	WHITE SALMON WA
TIMOTHY ALLEN LARSON	44	SON	CARSON CITY NEV
JANICE LARSON	41	DAUGHTER	COOS BAY ORE
TAMMY LYNN LARSON	38	DAUGHTER	LONGVIEW WA
RUSSELL DEAN LARSON	36	SON	NORTH BONNEVILLE WA

(attach additional page for additional names)

- 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:
- 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.
- 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 \$ _____.
- 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.

Beverly Ann Larson
Affiant's Full Name

1/12/04
Date

Affiant's Full Name

Date

STATE OF WASHINGTON,)

COUNTY OF Klickitat) ss.

On this day personally appeared before me Beverly Ann Larson 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 12th day of January, 2004.



Linda J. Creager
Notary Public in and for the State of
Washington, residing at Whitesalmon
My appointment expires 10-9-04

EXHIBIT 'A'

That portion of the Southeast Quarter of the Southeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point 930 feet East and 20 feet South of the Northwest corner of the Southeast Quarter of the Southeast Quarter of the said Section 20; thence South 200 feet; thence East 100 feet; thence North 200 feet; thence West 100 feet to the point of beginning.

Gary H. Martin, Skamania County Assessor

Date 3-5-04 Parcel # 03-08-20-44-0200-00

hm

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK 247388 I.D. TAG NO. 3121-97 Local File Number		OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH		97-021627 State File Number	
1. DECEDENT'S NAME: Betty L. LARSON		2. SEX: Female		3. DATE OF DEATH (Month, Day, Year): October 09, 1997	
4. SOCIAL SECURITY NUMBER: 69		5. BIRTHPLACE (City and State or Foreign Country): The Dalles, Oregon		6. DATE OF BIRTH (Month, Day, Year): July 17, 1928	
7. PLACE OF DEATH (Check only one): <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		8. COUNTY OF DEATH: Hood River			
9. FACILITY NAME (if not institution, give street and number): Hood River Care Center		10. CITY, TOWN, OR LOCATION OF DEATH: Hood River			
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not list retired.): Homemaker		12. KIND OF BUSINESS/INDUSTRY: Own Home		13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed	
14. RESIDENCE - STATE: Washington		15. COUNTY: Skamania		16. CITY, TOWN, OR LOCATION: Carson	
17. ZIP CODE: 98610		18. STREET AND NUMBER: 291 Fuller Rd.		19. DECEDENT'S EDUCATION (Specify only highest grade completed): 12	
20. RACE: White		21. INFORMANT - NAME and relationship to decedent: Lewis Larson, Son			
22. METHOD OF DEPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		23. PLACE OF DEPOSITION (Name of cemetery, crematory, or other place): Carson Cemetery		24. LOCATION: City or Town, State: Carson, Washington	
25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: <i>[Signature]</i>		26. LICENSE NUMBER: 3529		27. NAME, ADDRESS AND ZIP OF FACILITY: Anderson Funeral Home, 1401 Belmont Rd., Hood River, OR. 97031	
28. DATE DEATH REPORTED: October 14, 1997		29. SIGNATURE OF REGISTRAR: <i>[Signature]</i>			
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? (YES/NO) NO					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
31. TIME OF DEATH: 6:30 A.M.		32. DATE OF DEATH: October 9, 1997			
33. SIGNATURE OF PHYSICIAN: <i>[Signature]</i>					
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Physician or Nurse): Kimberly Stutzman MD, 211 Skyline Dr., White Salmon, WA. 98672					
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Physician or Nurse):					
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL SIX LINES) Do not enter more than one cause of death, e.g., Cardiac or Respiratory Arrest.					
PART I		PART II		PART III	
A. DUE TO OR AS A CONSEQUENCE OF		B. DUE TO OR AS A CONSEQUENCE OF		C. DUE TO OR AS A CONSEQUENCE OF	
1. Sepsis		2. Organic Brain Syndrome		3. Stroke	
37. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL SIX LINES) Do not enter more than one cause of death, e.g., Cardiac or Respiratory Arrest.					
38. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL SIX LINES) Do not enter more than one cause of death, e.g., Cardiac or Respiratory Arrest.					
39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL SIX LINES) Do not enter more than one cause of death, e.g., Cardiac or Respiratory Arrest.					
40. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other					
41. DATE OF INJURY (Month, Day, Year):		42. TIME OF INJURY:		43. PLACE OF INJURY: (At home, farm, street, factory, office, building, etc. (Specify))	
44. DATE OF DEATH:		45. TIME OF DEATH:		46. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
47. DESCRIBE HOW INJURY OCCURRED:					

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 2/96

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

JAN 13 2004

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

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

