

Return Address:

Willis G Blair
3404 SE 45TH AVE
PORTLAND OR 97206

Document Title(s) or transactions contained herein: - ORDER Probating will and codicil and appointing personal representative, adjudicate estate to be solvent and directing administration Case No 04-4-000247 - Certificate of Death dated 12-31-03 (Clara Arletta Blair)	
GRANTOR(S) (Last name, first name, middle initial) Blair, Michael D Personal Representative of the Estate of Clara Arletta Blair, Deceased	
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial) Blair, Michael D., Personal Representative	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) SW 1/4 SEC 28 T2 N R6 E	
<input type="checkbox"/> Complete legal on page <u>4</u> of document.	
REFERENCE NUMBER(S) of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 02-06-28-00-1200-00 fn rc	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page _____ of document.	
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.	

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JAN 16 2004

JoAnne McBride, Clerk, Clark Co.

IN THE SUPERIOR COURT OF CLARK COUNTY, WASHINGTON

In the Matter of the Estate

of

CLARA ARLETTA BLAIR,

Deceased.

NO. **04 . 4 00024 7**

ORDER PROBATING WILL AND
CODICIL AND APPOINTING
PERSONAL REPRESENTATIVE,
ADJUDICATING ESTATE TO BE
SOLVENT, AND DIRECTING
ADMINISTRATION WITHOUT COURT
INTERVENTION

This matter having come on regularly for hearing this day before the above-entitled Court upon the petition of MICHAEL D. BLAIR for an order probating Will and Codicil and appointing Personal Representative, adjudicating estate to be solvent, and directing administration without Court intervention, and it appearing that the offered Will and Codicil of the decedent is established as the decedent's Last Will and Codicil and is admitted to probate, and the petitioner is designated in said Will and Codicil to serve as Personal Representative without bond and with nonintervention powers, and is confirmed as Personal Representative; and

IT FURTHER APPEARING that the assets of the estate exceed its liabilities, and the estate is fully solvent; and

**ORDER PROBATING WILL AND CODICIL
AND APPOINTING PERSONAL
REPRESENTATIVE**

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JACKSON, JACKSON & KURTZ, INC. PS
ATTORNEYS AT LAW
704 East Main Street, Suite 102
Battle Ground, Washington 98604

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1 IT FURTHER APPEARING that the decedent's estate is, in accordance with the laws of
2 the State of Washington, entitled to be administered without court intervention;

3 NOW THEREFORE, IT IS HEREBY ORDERED, ADJUDGED AND DECREED as
4 follows:

5
6 1. That the offered Will and Codicil are established as the decedent's Last Will and
7 Testament and Codicil and are admitted to probate.

8 2. That MICHAEL D. BLAIR be, and he is hereby confirmed as Personal
9 Representative, and Letters Testamentary shall be issued upon the filing of an oath.

10
11 3. That the Personal Representative may administer the estate without further
12 intervention of the Court and is authorized to transfer all property of the estate without bond
13 and without the further order of the Court.

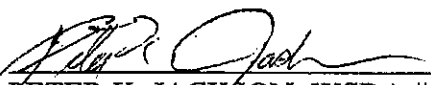
14 4. That PETER K. JACKSON, whose office is located at 704 East Main Street, Suite
15 102, Battle Ground, Washington 98604, is appointed Statutory Resident Agent of said personal
16 representative for services of process.

17
18
19 DONE in open Court this 16 day of January 2004.

20 **/S/ JOHN F. NICHOLS**

21 _____
22 JUDGE

23 Presented by:

24 
25 PETER K. JACKSON, WSBA #12153
26 Attorney for Estate

27
28 **ORDER PROBATING WILL AND CODICIL
AND APPOINTING PERSONAL
REPRESENTATIVE**

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Clara Middle: Arletta Last: Blair				2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) December 31, 2003	
4. AGE LAST BIRTHDAY (Yrs) 77		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) 5/13/1926	
8. BIRTHPLACE (City, State or Foreign Country) Dickinson, ND				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Clark	
11. CITY, TOWN OR LOCATION OF DEATH Vancouver				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE S.W.M.C.			
13. SMOKING IN LAST 15 YEARS? (Yes / No) No		14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name) -		16. SOCIAL SECURITY NO. 502-14-9110	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) RN		19. KIND OF BUSINESS OR INDUSTRY Medical		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No	
21. RACE (Specify) White		22. RESIDENCE — NUMBER AND STREET 11303 NE 339th St.		23. CITY/TOWN, OR LOCATION La Center		24. INSIDE CITY LIMITS? (Yes / No) No	
25A. COUNTY Clark		25B. LENGTH OF RES. IN CO. 60Yrs		26. STATE WA		27. ZIP CODE 98629	
28. FATHER'S NAME — FIRST, MIDDLE, LAST Silas Clifford Gregg				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Mildred Olson			
30. INFORMANT — NAME Michael Blair		31. MAILING ADDRESS 72620 Riverview Rd.		CITY OR TOWN Prescott		STATE ZIP OR 97048	
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) 1/8/2004		34. CEMETERY/CREMATORY — NAME Willamette National Cemetery		35. LOCATION — CITY/TOWN, STATE Portland, OR	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Davies Cremation & Burial Svc.		38. ADDRESS OF FACILITY P.O. Box 61747 Vancouver, WA 98666			
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. SIGNATURE AND TITLE <i>[Signature]</i> MD				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. SIGNATURE AND TITLE <i>[Signature]</i>			
40. DATE SIGNED (Mo., Day, Yr) 1/8/04		41. HOUR OF DEATH (24 Hrs.) 2212		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)				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) George Shanno MD 200 Mother Joseph Place Vancouver, WA 98664				49. ME/CORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). 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.		A. <i>cardiac arrest</i>				INTERVAL BETWEEN ONSET AND DEATH	
		B. <i>CVA</i>				INTERVAL BETWEEN ONSET AND DEATH <i>11 hrs</i>	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:							
52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No					
54. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. PLACE OF INJURY — AT HOME, FARM, STREET, BLDG, ETC. (Specify)			
57. INJURY AT WORK? (Yes / No)		58. PLACE OF INJURY — AT HOME, FARM, STREET, BLDG, ETC. (Specify)		59. STREET OR RFD NO., CITY/TOWN, STATE			
60. RECORD AMENDMENT (Regist./use only)		61. REGISTERED SIGNATURE		62. DATE RECEIVED (Mo., Day, Yr) DEC 31 2003			

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Tax Parcel No. 02-06-28-0-0-1200-00

SW 1/4 SEC 28 T2 N R6E

The East Half of the East Half of the Southwest Quarter of the Southwest Quarter of Section 28, Township 2 North, Range 6 East of the Willamette Meridian, in the County of Skamania, State of Washington, lying North of the center of the existing road.

Except that portion conveyed to Chris J. Spangler by instrument recorded in Book 222, Page 46.

Gary H. Martin, Skamania County Assessor

Date 3-3-2006 Parcel # 02-06-28-0-0-1200-00

The interest of CLARA ARLETTA BLAIR in said real property passed to MICHAEL D. BLAIR, as Personal Representative of the Estate of CLARA ARLETTA BLAIR, on her death on December 31, 2003, by virtue of the Order Probating Will and Codicil and Appointing Personal Representative dated January 16, 2004, Clark County Superior Court Probate No. 04 4 00024 7.

DATED this 13 day of June, 2005.

Michael D Blair
MICHAEL D. BLAIR, as Personal
Representative of the Estate of CLARA
ARLETTA BLAIR, Deceased