

Return Address:

CASCADE TITLE CO.  
501 SE Columbia Street BLVD #500  
VANCOUVER, WA 98661

CS2185M

|  |  |
|--|--|
| Document Title(s) or transactions contained herein:<br>LACK OF PROBATE AFFIDAVIT   | <b>REAL ESTATE EXCISE TAX</b><br>23879<br>MAY 14 2004<br>PAID <u>exempt</u><br><u>Vickie Clelland</u><br>SKAMANIA COUNTY TREASURER |
| GRANTOR(S) (Last name, first name, middle initial)<br>EADES, MELVIN L.   |  |
| <input type="checkbox"/> Additional names on page _____ of document.   |  |
| GRANTEE(S) (Last name, first name, middle initial)<br>EADES, DORIS J.  |  |
| <input type="checkbox"/> Additional names on page _____ of document.   |  |
| LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)<br>#107- #200 SECTION 20, TOWNSHIP 2, RANGE 5                               |  |
| <input type="checkbox"/> Complete legal on page _____ of document.   |  |
| REFERENCE NUMBER(S) of Documents assigned or released:   |  |
| <input type="checkbox"/> Additional numbers on page _____ of document.   |  |
| ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER<br>02-05-20-0-0-0200-00 #02-05-20-0-0-0107-00<br>O.S. 5/14/04  |  |
| <input type="checkbox"/> Property Tax Parcel ID is not yet assigned  |  |
| <input type="checkbox"/> Additional parcel numbers on page _____ of document.  |  |
| The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information. |  |

**AFFIDAVIT**  
(Lack Of Probate)

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF Clark )

DORIS J. EADES, being first duly sworn, deposes and says:

1. The undersigned affiant is the wife of MELVIN L. EADES  
(relationship to decedent) (decedent)  
who died 8/10/99, 1999, at Portland, Oregon  
(City) (State)  
then being a legal resident of Portland, Mult, Or  
(City) (County) (State)

NOTE: A Death Certificate of decedent is attached hereto.

- 2.  Decedent left no will; or
  - Decedent left a last will which has not been probated, and a true copy of which is attached hereto, and the same was never revoked; or
  - Decedent left a last will which was probated in \_\_\_\_\_ County, State of \_\_\_\_\_, and an authenticated copy of the Order Admitting Will to Probate or Decree of Distribution is attached hereto.
3. The heirs at law of decedent, and their ages, relationship to decedent, and current address of each are as follows (including spouse, natural or adopted children, issue of any predeceased child, and surviving parents, brothers and sisters of decedent):

**HEIRS AT LAW**

|            |             |       |                |                      |
|------------|-------------|-------|----------------|----------------------|
| <u>n/a</u> | (full name) | (age) | (relationship) | (address-city-state) |
|            | (full name) | (age) | (relationship) | (address-city-state) |
|            | (full name) | (age) | (relationship) | (address-city-state) |
|            | (full name) | (age) | (relationship) | (address-city-state) |
|            | (full name) | (age) | (relationship) | (address-city-state) |

(continued)

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4. All the debts of the decedent and/or the marital community, including, but not limited to, all expenses of 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 (has \_\_\_/has never ) received assistance from the State of Washington for for subsistence or medical care (Medicaid/Welfare) in the past.

6. As of the date of death, the value of all community property of decedent was approximately \$ \_\_\_\_\_, and the value of all separate property was approximately \$ \_\_\_\_\_.

7. This affidavit is made to induce Transnation Title Insurance Company to issue its policies of Title Insurance on real property passing to the surviving heir(s) in reliance upon the representations hereinabove set forth.

NOTE: A request to so insure must come from an attorney, and deeds may be required from heirs or devisees of decedent.

DATED This 14 day of April, 2004

*Doris Eades*  
x \_\_\_\_\_  
(affiant's full name) DORIS J. EADES

*10140 NE Campaign*  
\_\_\_\_\_  
(address)

503-253-0280  
\_\_\_\_\_  
(telephone number)

Subscribed and sworn to before me this 14<sup>th</sup> day of April, 2004

*Susan K. Miller*  
\_\_\_\_\_  
Notary Public in and for the State of Washington,  
residing at: Vancouver

Name: Susan K. Miller

My appointment expires: 9/15/2005



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CERTIFICATION OF VITAL RECORD

289595

I.D. TAG NO.

04073

Local File Number

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

196-

State File Number

1. DECEDENT'S NAME: **First Melvin Middle Louis Last EADES** 2. SEX: **Male** 3. DATE OF DEATH: **Month, Day, Year August 10, 1999**

4. SOCIAL SECURITY NUMBER: [REDACTED] 5a. AGE: **79** 5b. Under 1 Year: **Mon, Days** 5c. Under 1 Day: **Hours, Mins** 6. BIRTHPLACE: **Collinston, UT** 7. DATE OF BIRTH: **Month, Day, Year July 25, 1920**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? **Yes** 9. PLACE OF DEATH: **HOSPITAL**  Inpatient  Outpatient  OOA  OTHER  Nursing Home  Decedent's Home  Other (Specify)

10. FACILITY NAME: **10140 NE Campaign** 11. CITY, TOWN, OR LOCATION OF DEATH: **Portland** 12. COUNTY OF DEATH: **Multnomah**

13a. DECEDENT'S USUAL OCCUPATION: **Owner/ Operator** 13b. KIND OF BUSINESS/INDUSTRY: **Carpet Installation** 14. MARITAL STATUS: **Married** 15. SPOUSE: **Doris J.**

16a. RESIDENCE - STATE: **Oregon** 16b. COUNTY: **Multnomah** 16c. CITY, TOWN OR LOCATION: **Portland** 16d. STREET AND NUMBER: **10140 NE Campaign**

17a. INCOME CITY LIMITS?  Yes  No 17b. ZIP CODE: **97220** 17c. WAS DECEDENT OF HISPANIC ORIGIN?  Yes  No 17d. RACE: **White** 17e. DECEDENT'S EDUCATION: **10**

18. FATHER'S NAME: **William M. Eades** 18. MOTHER'S NAME: **Elizabeth - Sucker** 19. INFORMANT: **Doris J. Eades - Spouse**

20a. METHOD OF DISPOSITION:  Burial  Cremation  Removal from State  Donation  Other (Specify) 20b. PLACE OF DISPOSITION: **Williamette National Cemetery** 20c. LOCATION: **Portland, Oregon**

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON AUTHORIZED: *[Signature]* 21b. OREGON LICENSE NO.: **0152** 21c. NAME, ADDRESS AND PHONE NO. OF FUNERAL HOME: **Wilcoxon Park Funeral Home 11821 SE Mt. Scott Blvd., Portland, OR 97266**

22. DATE FILED: **Month, Day, Year AUG 13 1999** 23. REGISTRAR'S SIGNATURE: *[Signature]*

RESERVED FOR REGISTRAR'S USE

10. TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: **0820** 28. WAS MEDICAL EXAMINER NOTIFIED?  Yes  No

29. To the best of my knowledge, state the cause, date, place and manner of death. (Signature): *[Signature]*

30. DATE SIGNED: **Month, Day, Year**

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): **Craig Redfern, D.O., 5050 NE Hoyt, Ste 540, Portland, OR 97213**

32. NAME OF ANY OTHER PHYSICIAN OTHER THAN CERTIFIER (Type or Print): **Thomas Gilman**

33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE) (THE FOLLOWS ARE NOT EXHAUSTIVE) (Type or Print): **Chronic Obstructive Pulmonary Disease**

34. DUE TO, OR AS A CONSEQUENCE OF: (Type or Print): **Congestive heart failure (dilated)**

35. MANNER OF DEATH:  Natural  Pending Investigation  Accidents  Undetermined  Suicide  Homicide  Legal Intervention  Other

36. DATE OF INJURY: **Month, Day, Year** 37. TIME OF INJURY: **Month, Day, Year** 38. INJURY AT WORK?  Yes  No

39. PLACE OF INJURY: **At home, farm, street, factory, office building, etc. (Specify)** 40. LOCATION: **Street and Number or Rural Route No., City or Town, State**

41. DESCRIBE HOW INJURY OCCURRED: **30**

42. ALTOPISY:  Yes  No  Probable  Unknown

43. YES were foreign diseases in following cases of death?  Yes  No  N/A

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11/88

VERTICAL: AFTER RECORDING SEND TO  
MULTNOMAH COUNTY REGISTER

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

AUG 13 1999

*Lila Wickham* 12/1/15  
LILA WICKHAM RN, MS  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON



DATE ISSUED: \_\_\_\_\_

THIS COPY NOT VALID WITHOUT INTAGLUD STATE SEAL AND BORDER

Exhibit A

PARCEL A

The following described tracts in Section 20, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington. The Northeast quarter of the Northwest quarter; and the Northwest quarter of the Northeast quarter of said Section 20, lying Northerly and Easterly of the centerline of the channel of the West Fork of the Washougal River; and that portion of the Southwest quarter of the Northeast quarter of said Section 20, lying Easterly of the centerline of the channel of the West Fork of the Washougal River and lying Northerly of the North line of that tract conveyed to Gordon R. Breaky in Book 78 of Deeds, page 164, records of Skamania County, Washington.

PARCEL B

The Northwest quarter of the Northeast quarter of the Northeast quarter of Section 20, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington.

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