

Doc # 2004154951
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Date: 10/26/2004 01:08P
Filed by: STEVEN ANDERSEN
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$23.00

Return Address:

Steven Andersen
7900 NE 24th Ct.
Vancouver, WA 98665

Document Title(s) or transactions contained herein:	
Order Admitting Will to Probate & Death Certificate	REAL ESTATE EXCISE TAX N/A OCT 26 2004
GRANTOR(S) (Last name, first name, middle initial) Andersen Herbert Ralph Estate of	PAID ^{SEE} EXCISE #24359 DTD 10-26-04 Vickie Clelland, Deputy SKAMANIA COUNTY TREASURER
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial) Andersen Steven	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) Section 28 T3N R8EWM	
<input checked="" type="checkbox"/> Complete legal on page 4 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 03-08-28-2-2-1000-00	
<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.	

COPY
ORIGINAL FILED
APR 30 2004

JaAnne McBride, Clerk, Clark Co.

IN THE SUPERIOR COURT OF WASHINGTON FOR CLARK COUNTY

In the Matter of the Estate of:

HERBERT RALPH ANDERSEN,

Deceased.

NO. 04 4 00257 6

ORDER ADMITTING WILL
TO PROBATE

THIS MATTER having come regularly before the Court upon Petition of STEVEN ANDERSEN, praying that a certain document purporting to be the Last Will and Testament of HERBERT RALPH ANDERSEN, deceased, be admitted to probate, and that he be appointed Personal Representative thereof, coming on for hearing this day, and it appearing to the Court that the petition states facts essential to give this Court jurisdiction to admit the Will to probate, and testimony having been heard, reducing to writing and certified by the Court, the Court finds that:

Gary H. Martin, Skamania County Assessor

Date 10-2-04 Parcel # 03082822100000

1. HERBERT RALPH ANDERSEN died testate on or about the 24th day of April, 2004, in Vancouver, Clark County, Washington, being at the time of his death a resident of Skamania County, Washington, and leaving at the time of his death an estate subject to administration in Skamania County, Washington.

2. The document filed herein was duly executed by HERBERT RALPH

ORDER ADMITTING WILL
TO PROBATE -1-

*Baum, Etengoff
& Buckley*
ATTORNEYS AT LAW

900 Washington Street, Suite 760
Vancouver, Washington 98660
(360) 693-2002
V / TTY (360) 693-2421
FAX (360) 693-1407

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1 ANDERSEN as follows: The Last Will and Testament was executed on August 22, 1995,
2 in the presence of Anita Smith and Wanda Salvesen, competent witnesses thereto. The
3 witnesses attested to the document in the presence of the Testator, and at his request. The
4 Testator, at the time of executing the Will was above the age of majority and of sound mind
5 and not under duress, menace, fraud or undue influence, or in any respect incompetent to
6 execute the same.
7

8 3. The Petitioner is duly named Personal Representative in said Last Will and
9 Testament.
10

11 NOW, THEREFORE, IT IS ORDERED, that the document entitled LAST WILL
12 AND TESTAMENT OF HERBERT R. ANDERSEN, filed in this Court on the ____ day
13 of April, 2004, be and is hereby admitted to Probate as the Last Will and Testament of
14 Herbert Ralph Andersen, deceased, and STEVEN ANDERSEN be and he is hereby
15 confirmed as Personal Representative thereof to act without bond or intervention of the
16 Court, and STEVEN ANDERSEN is hereby directed to file his oath as required by law.
17


18 DONE IN OPEN COURT this ____ day of April, 2004.
19

20 /s/ John P. Wulle

21 SUPERIOR COURT JUDGE

22 Presented by:

23 BAUM, ETENGOFF & BUCKLEY
24

25 
26 Charles H. Buckley, Jr., WSB #9048
Attorney for Petitioner

ORDER ADMITTING WILL
TO PROBATE -2-

*Baum, Etengoff
& Buckley*
ATTORNEYS AT LAW

900 Washington Street, Suite 760 (360) 693-2002
Vancouver, Washington 98660 V / TTY (360) 693-2421
FAX (360) 693-1407

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any)		First	Middle	LAST	Suffix	2. Death Date	
Herbert		Ralph		ANDERSEN		03/24/2004	
3. Sex (MF)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number		6. County of Death	
M	82	Months	Days	[REDACTED]		Clark	
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education		
09/09/1921	Portland		Oregon		High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes	
No				White			
13a. Residence: Number and Street (e.g., 624 SE 6 th St.) (Include Apt. No.)						13b. City or Town	
22 5th Street						Carson	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skamania				Washington		98610	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
19 years		Married		Jean Arnold Perry			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).)				18. Kind of Business/Industry (Do not use Company Name)			
Heavy Equipment Operator				State Highway Department			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Ralph W. Andersen				Nellie Andrews			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number & Street or RFD No. City or Town State Zip			
Steven Andersen		Son		7900 NE 24th Court Vancouver, Washington 98665			
24. Place of Death, if Death Occurred In a Hospital:				25. Facility Name (If not a facility, give number & street)			
				506 NE Everett			
26a. City, Town, or Location of Death				26b. State		27. Zip Code	
Camas				WA		98607	
28. Method of Disposition		29. Place of Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Burial		Wind River Cemetery		Carson, Washington			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
GARDNER FUNERAL HOME PO Box 390 White Salmon, Washington 98672						03/30/2004	
33. Funeral Director Signature X <i>R.P. Dineen</i>							
34. Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) →				a. <u>Acute Myocardial Infarction</u>		Interval between Onset & Death	
				Due to (or as a consequence of):		< 1 Hour	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				b.		Interval between Onset & Death	
				Due to (or as a consequence of):		Interval between Onset & Death	
				c.		Interval between Onset & Death	
				Due to (or as a consequence of):		Interval between Onset & Death	
				d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy?	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?		41. Injury at Work?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: Apt. No.							
City or Town: County: State: Zip Code + 4:							
46. Describe how injury occurred						47. If transportation injury, specify:	
						<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
X <i>[Signature]</i>							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						50. Hour of Death (24hrs)	
PAUL M. HAMADA, M.D. 1784 MAY ST. HOOD RIVER, OR 97031						1315	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Certified (MM/DD/YYYY)	
						03-29-04	
53. Title of Certifier		54. License Number		55. Medical Examiner/Coroner File Number		56. Was case referred to medical examiner?	
M.D.		OREGON, MD 07287				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X <i>[Signature]</i>						58. Date Received (MM/DD/YYYY)	
						03/29/2004	
59. Record Amendment		Item		Documentary Evidence		Reviewed by	
						Date	

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A tract of land in the Northwest Quarter of the Northwest Quarter (NW $\frac{1}{4}$ NW $\frac{1}{4}$) of Section 28, Township 3 North, Range 8 E.W.M., more particularly described as follows:

Beginning at a point on the West line of the said Section 28 South 301 feet from the Northwest corner of the said Section 28 South 301 feet from the Northwest corner of the said Section 28; thence South along said West line 95 feet; thence East 125 feet; thence North 95 feet; thence West 125 feet to the point of beginning;

TOGETHER with the mobile home situated thereon.