

AFTER RECORDING MAIL TO:

Name Dalinco Prperties
Address 3445 E. 44th St.
City/State Tucson, AZ 85713

SCR 27734
Document Title(s) (for transactions contained therein):

1. Certificate of Death

Reference Number(s) of Documents Assigned or released:

Grantor(s): (Last name first, then first name and middle initial)

1. Davis, Kennedy N. Jr.
- 2.

[] Additional information on page of document

REAL ESTATE EXCISE TAX

25152

AUG 0 8 2005

Grantee(s): (Last name first, then first name and middle initial)

1. The Public
2. DAVIS Barbara J.

[] Additional information on page of document

PAID

exempt
Nickel Chelland, Deputy
SKAMANIA COUNTY TREASURER

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

Lot 5 River Edge Acres

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

02-05-26-0-0-1704-00 8-8-05
JFM

[] Complete legal description is on page of document

[] I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand the recording, processing requirements may cover up or otherwise obscure some part of the text of the original document.

Note: 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 provided herein.

Vancouver, WA 98660

)

2-5-26-1704
8-8-05
B. H. H.

[illegible]

3. On or about March 22, 2005, Kennedy H. Davis, Jr. died intestate (*see* Exhibit A attached hereto). On the date of his death, Kennedy H. Davis, Jr. was married to Barbara J. Davis, who owned a beneficial interest in the property pursuant to the above-described Deed of Trust.

4. On or about April 23, 2005, Barbara J. Davis was appointed Personal Representative of Kennedy H. Davis's estate in the Superior Court of Pima County in the state of Arizona (*See* Exhibit B attached hereto). No probate is anticipated to be filed in the state of Washington.

5. That the beneficial interest in the property owned by Kennedy H. Davis and myself, Barbara J. Davis, the surviving spouse, at the date of death was community property and the decedent left no separate estate.

6. That all obligations of the community owing at the date of the death of Kennedy H. Davis, Jr. have been paid in full, and all payments of expenses of last sickness and for funeral services have been provided for.

7. That Kennedy H. Davis was survived by the following named children or child of deceased child:

Trina Bunger
Marvin Davis

8. This Affidavit is made to induce a title insurance company to issue its policies of title insurance on the property passing to the surviving spouse or a new owner in reliance upon the representations herein above set forth.

DATED this 6th day of May, 2005.

Barbara J Davis
BARBARA J. DAVIS

SUBSCRIBED and SWORN to before me this 6th day of May, 2005.

Wanda Martin
Printed Name: WANDA MARTIN
NOTARY PUBLIC for the State of Arizona
My Commission Expires: 6/21/05

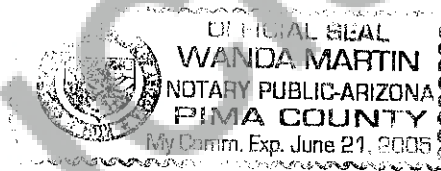


EXHIBIT A

CERTIFICATION OF VITAL RECORD

VERIFICATION BOX: (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT, COLOR WILL CHANGE TO BLUE AND THEN RETURN)

STATE OF ARIZONA

ORIGINAL
STATE
COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO.
D-102 2005-005264

| | | | | | | | | | | | |
|---|--|--|--|--|--|---|--|---|--|--|--|
| NAME OF DECEASED KENNEDY | | A. FIRST H. | | B. MIDDLE DAVIS, JR. | | C. LAST 2. MALE | | SEX 2. MALE | | DATE OF DEATH 3. MARCH 22 2005 | |
| RACE (e.g., white, black, American Indian, (specify tribe) etc.) WHITE | | WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) 4B. NO | | IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 4C. | | WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 6. YES | | | | | |
| PLACE OF BIRTH PIMA | | 8A. COUNTY PIMA | | 8B. TOWN OR CITY TUCSON | | 8C. HOSPITAL OR INSTITUTION 555 SOUTH COUNTRY CLUB | | 8D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER. <input type="checkbox"/> IN PATIENT | | | |
| DATE OF BIRTH MARCH 30 1929 | | AGE (YEARS LAST BIRTHDAY) 8A. 75 | | IF UNDER 1 YEAR MOS. DAYS 8B. | | IF UNDER 1 DAY HRS. MIN. 8C. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. MARRIED | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. BARBARA J. COLE | |
| DATE AND CITY OF BIRTH COLUMBUS, INDIANA | | CITIZEN OF WHAT COUNTRY? 12. USA | | SPECIFY | | SOCIAL SECURITY NO. [REDACTED] | | USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. INVESTOR | | KIND OF BUSINESS OR INDUSTRY 14B. REAL ESTATE | |
| USUAL RESIDENCE ARIZONA | | 16A. STATE ARIZONA | | 16B. COUNTY PIMA | | 16C. TOWN OR CITY TUCSON | | 16D. ZIP CODE 85716 | | HOW LONG IN ARIZONA? 16. 75 YEARS | |
| STREET ADDRESS OF R.F.D. 555 S. COUNTRY CLUB | | INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. YES | | ON RESERVATIONS (SPECIFY Yes or No) 15G. NO | | PREVIOUS STATE OF RESIDENCE 18. INDIANA | | ELEMENTARY SECONDARY (0-12) 18A. 7 | | COLLEGE (1-4 or 5+) 18B. | |
| FATHER'S NAME KENNEDY | | A. FIRST H. | | B. MIDDLE DAVIS, SR. | | C. LAST LOUISE | | MOTHER'S MAIDEN NAME LOUISE | | A. FIRST LOUISE | |
| FORMANT'S SIGNATURE <i>[Signature]</i> | | RELATIONSHIP TO DECEASED 22. WIFE | | ADDRESS 555 S. COUNTRY CLUB | | STREET NO. TUCSON AZ | | CITY AND STATE 85716 | | ZIP CODE 85716 | |
| FUNERAL HOME HUDGEL'S SWAN FUNERAL HOME, INC. 1335 S. SWAN TUCSON AZ | | DATE 3/25/05 | | CEMETERY OR CREMATORY - NAME AND LOCATION EAST LAWN PALMS CEMETERY TUCSON AZ | | EMBALMER'S SIGNATURE <i>[Signature]</i> | | CERT. NO. 27B. 385A | | | |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. | | 30. SIGNATURE AND TITLE <i>[Signature]</i> | | DATE SIGNED (Mo., Day, Year) 31. MARCH 22 2005 | | HOUR OF DEATH 32. 0935 | | ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. | | | |
| NAME OF ATTENDING PHYSICIAN OF OTHER THAN CERTIFIER (Type or print) | | 33. | | 34. SIGNATURE AND TITLE <i>[Signature]</i> | | DATE SIGNED (Mo., Day, Year) 35. | | HOUR OF DEATH 36. | | | |
| NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY. MICHAEL DUPERRET, MD 1601 N. TUCSON BLVD. TUCSON | | 37. ON | | 38. AT | | 39. ON | | 38. AT | | | |
| DATE REGISTERED MAR 31 2005 | | REG. FILE NO. 1964 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | REG. DISTRICT 1 | | DATE RECD IN STATE OFFICE 46. | | | |
| 47A. IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) T CELL LYMPHOMA | | 47B. DUE TO OR AS A CONSEQUENCE OF: | | 47C. DUE TO OR AS A CONSEQUENCE OF: | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| ART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I | | AUTOPSY (Specify Yes or No) 49. NO | | WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. NO | | | | | | | |
| MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED | | DATE OF INJURY MO DAY YR 52. | | HOUR 53. M | | INJURY AT WORK? (Specify Yes or No) 54. | | DESCRIBE HOW INJURY OCCURRED 55. | | | |
| PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 56. | | WHERE LOCATED? 57. | | STREET ADDRESS | | CITY OR TOWN | | STATE | | | |

COMPLEMENTARY ENTRIES

DATE ISSUED: APRIL 8, 2005

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

4521054

Arizona
Department of
Health Services

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D-102 2005-005264

EXHIBIT B

2005 APR 25 AM 9:53

LAW OFFICE OF
JEFFREY M. NEFF
4568 E. CAMP LOWELL DRIVE
TUCSON, ARIZONA 85712
(520) 722-8030
PCC NO. 41908
ARIZ. BAR NO. 5603
GABRIELLE A. SHINOHARA
PCC No. 65732
ARIZ. BAR NO. 15552
Attorney for Personal Representative

BY: N. QUIJADA, DEPUTY

SUPERIOR COURT PIMA COUNTY
STATE OF ARIZONA

In the Matter of the Estate of:

NO. PB 20050508

KENNEDY H. DAVIS,

LETTERS OF PERSONAL
REPRESENTATIVE AND ACCEPTANCE
Intestate Estate

D.O.B. 03/30/29

Deceased.

ISSUANCE OF LETTERS

Barbara J. Davis is hereby appointed as Personal Representative of this estate, but
shall not exercise the following powers without prior order of the Court: NONE

WITNESS: APR 23 2005

PATRICIA A. NOLAND
CLERK OF SUPERIOR COURT

SEAL

By 
Deputy Clerk

ACCEPTANCE

STATE OF ARIZONA)
COUNTY OF PIMA) SS

I hereby accept the duties of Personal Representative of the estate of the above
named decedent and do swear that I will perform, according to law, the duties of Personal

>>>

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

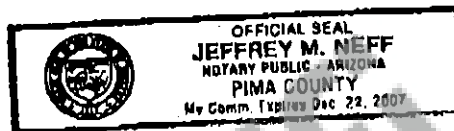
DOC # 200515625
Page 6 of 9

1
2 Representative of the estate.

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4 Barbara Davis
Barbara J. Davis

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6 SUBSCRIBED AND SWORN TO before me on this 21 day of April
7 2005.

8 My Commission Expires:



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[Signature]
Notary Public

STATE OF ARIZONA } ss.
COUNTY OF PIMA

This foregoing instrument is a full, true, and correct copy of the original on file in this office, that letters were issued on APR 25, 2005 and said letters are now in full force & effect.

Attested APR 25 2005
PATRICIA A. NOLAND, CLERK
By [Signature]
Deputy Clerk