

AFTER RECORDING MAIL TO:

Name Waterfront Recreation
Address PO Box 7139
City/State Bend OR 97708
SCR 27127

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. Hollenbeck, Julia Ellen
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. Hollenbeck, Terrance D.
2. Hollenbeck, Timothy D.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

Cabot 76 Northwoods

Gary H. Martin, Skamania County Assessor

☒ Complete legal description is on page 6 of document Date 11-1-04 Parcel # 96-000076

Assessor's Property Tax Parcel / Account Number(s): 96-000076

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.

REAL ESTATE EXCISE TAX

24384

NOV 0 1 2004

PAID Exempt

Vickie Clelland

SKAMANIA COUNTY TREASURER

(this space for title company use only)

**AFFIDAVIT
Lack of Probate**

State of Washington

County of Skamania

TERRANCE D HOLLENBECH being first duly sworn, deposes and says:

1. The undersigned affiant is the SON of JUDIA HOLLENBECH
(relationship to decedent) (decedent)
who died SEPT 8 97 at WOODLAND
(date of death) (year) (city)
State of WASHINGTON, then being a legal resident of WOODLAND
(county) (state) (city)
CLARK

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:

TERRANCE D HOLLENBECH 50 SON WASHINGTON
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

<u>TIMOTHY D. HENDERSON</u>	<u>53</u>	<u>SON</u>	<u>CARL</u>
(full name)	(age)	(relationship)	(residence)
_____	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
_____	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
_____	(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 [X] 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 \$ 1,200,000. 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:

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

10/25/04
Date

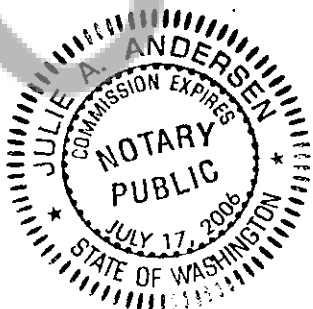
Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF Skamania ss.

On this day personally appeared before me Terrence H. Hollenbeck 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 25 day of October, 2004



Julie A. Andersen
Notary Public in and for the State of
Washington, residing at Carson
My appointment expires 7-17-2006

STATE OF WASHINGTON DEPARTMENT OF HEALTH

2004155033
5 of 6

OFFICE
USE
ONLY

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8. DECEASED

9. DECEASED

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28. DECEASED

29. DECEASED

TYPE OR PRINT IN PERMANENT BLACK INK

619
LOCAL FILE NUMBER

Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Julia Middle: Ellen Last: Hollenbeck				2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) Sept 8, 1997	
4. AGE LAST BIRTHDAY (Yrs) 80		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		7. BIRTHDATE (Mo, Day, Yr) May 11, 1917		8. BIRTHPLACE (City, State or Foreign Country) Antrim Township, Michigan	
11. CITY, TOWN OR LOCATION OF DEATH Woodland		12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM/OUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE Woodland Convalescent Center				13. SMOKING IN LAST 15 YEARS? (Yes / No) No	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widow		15. SURVIVING SPOUSE (if wife, give maiden name) -----		16. SOCIAL SECURITY NO. -----		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Registered Nurse		19. KIND OF BUSINESS OR INDUSTRY Medical		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 310 4th Street		23. CITY/TOWN OR LOCATION Woodland		24. INSIDE CITY LIMITS? (Yes / No) Yes		25. COUNTY Cowlitz	
26. FATHER'S NAME—FIRST, MIDDLE, LAST Henry Cunningham		27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Mary		28. LENGTH OF RES. IN CO. 24yrs		29. STATE WA	
30. INFORMATION—NAME Terrance Hollenbeck (Son)		31. MAILING ADDRESS 27120 NE 105th Ave., Battle Ground, WA 98604		32. BURIAL CREMATION REMOVAL, OTHER (Specify) Cremation Sept 10, 1997		33. DATE (Mo, Day, Yr) Sept 10, 1997	
34. CEMETERY, CREMATORY—NAME Oregon Crematory		35. LOCATION—CITY/TOWN, STATE Portland, OR		36. FUNERAL DIRECTOR'S SIGNATURE James H. Hollenbeck		37. NAME OF FACILITY Hamilton-Mylan Funeral Home	
38. ADDRESS OF FACILITY 302 W. 11th St		39. CITY/TOWN, STATE Vancouver, WA 98660		40. ADDRESS OF FACILITY 302 W. 11th St		41. CITY/TOWN, STATE Vancouver, WA 98660	

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>Timothy Ross</i>		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X	
40. DATE SIGNED (Mo., Day, Yr) Sept 9, 1997		41. HOUR OF DEATH (24 Hrs) 16:30 hrs	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Timothy Ross, M.D., 715 S. Andresen Rd., Vanc., WA 98661-7603		44. DATE SIGNED (Mo., Day, Yr)	
45. HOUR OF DEATH (24 Hrs)		46. PRONOUNCED DEAD (Mo., Day, Yr)	
47. HOUR PRONOUNCED DEAD (24 Hrs.)		48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Timothy Ross, M.D., 715 S. Andresen Rd., Vanc., WA 98661-7603	
49. ME/CORONER FILE NUMBER		50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:	

IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <i>Acute myocardial infarction</i> DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH 15 min	
		B. <i>Coronary artery atherosclerotic heart dis.</i> DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
		C. DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:		52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
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54. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:	
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58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, HISTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	
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61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		63. DATE RECEIVED (Mo., Day, Yr) SEP 11 1997	
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FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly OSHS 9-150)
DOH 01-003 (8/95)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

EXHIBIT 'A'

Lot 76, as shown on the Plat and Survey entitled Record of Survey for Water Front Recreation, Inc., dated May 16, 1974, on file and of record under Auditors File No. 77523, at Page 449 of Book 'J' of Miscellaneous Records of Skamania County, Washington, TOGETHER WITH an appurtenant easement as established in writing on said plat, for the joint use of the areas shown as roadways on the plat. SUBJECT TO reservations by the United States of America in approved Selection list number 259 dated March 4, 1953, and recorded September 4, 1953, at Page 23 of Book 52 of Deeds, under Auditor File No. 62114, records of Skamania County as follows:

"...the provisions, reservation, conditions and limitations of Section 24, Federal Power Act of June 10, 1920, as amended and prior right of the United States, its licensees and permittees to use for power purposes that part within Power Projects No. 2071, 2111, and 264."

11-1-04
JAD