

Doc # 2006160293

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Date: 01/23/2006 12:57P

Filed by: HAZEN CANE & SONJU PLLC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$35.00

REAL ESTATE EXCISE TAX

N/A

JAN 23 2006

PAID See Case #25661 DTD

Vickie Chelland ^{01.23.06} *Opus*

SKAMANIA COUNTY TREASURER

FILED

JUL 29 2005

JoAnne McBride, Clerk, Clark Co.

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK

In re the Estate of

TERRY LEE WILLIAMS,

Deceased.

) Case No.: 05-4-00558-1

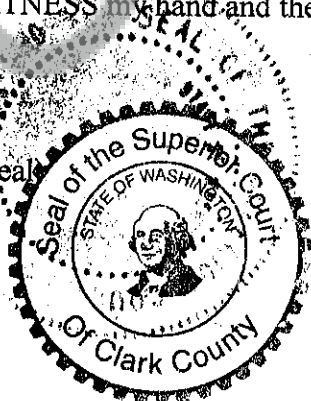
) LETTERS TESTAMENTARY

WHEREAS, the Last Will of Terry Lee Williams, deceased, was on the 22nd day of July, 2005, duly exhibited, proven and recorded in our said Superior Court, and whereas it appears in and by the said Will that RAMONA M. WILLIAMS is appointed personal representative thereon, and whereas said RAMONA M. WILLIAMS has duly qualified:

NOW, THEREFORE, Know all men by these presents, that we do hereby authorize the said RAMONA M. WILLIAMS to execute said Will according to law.

WITNESS my hand and the seal of said Court this 29 day of July, 2005.

(Official Seal)



/s/ JOANNE McBRIDE

Clerk of said Superior Court

Deputy

P. Coe

LETTERS TESTAMENTARY - 1

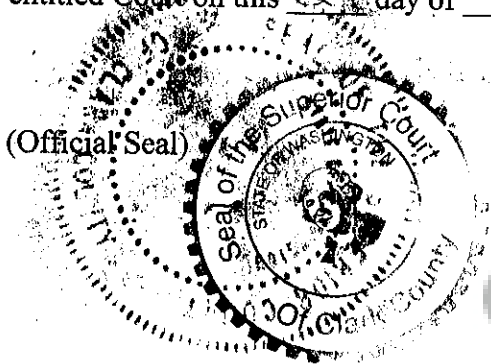
Hazen, Cane & Sonju, PLLC
Attorneys at Law
723 NE 4th Avenue
Camas, WA 98607
(360) 834-7957

1- STATE OF WASHINGTON)
2) ss.
3 COUNTY OF CLARK)

4 I, /s/ JoANNE McBRIDE, County Clerk and Clerk of the above-entitled
5 Court, do hereby certify that the foregoing Letters Testamentary have been by me duly recorded
6 as required by law and that the above LETTERS TESTAMENTARY is a true and correct copy
7 of the original on file and recorded in this office, AND THAT THE SAME ARE STILL OF
8 FULL FORCE AND EFFECT.

9 IN WITNESS WHEREOF, I have hereunto set my hand and official seal of the above-
10 entitled Court on this 29 day of July, 2005.

11 (Official Seal)



12 /s/ JoANNE McBRIDE

13 Clerk of said Superior Court

14 P. Carl
15 Deputy

16
17 Gary H. Martin, Skamania County Assessor

18 Date 1-23-06 Parcel # 04 07 3500 0301 00
19 210

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK.

H 35124

I.D. TAG NO.

000773

Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136

State File Number

DECEDENT

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1. DECEDENT'S NAME First: <u>Terry</u> Middle: <u>Lee</u> Last: <u>WILLIAMS</u>			2. SEX <u>Male</u>		3. DATE OF DEATH (Month, Day, Year) <u>March 11, 2005</u>		
4. SOCIAL SECURITY NUMBER <u>[REDACTED]</u>		5a. AGE - Last Birthday (Years) <u>55</u>		5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>		6. BIRTHPLACE (City and State or Foreign Country) <u>Vancouver, WA</u>	
7. DATE OF BIRTH (Month, Day, Year) <u>November 3, 1949</u>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Clackamas</u>				9c. COUNTY OF DEATH <u>Clackamas</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Instrument Technician</u>			10b. KIND OF BUSINESS/INDUSTRY <u>Paper Mill</u>			11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed) <u>Ramona Williams</u>		13a. RESIDENCE - STATE <u>Washington</u>					
13b. CITY, TOWN OR LOCATION <u>Clark</u>		13c. CITY, TOWN OR LOCATION <u>Camas</u>		13d. STREET AND NUMBER <u>24225 NE Dresser Rd.</u>			
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify: <u> </u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u> </u> College (1-4 or 5+) <u> </u>			
17. FATHER - NAME first middle last <u>Clarence E. Williams</u>		18. MOTHER - NAME first middle maiden <u>Hazel L. Sampson</u>		19. INFORMANT - NAME and relationship to deceased <u>Ramona Williams - Wife</u>			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Columbia River Crematory</u>		20c. LOCATION - City or Town, State <u>White Salmon, Washington</u>			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. OREGON LICENSE NO. (Of Licensee) <u>3490</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Straub's Funeral Home</u> <u>325 NE 3rd Ave., Camas, WA 98607</u>			
23. DATE FILED (Month, Day, Year) <u>MAR 28 2005</u>		24. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

RESERVED FOR REGISTRAR'S USE
item #37 corr by aff from Dr 4/20/05 by M. Robinson Clack Cnty Dep Reg.

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH
0200

28. WAS MEDICAL EXAMINER NOTIFIED?
☐ Yes ☒ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.
(Signature) [Signature]

30. DATE SIGNED (Month, Day, Year)
MAR 17, 2005

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Andrew Felcher, M.D. Kaiser Sunnyside Medical Center

32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
10180 SW Sunnyside Rd Clackamas, OR 97015

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) RESPIRATORY FAILURE

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

34. MANNER OF DEATH
☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other

41a. DATE OF INJURY (Month, Day, Year)

41b. TIME OF INJURY

41c. INJURY AT WORK?
☐ Yes ☒ No

41d. DESCRIBE HOW INJURY OCCURRED:

41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

35. TIME OF DEATH

36. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)

37. 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)

38. DATE SIGNED (Month, Day, Year)

39. COUNTY

40. AUTOPSY
☐ Yes ☒ No

41. IF YES were findings considered in determining cause of death?
☐ Yes ☒ No ☐ N/A

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166. INTERVAL BETWEEN ONSET AND DEATH

I. Martin, Skamania County Assessor
1-23-06 Parcel # 4 of 3500030100
378

The North Half of the Northwest Quarter of the Northeast Quarter of the Northwest quarter of Section 35, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington.

ALSO known as Lot 1, HOLLENBERRY SHORT PLAT, recorded in Book 2 of Short Plats, Page 143, Skamania County Records.

SUBJECT TO: Rights of the Public in and to that portion lying within the road.

Unofficial
Copy