

Doc # 2005150460  
Page 1 of 5  
Date: 08/24/2005 02:00P  
Filed by: SKAMANIA COUNTY TITLE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$36.00

**AFTER RECORDING MAIL TO:**

Name Kara Campbell

Address PO Box 1280

City/State Carson, WA 98610

SLC 27989

**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. BROOK TREVER CAMPBELL
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. KARA M. CAMPBELL
- 2.
- 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)  
A tract of land in the Southeast Quarter of Section 27, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:  
Lot 2 of the Rudy Short Plat, recorded in Book 3 of Short Plats, Page 373, Skamania County Records.

☐ Complete legal description is on page \_\_\_\_\_ of document

**Assessor's Property Tax Parcel / Account Number(s):** 03-08-27-4-0-0501-00

**Gary H. Martin, Skamania County Assessor**

WA-1

SLC Date 8-24-05 Parcel # 3-8-27-4-501

**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**

25202  
AUG 24 2005

PAID EXEMPT  
Andrew Martin Deputy  
SKAMANIA COUNTY TREASURER

**AFFIDAVIT  
Lack of Probate**

State of Washington

County of Skamania

Kara M. Campbell, being first duly sworn, deposes and says:

1. The undersigned affiant is the Wife of Brook  
(relationship to decedent) (decedent)  
J. Campbell, who died 1-20-05, at Hood River  
(date of death) (year) (city)  
State of OR, then being a legal resident of Carson  
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:

\_\_\_\_\_  
(full name)

\_\_\_\_\_  
(age)

\_\_\_\_\_  
(relationship)

\_\_\_\_\_  
(residence)

# HEIRS AT LAW (continued)

Brandon L. Campbell	8	son	Carson
(full name)	(age)	(relationship)	(residence)
Kodley T. Campbell	5	son	Carson
(full name)	(age)	(relationship)	(residence)
Sara R. Campbell	3	daughter	Carson
(full name)	(age)	(relationship)	(residence)
Josselin B. Campbell	7 months	daughter	Carson
(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 ☒ 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 \$ 380,000.00. The value of all separate property of the decedent was approximately \$ 575,000.00.
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.

Kara M. Campbell  
Affiant's Full Name

8.24.05  
Date

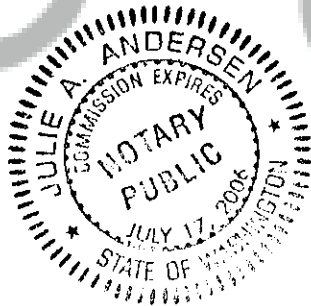
\_\_\_\_\_  
Affiant's Full Name

\_\_\_\_\_  
Date

STATE OF WASHINGTON, )  
COUNTY OF Skamania ) ss.

On this day personally appeared before me Kara M Campbell 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 23<sup>rd</sup> day of August, 2005



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

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK.

442602

I.D. TAG NO.

0167005  
Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES  
CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136

State File Number

RECORD

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 Middle Last Brook Trever CAMPBELL			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) January 20, 2005
4. SOCIAL SECURITY NUMBER [REDACTED]			5. BIRTHPLACE (City and State or Foreign Country) White Salmon, WA	7. DATE OF BIRTH (Month, Day, Year) December 11, 1978
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			9a. PLACE OF DEATH (Check one only) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) mountain	
9b. FACILITY NAME (If not an institution, give street and number.) 1 mile South of Starvation Creek Wayside (I-84)			9c. CITY, TOWN, OR LOCATION OF DEATH Hood River	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Contractor			10b. KIND OF BUSINESS/INDUSTRY Drywall	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. (Specify) Married			12. SPOUSE (If Married, Widowed) Kara	
13a. RESIDENCE - STATE Washington			13b. COUNTY Skamania	
13c. CITY, TOWN OR LOCATION Home Valley			13d. STREET AND NUMBER 251 Berge Road	
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 (11-12) College (1-4 or 5+) 10			17. INFORMANT'S NAME and relationship to deceased Kara Campbell - wife	
17. FATHER'S NAME First Middle Last Guy Henry Campbell			18. MOTHER'S NAME First Middle Last Julie Ann Riavo	
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.) Win-Quatt Crematory	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]			21b. OREGON LICENSE NO. (Of Licensee) 3490	
22. NAME, ADDRESS AND ZIP CODE OF FACILITY Anderson's Tribute Center 1401 Belmont Hood River, OR 97031			23. DATE FILED (Month, Day, Year) JAN 28 2005	
24. REGISTRAR'S SIGNATURE [Signature]			25. DATE SIGNED (Month, Day, Year) 1/27/05	
26. TIME OF DEATH 2:45 PM				
27. DATE PRONOUNCED DEAD (Month, Day, Year) 1/21/05				
28. On the basis of examination and investigation, in my opinion death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature) Michael C Pendleton				
29. DATE SIGNED (Month, Day, Year) 1/27/05				
30. COUNTY Hood River				
31. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Michael Pendleton, MD 1108 June Street Hood River, Oregon 97031				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
33. 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) Multiple blunt - sharp force trauma to body DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) PART II OTHER SIGNIFICANT CONDITIONS - II Conditions contributing to death but not resulting in the underlying cause given in PART I.				
34. 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"/> Legal Intervention <input type="checkbox"/> Homicide				
35. DATE OF INJURY (Month, Day, Year) 1/20/05				
36. TIME OF INJURY 2:45 PM				
37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
38. DESCRIBE HOW INJURY OCCURRED Controlled flight of aircraft into mountain				
39. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) see #96				
40. LOCATION (Street and Number or Rural Route Number, City or Town, State) #96				

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 HOOD RIVER COUNTY REGISTRAR.

DATE ISSUED:

FEB 09 2005

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

COUNTY REGISTRAR  
HOOD RIVER COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE