

Doc # 2005158069  
Page 1 of 5  
Date: 07/21/2005 04:00P  
Filed by: WOODRICH & ARCHER  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$23.00

**AFTER RECORDING MAIL TO:**

**Woodrich & Archer LLP**  
**P.O. Box 510**  
**Stevenson WA 98648**  
**(509) 427-5665**

**Document Title(s) or transactions contained therein:**

1. Affidavit Lack of Probate/Death Certificate

**Grantor(s):** [Last name first, then first name and initials]

1. Estate of John C. Baxter

☐ Additional names on page \_\_\_\_ of document

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

1. Harriet I. Baxter

☐ Additional names on page \_\_\_\_ of document

**Abbreviated Legal Description:** [i.e., lot/block/plat or sec/twp/range/1/4/1/4]

Lot 27, Block 8, Plat of Relocated North Bonneville recorded in Book B of Plats, Page 16, Skamania County File No. 83466 Also recorded in Book B of Plats, Page 32, Skamania County File No. 84429, records of Skamania County Washington. SUBJECT TO Resterving to the United States of America the right to grant easements to public utilities to erect, construct, operate and maintain public utility easement(s). if an as shown on the said recorded plats.

☒ Complete legal description is on page 1 of document

**Reference Number(s) of Documents Assigned or Released:** [Bk/Pg/Aud#]

Book 154 Page 998

☐ Additional numbers on page \_\_\_\_ of document

**Assessor's Property Tax Parcel/Account Number(s):** Gary H. Martin, Skamania County Assessor

2-7-20-3-4-2700

☐ Property Tax Parcel ID is not yet assigned

Date 7/20/05 Parcel # 2-7-20-3-4-2700

**REAL ESTATE EXCISE TAX**

25106  
JUL 21 2005

PAID

Exempt

Vicki Chelland, Opt  
SKAMANIA COUNTY TREASURER

**AFFIDAVIT  
Lack of Probate**

State of Washington

County of Skamania

Harriet Irene Baxter, being first duly sworn, deposes and says:

1. The undersigned affiant is the wife of John C. Baxter  
(relationship to decedent) (decedent)  
November 5, 1998, at North Bonneville  
(date of death) (year) (city)  
State of Washington, then being a legal resident of N. Bonneville,  
Skamania, Washington  
(county) (state) (city)

**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:

Harriet Irene Baxter 77 wife N. Bonneville WA  
(full name) (age) (relationship) (residence)

### HEIRS AT LAW (continued)

James C. Baxter	54	son	N. Bonneville
(full name)	(age)	(relationship)	(residence)
Robert L. Baxter	52	con	Skamania
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(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:
  
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 \$ 35,000.00. 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.

Harriet Iren Baxter  
Affiant's Full Name

10-01-2001  
9-31-01  
Date

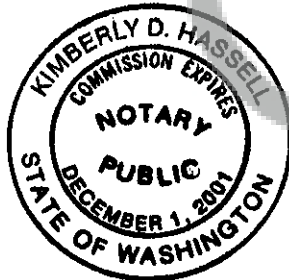
\_\_\_\_\_  
Affiant's Full Name

\_\_\_\_\_  
Date

STATE OF WASHINGTON, }  
COUNTY OF Skamania } ss.

On this day personally appeared before me Harriet I Baxter 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 31st day of October, 2001.



Kimberly Hassell  
Notary Public in and for the State of  
Washington, residing at Stevenson  
My appointment expires 12/01/01

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK



FOR VETERANS USE ONLY

38

LOCAL FILE NUMBER

146

STATE FILE NUMBER

## CERTIFICATE OF DEATH

1 NAME First: John Middle: Clifford Last: BAXTER				2 SEX (M / F) M		3 DEATH DATE (Mo, Day, Yr) Nov 5, 1998	
4 AGE LAST BIRTHDAY (Yrs) 78		5 UNDER 1 YEAR MOS DAYS HOURS MINS		6 UNDER 1 DAY HOURS MINS		7 BIRTHDATE (Mo, Day, Yr) Nov 22, 1919	
8 BIRTHPLACE Perry, MI				9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10 COUNTY OF DEATH Skamania	
11 CITY, TOWN OR LOCATION OF DEATH North Bonneville				12 PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RMDOUT PTH 4. HOSP. 5. NUR HOME 6. OTHER PLACE 827 Celilo Street			
13 SMOKING IN LAST 15 YEARS? (Yes / No) Yes		14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (if wife, give maiden name) Harriet		16 SOCIAL SECURITY NO. [REDACTED]	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) unk				18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Laborer		19 KIND OF BUSINESS OR INDUSTRY Construction	
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 827 Celilo Street		23 CITY/TOWN, OR LOCATION N. Bonneville	
24 INSIDE CITY LIMITS? (Yes / No)		25A COUNTY Skamania		25B LENGTH OF RES. IN CO. 36yrs		26 STATE WA	
27 ZIP CODE 98639		28 FATHER'S NAME—FIRST, MIDDLE, LAST John N. Baxter		29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Nellie Pickel		30 INFORMANT—NAME Harriet Baxter-Wife	
31 MAILING ADDRESS 827 Celilo Street		32 CITY OR TOWN North Bonneville		33 STATE Washington		34 ZIP 98639	
35 LOCATION—CITY/TOWN, STATE Portland, Oregon		36 BURIAL/CREMATION Removal, Other (Specify) Cremation		37 DATE (Mo, Day, Yr) Nov 9, 199		38 CEMETERY/CREMATORY—NAME Portland Memorial Crematory	
39 FUNERAL DIRECTOR SIGNATURE [Signature]		37 NAME OF FACILITY Portland Funeral Alternatives		38 ADDRESS OF FACILITY 6631 SE 14th Ave. Portland, Or		39 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN	
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 [Signature] 40 DATE SIGNED (Mo, Day, Yr) November 11, 1998				41 HOUR OF DEATH (24 Hrs) 2227			
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Brad Andersen Skamania County Coroner P.O. Box 790 Stevenson, Washington 98648				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 [Signature] 44 DATE SIGNED (Mo, Day, Yr) November 5, 1998			
45 HOUR OF DEATH (24 Hrs) 0100				46 PRONOUNCED DEAD (Mo, Day, Yr) November 5, 1998			
47 HOUR PRONOUNCED DEAD (24 Hrs) 0100				48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Brad Andersen Skamania County Coroner P.O. Box 790 Stevenson, Washington 98648			
49 MECORONER FILE NUMBER 98-108SK				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 MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF B DUE TO, OR AS A CONSEQUENCE OF C DUE TO, OR AS A CONSEQUENCE OF D DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH Minutes			
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) Yes				54 ACC SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify) Natural Causes			
55 INJURY DATE (Mo, Day, Yr)				56 HOUR OF INJURY (24 Hrs)			
57 DESCRIBE HOW INJURY OCCURRED				58 INJURY AT WORK? (Yes / No)			
59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG ETC (Specify)				60 LOCATION—STREET OR RFD NO. CITY/TOWN, STATE			
61 RECORD AMENORANT (Register use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62 REGISTRAR SIGNATURE X [Signature]			
63 DATE RECEIVED (Mo, Day, Yr) 11/13/98				DOH 110-008 (Rev. 7/81) (ICD-9-CM 1986)			