

**REAL ESTATE EXCISE TAX**

25602

DEC 30 2005

PAID

*empt*  
*Vickie Chelland, Rep*  
SKAMANIA COUNTY TREASURER

RETURN ADDRESS:

Stewart Title of Western Washington

303 E. 16th Street

Vancouver, WA 98663

Escrow Number: 138864SB

*SCR 28491*  
Document Title(s):

DEATH CERTIFICATE

Reference Number(s) of related documents:

Additional Reference #'s on page

Grantor(s) (Last, First and Middle Initial)

SNYDER, JEANNE

Additional grantors on page

Grantee(s): (Last, First and Middle Initial)

ROOKE, KELLY J

Additional grantees on page

Legal Description: (abbreviated form: l.s. lot, block, plat or section, township, range, quarter/quarter)

NE ¼ SEC 10 T1N R5E

Additional Legal is on page

*11*

Assessor's Property Tax Parcel / Account Number:

01-05-10-0-0-0800-00

Additional parcel #'s on page

\*

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

OFFICE  
USE  
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

469  
LOCAL FILE NUMBER

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| 1. NAME<br>First: <b>Jeanne</b> Middle: <b>SNYDER</b> Last: <b>SNYDER</b>   |  |   |  | 2. SEX (M / F)<br><b>Female</b>  |  | 3. DEATH DATE (Mo, Day, Yr)<br><b>June 24, 1999</b>   |  |
| 4. AGE LAST BIRTHDAY (Yrs)<br><b>80</b>   |  | 5. UNDER 1 YEAR<br>MOS:      DAYS:      HOURS:      MINS:   |  | 7. BIRTHDATE (Mo, Day, Yr)<br><b>Nov 1 1918</b>  |  | 8. BIRTHPLACE (City, State or Foreign Country)<br><b>Landsford, PA.</b>   |  |
| 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>   |  | 10. COUNTY OF DEATH<br><b>Cowlitz</b>   |  | 11. CITY, TOWN OR LOCATION OF DEATH<br><b>Longview</b>                                 |  | 12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME<br>1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE<br><b>St. John Medical Center</b> |  |
| 13. SMOKING IN LAST 15 YEARS? (Yes / No)<br><b>No</b>   |  | 14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)<br><b>Widowed</b>                          |  | 15. SURVIVING SPOUSE (If wife, give maiden name)<br><b>-----</b>                       |  | 16. SOCIAL SECURITY NO.<br><b>-----</b>   |  |
| 17. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12):      College (1-4 or 5+):<br><b>2</b> |  | 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)<br><b>Secretary</b> |  | 19. KIND OF BUSINESS OR INDUSTRY<br><b>Government</b>                                  |  | 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)<br>(Yes / No) Specify: <b>No</b>   |  |
| 21. RACE (Specify)<br><b>White</b>  |  | 22. RESIDENCE—NUMBER AND STREET<br><b>1038 Grand</b>  |  | 23. CITY/TOWN OR LOCATION<br><b>Astoria</b>  |  | 24. INSIDE CITY LIMITS? (Yes / No)<br><b>Yes</b>  |  |
| 25A. COUNTY<br><b>Clatsop</b>   |  | 25B. LENGTH OF RES. IN CO.<br><b>50 Yrs</b>   |  | 26. STATE<br><b>Oregon</b>   |  | 27. ZIP CODE<br><b>97103</b>  |  |
| 28. FATHER'S NAME—FIRST, MIDDLE, LAST<br><b>Paul Luther Kunzman</b>   |  |   |  | 29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME<br><b>Mary Wagner</b>                  |  |   |  |
| 30. INFORMANT—NAME<br><b>Kelly Rooke</b>  |  | 31. MAILING ADDRESS—STREET OR RD NO.<br><b>530 South 5th Avenue</b>   |  | CITY OR TOWN<br><b>Cornelius</b>   |  | STATE<br><b>Oregon</b>  |  |
| 32. BURIAL, CREMATION REMOVAL, OTHER (Specify)<br><b>Burial</b>   |  | 33. DATE (Mo, Day, Yr)<br><b>July 7 1999</b>  |  | 34. CEMETERY/CREMATORY—NAME<br><b>Vashon Island Cemetery</b>                           |  | 35. LOCATION—CITY/TOWN, STATE<br><b>Vashon, Washington</b>  |  |
| 36. FUNERAL DIRECTOR SIGNATURE<br><i>Plain</i>  |  | 37. NAME OF FACILITY<br><b>Island Funeral Service</b>   |  | 38. ADDRESS OF FACILITY<br><b>18005 Vashon Highway SW<br/>Vashon, Washington 98070</b> |  |   |  |

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.<br>SIGNATURE AND TITLE<br><b>X</b> <i>SAZ Myers</i>    |  |  |  | 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.<br>SIGNATURE AND TITLE<br><b>X</b> |  |                                    |  |
| 40. DATE SIGNED (Mo, Day, Yr)<br><b>6/25/99</b>  |  | 41. HOUR OF DEATH (24 Hrs.)<br><b>1009</b> |  | 44. DATE SIGNED (Mo, Day, Yr)   |  | 45. HOUR OF DEATH (24 Hrs.)        |  |
| 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br><b>SAME</b>   |  |  |  | 46. PRONOUNCED DEAD (Mo, Day, Yr)   |  | 47. HOUR PRONOUNCED DEAD (24 Hrs.) |  |
| 48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)<br><b>Stanley A. Myers, M.D. 1801 1st Avenue Suite 1A Longview, WA. 98632</b> |  |  |  | 49. ME/CORONER FILE NUMBER  |  |                                    |  |

|  |  |  |  |
|--|--|--|--|
| 50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| IMMEDIATE CAUSE (Final disease or condition resulting in death).<br>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>Massive pulmonary embolus</b><br>minutes  |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| <b>Surgery (Pulmonary sling)</b>   |  |  |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
|  |  |  |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
|  |  |  |  |
| 51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.<br><b>Advanced age (80 yrs), obesity.</b>   |  | 52. AUTOPSY? (Yes / No) <b>No</b>  |  |
| 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>   |  |  |  |
| 54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)   |  | 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 RD NO., CITY/TOWN, STATE  |  | 61. RECORD AMENDMENT (Registrar use only)<br>ITEM:      DOCUMENTARY EVIDENCE:      REVIEWED BY:      DATE: |  |
| 62. DATE RECEIVED (Mo, Day, Yr.)<br><b>JUN 29 1999</b>   |  |  |  |

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)  
DOH 01-003 (5/98)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

*LAST WILL AND TESTAMENT*

*OF*

*JEANNE P. SNYDER*

KNOW ALL MEN, that I, Jeanne P. Snyder, of Astoria, County of Clatsop, State of Oregon, being of legal age, of sound and disposing mind and memory, and not acting under duress, menace, fraud, or undue influence of any person whomsoever, do make, publish and declare this my LAST WILL AND TESTAMENT, in manner and form following, to-wit:

FIRST: It is my will and I do order and direct that all of my just debts and funeral and testamentary expenses be duly paid and satisfied as soon after my decease as conveniently may be.

SECOND: I am a single person. I have two daughters, namely, Karen M. Milne and Kelly J. Rooke.

THIRD: Upon my death, my entire estate is to become the sole property of my daughter, KELLY J. ROOKE. In making this decision, I am very pleased with my daughter, KAREN M. MILNE, but for reasons independent and known to me, it is my

\_\_\_\_\_ Page 1 - LAST WILL AND TESTAMENT OF JEANNE P. SNYDER

RECORDER'S NOTE:  
NOT AN ORIGINAL DOCUMENT

desire that she take nothing from my estate. In making this decision, I am not disapproving or in any way casting any disparity on my daughter, Karen, but under all circumstances, it is my desire that she take nothing from my estate.

FOURTH: I hereby give, devise, and bequeath all the rest, residue and remainder of my Estate, real, personal, and/or mixed which I shall have or own at the time of my death, or to which I shall be entitled, unto my daughter, Kelly Rooke, to be used by her for her sole and separate use, including but not limited to, her personal property and real property located in Washington and referred to by King County, Washington, Property Tax Account Number H855000-0070-02; Clark County, Washington, Account Number 112470-000.0; and Skamania County Parcel Number 01 05 10 0 0 0880 00.

PROVIDED HOWEVER, that in the event my daughter, KELLY J. ROOKE, should predecease me leaving issue, such issue shall divide my estate in equal portions, share and share alike. Such issue does not include the issue of my daughter, KAREN M. MILNE.

PROVIDED FURTHER, in the event that any beneficiary under this Will and I die in a common accident or disaster, or under such circumstances that it is difficult or impractical to determine who survived the other, then I direct that for the purpose of this Will such beneficiary shall be deemed to have predeceased me by sixty (60) days.

The terms and conditions of my Estate are as follows:

(A) My Personal Representative shall serve without bond.

(B) My Personal Representative shall administer this Estate in their sole and exclusive judgment, determining the times, amounts and manner of all payments from this Estate.

(C) I direct that my Personal Representative collect the income derived from this Estate and from such income, or the principal, if necessary, my Personal Representative shall first pay all the necessary costs; my Personal Representative shall collect the income derived from the remainder of my Estate, and shall first pay all of the necessary costs for the protection, management and upkeep of this Estate, repairs, taxes (general, special or income), outlays for necessary insurance, care and maintenance of the Estate, and the reasonable compensation of my Personal Representative as allowed by law.

(D) I hereby give and grant to my Personal Representative full right, power and authority to sell, convey, lease, or otherwise dispose of any and all of the real and personal property that shall come into his hands as Personal Representative, by public or private sale, in such manner as he deems best, without Order of Court authorizing him to do so, and without the necessity of advertising any such sale, with full power and authority to make, execute and deliver all necessary conveyances, contracts or other documents necessary to carry out this my Last Will and Testament.



(E) My Personal Representative is hereby authorized and empowered to use all, or any part, of my estate, corpus, interest or accruals, in any manner he deems best, and to sell, convey, transfer, assign and otherwise, as Personal Representative, alienate the property and to invest the proceeds of any sale or sales in such securities as may be authorized by law, and to change and vary such investments from time to time.

(F) I direct that neither the principal nor the income of my Estate shall be liable for the debts of my beneficiaries hereunder, nor shall the same be subject to seizure by any creditor of my beneficiaries under any writ or proceeding at law or in equity, and my beneficiaries shall have no power to sell, assign, transfer, encumber, nor in any other manner to anticipate or dispose of their interest in my Estate or the income produced thereby.

FIFTH: I hereby authorize my Personal Representative, hereinafter named, to bargain, sell, grant, convey, lease, transfer, and assign any or all of my real and personal property, without process of Court, without Order of Sale, without the necessity of advertising any such sale, without bond, and without report or return of sale and without confirmation of sale, unless said report or return of sale or confirmation of sale is required by law.

LASTLY: I hereby nominate, constitute and appoint my daughter, Kelly J. Rooke, to be the Personal Representative of this, MY LAST WILL and of my Estate to

serve without bond. Should my daughter predecease me, or for any reason be unable to act as such Personal Representative, I hereby nominate, constitute and appoint, Lorraine Snyder, to be the Alternative Personal Representative of this, my LAST WILL, and of my Estate, to serve without bond.

I hereby revoke all other Wills, Codicils, legacies and bequests by me heretofore made, and declare this, and no other, to be my LAST WILL AND TESTAMENT.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 17 day of August, in the Year of Our Lord, Nineteen Hundred Ninety-Eight (1998).

Jeanne P. Snyder  
JEANNE P. SNYDER

THE FOREGOING instrument was on the date thereof, signed, sealed, published and declared by the said Jeanne P. Snyder as and for her LAST WILL AND TESTAMENT, in the presence of us, who in her presence, at her request, and in the presence of each other, have subscribed our names as witnesses thereto.

Justin Hughes Residing at: Vashon, WA 98070

Randy Cross Residing at: VASHON, WA 98070

AFFIDAVIT OF SUBSCRIBING WITNESS

STATE OF WASHINGTON)

County of King ) ss.

We, the undersigned, being first duly sworn, depose and say:

That I am one of the subscribing witnesses to the Will executed by Jeanne P. Snyder on the 17 day of August, 1998; that said Will consisted of 5 pages; that the said Testatrix informed me that said document was her will, that I observed her subscribe her name thereto; that I subscribed said Will as a witness at the request of said Testatrix in her presence, at her request and in the presence of the other subscribing witness; that prior to and at the time the said Testatrix executed said Will to which I was a witness she was of sound mind; that she knew the nature of her act in the making of the Will, that she was capable of knowing and did know of her relationship to the natural objects of her bounty.



[Signature]  
[Signature]

SWORN TO before me this 17 day of August, 1998.

[Signature]  
NOTARY PUBLIC FOR WASHINGTON



**AFFIDAVIT**

(Lack of Probate)

STATE OF Oregon  
COUNTY OF Washington ss.Kelly Jeanne Rooke, being first duly sworn, deposes and says:

1. The undersigned affiant is the daughter of Jeanne P. Snyder (relationship to decedent), who died June 24, 1999, at Longview (city), Washington (state), then being a legal resident of Astoria (city), Clatsop (county), Oregon (state).

Note: A Death Certificate of decedent is attached hereto.

2. ( ) Decedent left no last Will; or  
(X) Decedent left a last Will which has not been probated, and a true copy of which is attached hereto, and the same was never revoked; or  
( ) Decedent left a last Will which was probated in \_\_\_\_\_ County, State of \_\_\_\_\_, and an authenticated copy of Order admitting Will to probate or Decree of Distribution is attached hereto.
3. The heirs at law of decedent, and their ages, relationship to decedent, and current address are as follows (including spouse, natural or adopted children, issue of any predeceased child, and surviving parents, brothers and sisters of decedent):

| HEIRS AT LAW                             |                    |                                   |  |  |
|--|--------------------|-----------------------------------|--|--|
| <u>Kelly Jeanne Rooke</u><br>(full name) | <u>48</u><br>(age) | <u>daughter</u><br>(relationship) | <u>530 S. 5th Ave. Cornelius, Oregon</u><br>(address) (city) (state) |  |
| _____<br>(full name)                     | _____<br>(age)     | _____<br>(relationship)           | _____<br>(address) (city) (state)                                    |  |
| _____<br>(full name)                     | _____<br>(age)     | _____<br>(relationship)           | _____<br>(address) (city) (state)                                    |  |
| _____<br>(full name)                     | _____<br>(age)     | _____<br>(relationship)           | _____<br>(address) (city) (state)                                    |  |
| _____<br>(full name)                     | _____<br>(age)     | _____<br>(relationship)           | _____<br>(address) (city) (state)                                    |  |
| _____<br>(full name)                     | _____<br>(age)     | _____<br>(relationship)           | _____<br>(address) (city) (state)                                    |  |

4. All the debts of the decedent and/or the marital community, including, but not limited to, all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:

yes KPR

5. The decedent (X) has never received assistance from the State of Washington for subsistence or medical care (Medicaid/Welfare) in the past.
6. As of the date of death, the value of all community property of decedent was approximately \$ 350,000, and the value of separate property was approximately \$ 0.
7. This affidavit is made to induce Commonwealth Land Title Insurance Company to issue its policies of title insurance on real property passing to the surviving heir(s) in reliance upon the representations hereinabove set forth.

Note: A request to so insure must come from an attorney, and deeds may be required from heirs or devisees of decedent.

Dated: Nov. 4, 2005, 2005 Kelly J. Rooke  
(affiant's full name)530 S. 5th Ave. Cornelius, OR 97113  
(address and telephone number)Subscribed and sworn to before me this 4 day of Nov., 2005Notary Public in and for the State of Oregonresiding at: 202 NE Jefferson Hillsbrook  
My appointment expires: 10/19/2008

DC #: 2005160061  
Page 9 of 11

I certify that these documents, Last Will and Testament of Jeanne P. Snyder and the Affidavit of Lack of Probate, are true copies of the original documents.

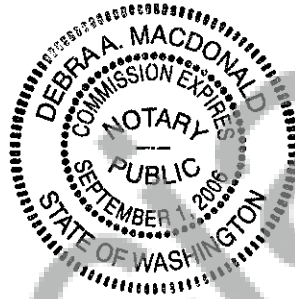
Dated: December 29<sup>th</sup>, 2005



Debra A MacDonald

Notary Public in and for the State of Washington

My appointment expires: 09/01/06



Unofficial Copy

EXHIBIT 'A'

All of the West half of the Southeast Quarter of the Northeast Quarter of Section 10, Township 1 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, lying North of the North line of State Highway Number 8 and Southerly of Krogstead Road.

Unofficial  
Copy