

Doc # 2005156558
Page 1 of 6
Date: 03/14/2005 10:21A
Filed by: JUDITH STEENECK
Filed & Recorded in Official Records
of SKAMAHIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$24.00

REAL ESTATE EXCISE TAX

Return Address:

Judith Steeneck
1623 Adriel Drive
Fort Collins, CO 80524

MAR 14 2005

PAID

SKAMAHIA COUNTY TREASURER

Document Title(s) or transactions contained herein:

Death Certificate
Letters of Testamentary
Will and Testament

GRANTOR(S) (Last name, first name, middle initial)

Alice P. Blair

☐ Additional names on page of document.

GRANTEE(S) (Last name, first name, middle initial)

Judith B. Steeneck

☐ Additional names on page of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

Interlaken Resort Site 2 (91)
GS. 3/14/05

☐ Complete legal on page of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

62-07-14-0-0-2102-00

☐ Property Tax Parcel ID is not yet assigned

☐ 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.

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

LOCAL FILE NUMBER

26

1. NAME First: <u>Alice</u> Middle: <u>May</u> Last: <u>PARKE BLAIR</u>				2. SEX (M / F) <u>Female</u>		3. DEATH DATE (Mo, Day, Yr) <u>January 2, 1999</u>	
4. AGE LAST BIRTHDAY (Yrs) <u>86</u>		5. UNDER 1 YEAR MOS: <u> </u> DAYS: <u> </u> HOURS: <u> </u> MINS: <u> </u>		7. BIRTHDATE (Mo, Day, Yr) <u>8/23/1912</u>		8. BIRTHPLACE (City, State or Foreign Country) <u>WA. Fisher's Landing,</u>	
11. CITY, TOWN OR LOCATION OF DEATH <u>Camas</u>				12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <u>1119 NE 5th Ave</u>		13. SMOKING IN LAST 15 YEARS? (Yes / No) <u>No</u>	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>		15. SURVIVING SPOUSE (If wife, give maiden name) <u> </u>		16. SOCIAL SECURITY NO. <u> </u>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u> </u> College (1-4 or 5+) <u>2</u>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <u>Co-Owner</u>		19. KIND OF BUSINESS OR INDUSTRY <u>Printing</u>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <u>No</u>		21. RACE (Specify) <u>White</u>	
22. RESIDENCE—NUMBER AND STREET <u>1119 NE 5th Ave</u>		23. CITY/TOWN OR LOCATION <u>Camas</u>		24. INSIDE CITY LIMITS? (Yes / No) <u>Yes</u>		25. COUNTY <u>Clark</u>	
26. LENGTH OF RES. IN CO. <u>58 Yrs</u>		27. STATE <u>WA</u>		28. ZIP CODE <u>98607</u>		29. FATHER'S NAME—FIRST, MIDDLE, LAST <u>Albert Parke</u>	
30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <u>Mary Grace McClellan</u>		31. INFORMANT—NAME <u>Judy Steeneck</u>		32. MAILING ADDRESS <u>1623 Adriel Dr.</u>		33. CITY OR TOWN <u>Ft. Collins</u>	
34. STATE <u>CO</u>		35. ZIP <u>80524</u>		36. BIRTHPLACE (City, State or Foreign Country) <u>WA. Fisher's Landing,</u>		37. DEATH DATE (Mo, Day, Yr) <u>January 2, 1999</u>	
38. BIRTHPLACE (City, State or Foreign Country) <u>WA. Fisher's Landing,</u>		39. DATE (Mo, Day, Yr) <u>1/7/1999</u>		40. CEMETERY/CREMATORY—NAME <u>Blair Pioneer Cemetery</u>		41. LOCATION—CITY/TOWN, STATE <u>Buell, Oregon</u>	
42. FUNERAL DIRECTOR SIGNATURE <u>X C.A. Steady</u>		43. NAME OF FACILITY <u>Straub's Funeral Home</u>		44. ADDRESS OF FACILITY <u>325 NE 3rd Ave</u>		45. CITY/TOWN, STATE, ZIP <u>Camas, WA 98607</u>	
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 <u>X Alan Jones MD</u>				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 <u>X</u>			
40. DATE SIGNED (Mo, Day, Yr) <u>1/4/99</u>		41. HOUR OF DEATH (24 Hrs.) <u>Found 0800</u>		44. DATE SIGNED (Mo, Day, Yr) <u> </u>		45. HOUR OF DEATH (24 Hrs.) <u> </u>	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>				46. PRONOUNCED DEAD (Mo, Day, Yr) <u> </u>		47. HOUR PRONOUNCED DEAD (24 Hrs.) <u> </u>	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <u>Alan Jones, M.D. 16811 SE McGillivray Blvd, Vancouver, WA 98683</u>				49. ME/CORONER FILE NUMBER <u> </u>			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). <u> </u>		A. <u>Congestive Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u> </u>	
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.		B. <u> </u>				INTERVAL BETWEEN ONSET AND DEATH <u> </u>	
C. <u> </u>		INTERVAL BETWEEN ONSET AND DEATH <u> </u>					
D. <u> </u>		INTERVAL BETWEEN ONSET AND DEATH <u> </u>					
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE <u>Par Kinsonism Renal insufficiency Hypertension Osteoarthritis</u>				52. AUTOPSY? (Yes / No) <u>No</u>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <u>Yes</u>	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <u> </u>		55. INJURY DATE (Mo, Day, Yr) <u> </u>		56. HOUR OF INJURY (24 Hrs.) <u> </u>		57. DESCRIBE HOW INJURY OCCURRED <u> </u>	
58. INJURY AT WORK? (Yes / No) <u> </u>		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) <u> </u>		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE <u> </u>		61. RECORD AMENDMENT (Registrar use only) ITEM <u> </u> DOCUMENTARY EVIDENCE <u> </u> REVIEWED BY <u> </u> DATE <u> </u>	
62. REGISTRAR SIGNATURE <u>X R. Steingart, MD</u>		63. DATE RECEIVED (Mo, Day, Yr) <u>JAN 06 1999</u>		64. <u> </u>			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

DOH 01-003 (5/98)

FILED
FEB 01 1999
JoAnne McBride, Clerk, Clark Co.

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK

IN THE MATTER OF THE ESTATE

OF

ALICE P. BLAIR,

Deceased.

) 99 4200067 2
)
) NO.
)
) LETTERS TESTAMENTARY
)
)

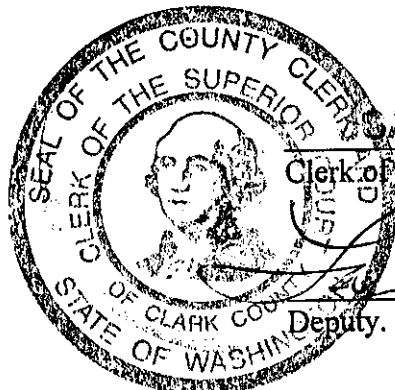
WHEREAS, the Last Will and Testament of ALICE P. BLAIR, deceased, was on the
1 day of FEB, 1999, duly exhibited, proven and recorded in our said Superior Court;
and

WHEREAS, it appears in and by the said Will that Judith B. Steeneck is appointed
Personal Representative therein; and

WHEREAS, said Judith B. Steeneck has duly qualified;

NOW, THEREFORE, know all men by these presents, that we do hereby authorize
the said Judith B. Steeneck to execute said Will according to law.

WITNESS my hand and seal of said Court this 1 day of FEB, 1999.



JOANNE McBRIDE
Clerk of said Court.

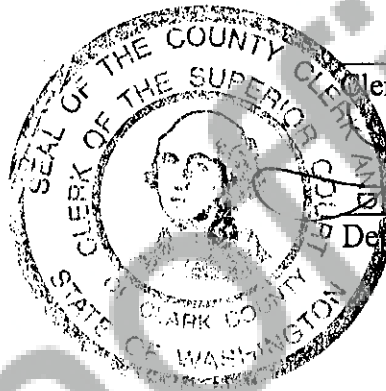
Deputy.

1 STATE OF WASHINGTON)

2) ss. CERTIFICATE OF TRANSCRIPT AND RECORDING
3 COUNTY OF CLARK)

4 I, **JOANNE McBRIDE**, County Clerk and Clerk of the above-
5 entitled Court, do hereby certify that the foregoing Letters Testamentary have been by me
6 duly recorded as required by law, and that the above LETTERS TESTAMENTARY is a true
7 and correct copy of the original on file and recorded in this office, AND THAT THE SAME
8 ARE STILL OF FULL FORCE AND EFFECT.

9 IN WITNESS WHEREOF, I have hereunto set my hand and official Seal of the
10 above-entitled Court this 1 day of FEB, 1999.



11 **JOANNE McBRIDE**

12 Clerk of said Superior Court.

13 Deputy.

14
15
16 SIGNATURE GUARANTEED
MEDALLION GUARANTEED
COMMUNITY FIRST NATIONAL BANK

17
18 (12) AUTHORIZED SIGNATURE
E9005931
SECURITIES TRANSFER AGENTS MEDALLION PROGRAMSM
SR

LAST WILL AND TESTAMENT

OF

ALICE P. BLAIR

99 4 00067 7

KNOW ALL MEN BY THESE PRESENTS: That I, ALICE P. BLAIR, a resident of Camas, Clark County, Washington, do at this time make, publish and declare this instrument to be and contain my Last Will and Testament, that is to say:

ORIGINAL FILED
FEB 01 1999
JoAnne McBride, Clerk, Clark Co.

I

I here and now revoke all former Wills or testamentary writings by me at any time heretofore made and declare this instrument only to be and contain my Last Will and Testament.

II

I am a widow and have one child only, namely, Judith B. Steeneck, presently residing in Wilton, Connecticut.

III

I direct that my executrix hereinafter named, pay as promptly as possible, all of my just debts and obligations, my funeral expenses and expenses of last illness.

IV

All of my property of every kind and nature, whether real, personal or mixed, and wherever situate, I give, devise and bequeath to my daughter, Judith B. Steeneck.

V

I make this Will at this time of my own choosing and volition and state that I am of sound mind and memory, of legal age, and that I am not acting under duress, menace, fraud or undue influence of any person whomsoever.

VI

I here and now nominate and appoint my daughter, Judith B. Steeneck, to be and act as executrix of this, my Last Will and Testament, and I direct that no bond shall be required of her in the settlement of my estate.

I further direct that my estate be settled by my executrix without the intervention of any court or courts with the exceptions in and as provided

Alice P. Blair
Testatrix

by Sections 11.68.010 to 11.68.040, inclusive, Revised Code of Washington, and that this Will be construed to be a Non-intervention Will.

IN WITNESS WHEREOF, I have hereunto set my hand and published and declared this my Last Will and Testament on this 23rd day of ~~September~~ ^{FEBRUARY}, 1972.

Alice P. Blair
TESTATRIX

STATE OF WASHINGTON)
)ss.
COUNTY OF CLARK)

The undersigned, each being first duly sworn on oath deposes and says: That the foregoing instrument, consisting of two (2) pages, including this page, was at the date thereof by ALICE P. BLAIR, the testatrix named therein, signed, sealed and published as, and declared by her to be her Last Will and Testament, in the presence of us, and each of us, who at her request, and in her presence, and in the presence of each other, and who being of the opinion that she, at the time of executing this Will, was of sound and disposing mind and memory, and was not acting under duress, menace, fraud, or undue influence of any person, have subscribed our names as witnesses thereto.

Kingsley Syster RESIDING AT: Camas, Washington.

Hugh A. Knapp RESIDING AT: Camas, Washington.

SUBSCRIBED and SWORN to before me this 23rd day of ~~September~~ ^{FEBRUARY}, 1972

Robert W. Oakes
Notary Public in and for the State of
Washington, Residing at Camas.