

Doc # 2006160414
Page 1 of 6
Date: 02/01/2006 11:50A
Filed by: DAVID T HARTMAN
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$37.00

AFTER RECORDING MAIL TO:

Name DAVE T. Hartman
Address P.O. Box 934
City/State STANWSEN, WA. 98648

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

1. DEATH CERTIFICATE
2. AFFIDAVIT LACK OF PROBATE WON
- 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. GLORIA ANN Hartman
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. DAVID THOMAS Hartman
- 2.
- 3.
- 4.
5. ☒ Additional names on page 243 of document

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

S - 2, T2N, R7E

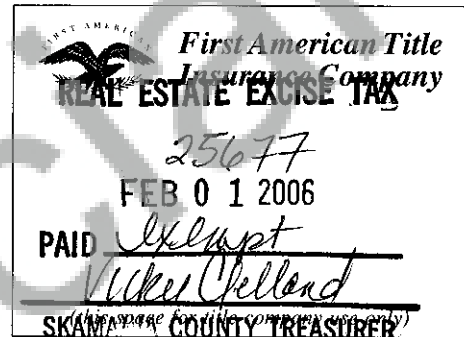
☒ Complete legal description is on page 6 of document

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

02-01-02-1-0-0504-00 64

WA-1

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.



**AFFIDAVIT
Lack of Probate**

State of Washington

County of Skamania

DAVE T. HARTMAN, being first duly sworn, deposes and says:

1. The undersigned affiant is the Husband of Gloria Ann Hartman
(relationship to decedent) (decedent)
_____, who died FEB 12, 2005, at SEASIDE,
(date of death) (year) (city)
State of Wash., then being a legal resident of SEASIDE,
Skamania, Wash.
(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:

Travis Ruger 38 Step. Daughter CASSEL, Wash
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

| | | | |
|------------------------|-----------|-----------------|---------------------------|
| <u>Donald Hansen</u> | <u>36</u> | <u>Son</u> | <u>SAN ANTONIO, TEXAS</u> |
| (full name) | (age) | (relationship) | (residence) |
| <u>Robert Crawford</u> | <u>36</u> | <u>Step Son</u> | <u>LA-VOLTA, WASH</u> |
| (full name) | (age) | (relationship) | (residence) |
| <u>David Hansen Jr</u> | <u>32</u> | <u>Son</u> | <u>Auburn, CALIF</u> |
| (full name) | (age) | (relationship) | (residence) |
| <u>Lori Madril</u> | <u>38</u> | <u>Daughter</u> | <u>SACRAMENTO, CALIF</u> |
| (full name) | (age) | (relationship) | (residence) |
| <u>DEA Ann Silva</u> | <u>34</u> | <u>Daughter</u> | <u>SACRAMENTO, CALIF</u> |
| (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 \$ _____. The value of all separate property of the decedent was approximately \$ _____.
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.

David Thomas Hordman
Affiant's Full Name

1-23-06
Date

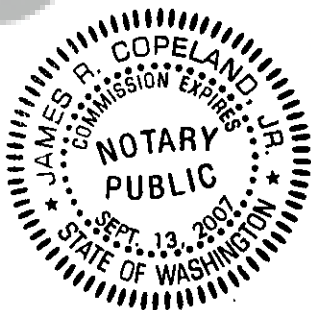
Affiant's Full Name

Date

STATE OF WASHINGTON, }
COUNTY OF Skamania } ss.

On this day personally appeared before me David Hordman to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that He signed the same as His free and voluntary act and deed, for the use and purposes therein mentioned.

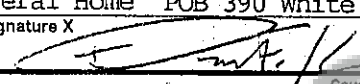
GIVEN under my hand and official seal this 23 day of January, 2006.



James R. Copeland
Notary Public in and for the State of
Washington, residing at Stevenson
My appointment expires 9-13-07

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **D-2 6** Washington State Certificate of Death State File Number

| | | | | | |
|--|--------------------------------------|---|---|---|--|
| 1. Legal Name (include AKA's if any) First Middle LAST Suffix Gloria Ann HARTMAN | | | | 2. Death Date Feb. 13, 2005 | |
| 3. Sex (M/F) Female | 4a. Age - Last Birthday 58 | 4b. Under 1 Year Months Days 0 0 | 4c. Under 1 Day Hours Minutes 0 0 | 5. Social Security Number [REDACTED] | 6. County of Death Skamania |
| 7. Birthdate Jan. 11, 1947 | | 8a. Birthplace (City, Town, or County) Hood River | | 8b. (State or Foreign Country) Oregon | |
| 9. Decedent's Education High School Graduate | | | | | |
| 10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. No | | | 11. Decedent's Race(s) White | | 12. Was Decedent ever in U.S. Armed Forces? No |
| 13a. Residence: Number and Street (e.g., 624 SE 6 th St.) (Include Apt. No.) 1551 Lakeview Dr. | | | | 13b. City or Town Stevenson | |
| 13c. Residence: County Skamania | | 13d. Tribal Reservation Name (if applicable) | | 13e. State or Foreign Country Washington | 13f. Zip Code + 4 98648 |
| 13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | | | | |
| 14. Estimated length of time at residence. Six Years | | 15. Marital Status at Time of Death Married | | 16. Surviving Spouse's Name (Give name prior to first marriage) Dave Hartman | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Dispatcher | | | | 18. Kind of Business/Industry (Do not use Company Name) Phone Company | |
| 19. Father's Name (First, Middle, Last, Suffix) William Clarence Young | | | 20. Mother's Name Before First Marriage (First, Middle, Last) Dorothy May Talbert | | |
| 21. Informant's Name Dave Hartman | | 22. Relationship to Decedent Husband | | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 934 Stevenson, WA 98648 | |
| 24. Place of Death, if Death Occurred in a Hospital: Decedent's Home | | | | | |
| 25. Facility Name (If not a facility, give number & street or location) 1551 Lakeview Dr. | | | | 26a. City, Town, or Location of Death Stevenson | |
| | | | | 26b. State WA | 27. Zip Code 98648 |
| 28. Method of Disposition Burial | | 29. Place of Final Disposition (Name of cemetery, crematory, other place) White Salmon Cemetery | | 30. Location-City/Town, and State White Salmon, WA | |
| 31. Name and Complete Address of Funeral Facility Gardner Funeral Home POB 390 White Salmon, WA 98672 | | | | 32. Date of Disposition Feb. 19, 2005 | |
| 33. Funeral Director Signature X  | | | | | |

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

| | | |
|---|--------------------------------------|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. ACS (Cor Coronary Disease) | Interval between Onset & Death ~ 1 year |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | b. Due to (or as a consequence of): | Interval between Onset & Death |
| | c. Due to (or as a consequence of): | Interval between Onset & Death |
| | d. Due to (or as a consequence of): | Interval between Onset & Death |

| | | | | |
|--|--|--|---|---|
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above | | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|---|---|

| | | | | |
|--|--|--|--|--|
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | | 39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
|--|--|--|--|--|

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|---------------------------------|----------------------------|---|--|
| 41. Date of Injury (MM/DD/YYYY) | 42. Hour of Injury (24hrs) | 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) | 44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
|---------------------------------|----------------------------|---|--|

| | | | |
|---|--|---------|----------------------|
| 45. Location of Injury: Number & Street: Apt. No. | | | |
| City or Town: | | County: | State: Zip Code + 4: |

| | | |
|----------------------------------|--|--|
| 46. Describe how Injury occurred | | 47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) |
|----------------------------------|--|--|

| | | | |
|---|--|--|--|
| 48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. | | 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated. | |
|---|--|--|--|

| | | |
|--|--|--|
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Allen LaBerge, MD POB 1519 White Salmon, WA 98672 | | 50. Hour of Death (24hrs) 0345 |
|--|--|--|

| | | |
|---|--|--|
| 51. Name and Title of Attending Physician (if other than Certifier (Type or Print)) | | 52. Date Signed (MM/DD/YYYY) 2-15-05 |
|---|--|--|

| | | | |
|-------------------------------------|---|----------------------------|---|
| 53. Title of Certifier MD | 54. License Number 170 00033953 | 55. ME/Coroner File Number | 56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------|---|----------------------------|---|

| | | |
|--|--|--|
| 57. Registrar Signature  | | 58. Date Received (MM/DD/YYYY) 2/16/2005 |
|--|--|--|

| | |
|----------------|--|
| 59. Amendments | |
|----------------|--|

Part 1 completed by Funeral Director

Part 2 completed by Certifier

DOC # 2006160414
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EXHIBIT 'A'

A tract of land in the Northeast Quarter of Section 2, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the Hartman Short Plat, recorded in Book 'T' of Short Plats, Page 45, Skamania County Records.

EXCEPT that portion conveyed to the City of Stevenson by instrument recorded February 3, 1987 in Book 104, Page 121, Skamania County Deed Records.

Gary H. Martin, Skamania County Assessor

Date 2/1/66 ^{CS} Parcel # 2-2-2-1-504