Doc # 2006160868
Page 1 of 5
Date: 03/16/2006 02:45P
Filed by: ROBERT L FRALICK
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$36.08

REAL ESTATE EXCISE TAX

Return Address: Robert L. Fralick POBOX-512 Ariel, WA. 98603 25779
MAR 1 6 2006
PAID EXCUEPT
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	Document Title(s) or transactions contained herein:
	Declaration And Oath of Notice Agent-Chark County
	Death Certificates 22-22-06
	Dec. 12, 2002
	Dec.12, 2002 Jan 05, 2006
-	GRANTOR(S) (Last name, first name, middle initial)
	Fralich, Leland B.
	Fralick, Hannah M.
	1101100,77
	F. 1. A. Littian of a surgery and decomposit
	[] Additional names on page of document.
	GRANTEE(S) (Last name, first name, middle initial) Wolford, Sandra - IR, for
	Woltera, Janara 1/1, To
	Fralick, Hannah M.
	[] Additional names on page of document.
	LEGAL DESCRIPTION (Abbreviated; j.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) Cobin # 47 of the Northwoods, Gout- 478 (Lots) To NR6ESEC.
	Cabin # 470+ The Northwoods, GOUT- 4+8 (-015) 1-7 11 KGESEC.
	Gary H. Martin, Skamania County Assessor
I	Gary H. Martin, Skamania County Assessor [] Complete legal on page of document. See Parcel # 96-000047
	Complete legal on page of document.
	REFERENCE NUMBER(S) of Documents assigned or released.
	Additional numbers on page of document.
	ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
	960000 47000000
	6.5.
	[] Property Tax Parcel ID is not yet assigned
	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.

COPY
Original Filed

FEB : 3 2006

JoAnne McBride, Clerk, Clark Co.

IN THE SUPERIOR COURT OF CLARK COUNTY, WASHINGTON

In the Matter of the Estate

of

HANNAH M. FRALICK,

Deceased.

NO.

06 4 001 56

DECLARATION AND OATH
OF NOTICE AGENT

SANDRA L. WOLFORD declares as follows:

That I am the individual nominated to act as Personal Representative under the Last Will and Testament of HANNAH L. FRALICK dated August 10, 2000, the original of which is on file herein.

HANNAH M. FRALICK died on December 30, 2005. At the time of her death the decedent was a resident of Clark County, Washington, and owned only assets passing under non-probate methods.



DECLARATION AND OATH OF NOTICE AGENT

Page 1

JACKSON, JACKSON & KURTZ, INC. PS
ATTORNEYS AT LAW
PO Box 340
Battle Ground, Washington 98604
(360) 687-7106

I have no knowledge as of the date of the filing of the notice to creditors that any other person is acting as notice agent or that anyone has been appointed as personal representative of the decedent's estate in the state of Washington.

That I am entitled to receive by reason of the decedent's death substantially all of the decedent's nonprobate assets.

The undersigned believes in reasonable good faith that she is qualified under RCW 11.42.010 to act as the notice agent, and the undersigned will faithfully execute the duties of the notice agent as provided by law.

SIGNED under penalty of perjury this 22ⁿday of February 2006, at Battle Ground, Washington.

SANDRA L. WOLFORD

NOT ATT CARDING NOTE: NEW TOURS

DECLARATION AND OATH OF NOTICE AGENT Page 2

JACKSON, JACKSON & KURTZ, INC. PS
ATTORNEYS AT LAW
PO Box 340
Battle Ground, Washington 98604
(360) 687-7106

STANTE OF WASHINGTON DEPARTMENT JOF HEALTH

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	File Number Washington State Certificate of Death State File Number	
*****	7. LEGGI Natile, (richard Avola) - 1. 20 2005	
	3. Sex (M/F) 4a. Age - Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. Social Security Number 6. County of Death	
	Female 82 Months Days Hours Minutes Clark	
24	May 5, 1923 Doniphan Missouri 9th - 12th grade; no diploma	
344. 344.	10. Was Decedent of Hispanic Origin? (Yes or No.) if yes, specify. White	
	13a, Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)	
Director	10303 N.E. 184th Street 13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code +4 13g. Inside City Limits? 14e hingt on 98604	
eral l	Clark - Washington 98604	
핊	2½ years Widowed 17. Usual Occupation (Indicate type of work done during most of working life. (po NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name)	
d by	Homemaker Own Home	
completed	19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last)	
S.	21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RFD No. City or Yourn State Zio 20.6.2.2	
art 1	Sandra Wolford Daughter P. O. Box 243 Heisson, WA 98622 24. Place of Death, if Death Occurred Somewhere Other than a Hospital:	
ů.	Home	
4.5	10303 N.E. 184th Street Battle Ground WA 98604	
:5	28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State	
	31. Name and Complete Address of Funeral Facility 16 N.E. Clark Avenue (P.O. Box 7) 32. Date of Disposition	
	Layne's Funeral Home Battle Ground, WA 98604 January 6, 2006 33. Funeral Director Signature X 1 7	
	William	
	Cause of Death (See instructions and exemples) 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. Faulury Detween Onset & Open To Condition resulting in death) Interval between Onset & Open To Condition resulting in death)	
	Sequentially list conditions, if any, leading b Come by Vasculas Accident 2 months	
	to the cause listed on line a. Enter the Due to (or as a consequence of): Interval between Onset & Death UNDERLYING CAUSE (disease or injury	
	that initiated the events resulting in death)LAST Due to (or as a consequence of): Interval between Onset & Death	
	d. 35. Other significant conditions contributing to death but not resulting in the underlying cause given above 36. Autopsy? 37. Were autopsy findings available to	
	35. Other stantificant conditions contributing to death but not resulting in the underlying cause given above 36. Autopsy? 37. Were autopsy findings available to complete the Cause of Death? Yes XX No	
Certifier	38. Manner of Death 39. If female 40. Did tobacco use contribute	
Ð	Matural ☐ Homicide ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Ves ☐ Probably ☐ Not pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Yes ☐ Probably	
ē	☐ Suicide ☐ Pending ☐ Unknown if pregnant within the past year ☐ Mo ☐ Unknown	
duio	☐ Yes ☐ No ☐ Unk	DOC :
~ ₹	45. Location of Injury: Number & Street: Apt No.	ur 🎹
	City or Town: County: State: Zip Code+ 4: 16. Describe how injury occurred 47. If transportation injury, specify:	의 <u>원</u>
	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)	9
	18a. Certifying Physician-To the basis of pythocytologic, communication and the ones, date, and 48b. Medical Examiner/Coroner - On the basis of examination another proceduration, or my	06160868
	Ance and one to the values of and myliner stated.	Ö
	19. Name and Address of Certifier Physician, Medical Examine or Coroner (Type of Print) 50. Hour of Death (24hrs) David Young, M.D. 14406 N.E. 20 m Avegure, Vancouver, WA 98686 1310	96
	11. Name and Title of Attending Physician if other than Certifier (Type or Pint).	. 0
Ì	10 2006	
ľ	53. Title of Certifier 54. License Number 55. Was: case referred to ME/Coroner? 7. 2 55. Was: case referred to ME/Coroner? 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	
ŀ	58. Date Received (MMORXYY) 0 5 2006	
2	19. Amandanante	
[(889)	-
1	DOH.01-003	(0/50).