

Return Address:

LAURA FOSTER
121 LOOP RD
STEVENSON, WA 98648

Document Title(s) or transactions contained herein:

AFFIDAVIT ~~BACK~~ OF PROBATE
DEATH CERTIFICATE

REAL ESTATE EXCISE TAX

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

25034
JUN 27 2005

PAID

Exempt
Vicki Chelland, Deputy

[] Additional names on page of document.

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

SKAMANIA COUNTY TREASURER

[] Additional names on page of document.

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

PTN. LOT 3 SKAMANIA
LIGHT + POWER COMPANY'S
ELECTRIC ADDITION

[x] Complete legal on page 4 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

[] Additional numbers on page of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03-07-36-1-3-2400-00

[] 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.

AFFIDAVIT
Lack of Probate
REAL ESTATE EXCISE TAX

25034

State of Washington

JUN 27 2005

PAID

Exempt

County of SKAMANIA

Richard Culland, Jr.

SKAMANIA COUNTY TREASURER

Laura M Foster

, being first duly sworn, deposes and says:

1. The undersigned affiant is the WIFE of MERTON A.
(relationship to decedent) (decedent)
FOSTER, who died JULY 19, 2004, at PORTLAND
(date of death) (year) (city)
State of OREGON, then being a legal resident of STEVENSON
(city)
SKAMANIA, WASHINGTON
(county) (state)

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.

03-07-36-1-3-2400-00
6-27-05
RHM

☒ 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:

<u>LAURA M FOSTER</u>	<u>73</u>	<u>WIFE</u>	<u>STEVENSON, WA</u>
(full name)	(age)	(relationship)	(residence)

HEIRS AT LAW (continued)

<u>MERTO A. FOSTER, JR</u> (full name)	<u>52</u> (age)	<u>SON</u> (relationship)	<u>PORTLAND, OR</u> (residence)
<u>STEVEN M. FOSTER</u> (full name)	<u>51</u> (age)	<u>SON</u> (relationship)	<u>STEVENSON, WA</u> (residence)
<u>CARL E. FOSTER</u> (full name)	<u>49</u> (age)	<u>SON</u> (relationship)	<u>STEVENSON, WA</u> (residence)
<u>PAUL R. FOSTER, SR</u> (full name)	<u>47</u> (age)	<u>SON</u> (relationship)	<u>STEVENSON, WA</u> (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:

5. 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.

6. As of the date of death, the value of all community property of the decedent was approximately \$ 500,000.. 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.

Laura M. Foster
Affiant's Full Name

06-27-05
Date

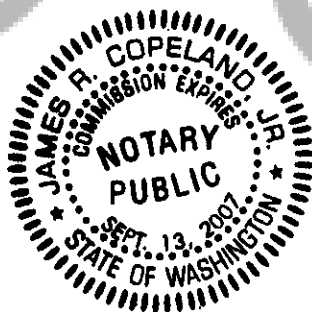
Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF Skamania) ss.

On this day personally appeared before me Laura Foster 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 27 day of June, 2005.



[Signature]
Notary Public in and for the State of
Washington, residing at Stevensay
My appointment expires 9-13-07

UNOFFICIAL COPY

All that portion of Lot 2 of the SKAMANIA LIGHT AND POWER COMPANY'S ELECTRIC ADDITION, according to the official Plat thereof, recorded in Book 'A' of Plats, page 42, records of Skamania County, Washington, in Section 36, Township 3 North, Range 7 East of the Willamette Meridian, lying Southerly of the right of way for that certain County road formerly designated as the Rock Creek Road, now designated as Loop Road.

Gary H. Martin, Skamania County Assessor

Date 6-27-05 Parcel # ~~44~~ 03-07-36-1-3-2400

GHM

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK.

400965

I.D. # 003497

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

Local File Number

State File Number

DECEDENT

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

PARENTS

DISPOSITION

7. _____

8. _____

9. _____

REGISTRAR

10. _____

11. _____

CERTIFIER

12. _____

13. _____

14. _____

DESIGNATE

CONDITIONS,

IF ANY

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE,

STATING THE

UNDERLYING

CAUSE LAST.

CAUSE OF

DEATH

15. _____

16. _____

CAUSE OF

DEATH

INSTRUCTIONS

ARE ON REVERSE

SIDE OF GREEN

AND PINK COPY.

1. DECEDENT'S NAME First: Merton Middle: Allen Last: FOSTER, SR		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) July 19, 2004
4. SOCIAL SECURITY NUMBER 076-30-4608	5a. AGE-Last Birthday (Years) 74	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Syracuse, New York
7. DATE OF BIRTH (Month, Day, Year) February 24, 1930		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9a. PLACE OF DEATH (Check one only) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not an institution, give street and number.) Emanuel Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Portland	9d. COUNTY OF DEATH Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Computer Analyst		10b. KIND OF BUSINESS/INDUSTRY Government	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. (Specify) Married		12. SPOUSE (If Married, Widowed) Laura Mae Foster	
13a. RESIDENCE - STATE Washington	13b. COUNTY Skamania	13c. CITY, TOWN OR LOCATION Stevenson	13d. STREET AND NUMBER 121 Loop Rd.
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE 98648	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	15. RACE American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12		17. INFORMANT'S NAME and relationship to deceased Merton A. Foster, Jr. (Son)	
17. FATHER'S NAME First Middle Last Lloyd Leander Foster		18. MOTHER'S NAME First Middle Last Dorris - Glendening	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place.) Wilhelm Crematory	
20c. LOCATION (City or Town, State) Portland, Oregon		21. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
21b. OREGON LICENSE NO. (Of Licensee) 3014		22. NAME, ADDRESS AND ZIP CODE OF FACILITY Wilhelm Funeral Home 6637 SE Milwaukie Avenue Portland, Oregon 97202	
23. DATE FILED (Month, Day, Year) JUL 23 2004		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 1810 P	28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH P M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
29. To the best of your knowledge, death occurred at the time, date, place, and due to the cause(s) stated. (Signature) <i>[Signature]</i>		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>	
30. DATE SIGNED (Month, Day, Year) July 21, 2004		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Kathy Grewe, M.D. 300 N. Graham St. Portland, Oregon 97227			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g., Cardiac or Respiratory Arrest). PART I (a) Ischemic cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF: (b) coronary artery disease DUE TO, OR AS A CONSEQUENCE OF: (c) atherosclerosis		Interval between onset and death 2 years 10 years 10 years	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I (a) Congestive heart failure (b) arrhythmia shock		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention	41a. DATE OF INJURY (Month, Day, Year) N/A	41b. TIME OF INJURY N/A	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) N/A		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL-VITAL STATISTICS COPY

45-2 (08/03)

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

JUL 27 2004

DATE ISSUED:

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

[Signature]
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

DOC # 2005157828
Page 6 of 6

