

Doc # 2006160868
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Date: 03/16/2006 02:45P
Filed by: ROBERT L. FRALICK
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$36.00

REAL ESTATE EXCISE TAX

Return Address:

Robert L. Fralick
PO Box 512
Ariel, WA 98603

25779
MAR 16 2006
PAID *except*
Nickie Chilton
SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained herein:

Declaration And Oath of Notice Agent - Clark County
Death Certificates # 064001568
Dec. 12, 2002 02-22-06
Jan 05, 2006

GRANTOR(S) (Last name, first name, middle initial)

Fralick, Leland B.
Fralick, Hannah M.

☐ Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

Wolford, Sandra - PR. for
Fralick, Hannah M.

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated; i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

Cabin # 47 of the Northwoods, Gout. 448 (Lots) T 7 N R 6 E SEC. 26

Gary H. Martin, Skamania County Assessor

☐ Complete legal on page _____ of document. Date: 3/16/06 Parcel # 96-000047

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

960000 47000000
G.S.

☐ 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 13 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 8

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

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1
2 I have no knowledge as of the date of the filing of the notice to creditors that any
3 other person is acting as notice agent or that anyone has been appointed as personal
4 representative of the decedent's estate in the state of Washington.

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

7
8 The undersigned believes in reasonable good faith that she is qualified under RCW
9 11.42.010 to act as the notice agent, and the undersigned will faithfully execute the duties of
10 the notice agent as provided by law.

11 SIGNED under penalty of perjury this 22nd day of February 2006, at Battle Ground,
12 Washington.

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14 
15 SANDRA L. WOLFORD
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RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

DECLARATION AND OATH OF NOTICE
AGENT
Page 2

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MC # 2006160068
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STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK



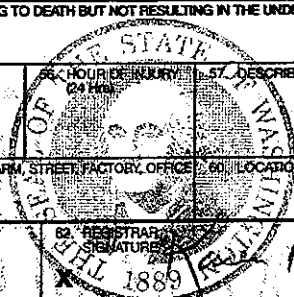
146

STATE FILE NUMBER

CERTIFICATE OF DEATH

1. DISTRICT
2. COPIES
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
8.
9.
10.
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21. ACC LOC
22. QUERIES
23.
24.

1. NAME First: Leland Middle: Burdette Last: FRALICK				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) December 7, 2002	
4. AGE LAST BIRTHDAY (Yrs) 90		5. UNDER 1 YEAR MOS: 90 DAYS: 00 HOURS: 00 MINS: 00		7. BIRTHDATE (Mo, Day, Yr) Apr. 11, 1912		8. BIRTHPLACE (City, State or Foreign Country) Ottawa, Canada	
11. CITY, TOWN OR LOCATION OF DEATH Vancouver				12. PLACE OF DEATH — <input checked="" type="checkbox"/> 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. REMOVAL PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NURS. HOME 6. <input type="checkbox"/> OTHER PLACE Fort Vancouver Convalescent Center		13. COUNTY OF DEATH Clark	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Hannah Mamie Kennon		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 2 College (1-4 or 5): 2	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Log Scaler		19. KIND OF BUSINESS OR INDUSTRY Logging		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 1797 Lewis River Road		23. CITY/TOWN, OR LOCATION Woodland		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Cowlitz	
				25B. LENGTH OF RES. IN CO. 13 yrs.		26. STATE WA	
						27. ZIP CODE 98674	
28. FATHER'S NAME — FIRST, MIDDLE, LAST DeEstain Fralick				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Sadie Folsom			
30. INFORMANT — NAME Sandra Wolford				31. MAILING ADDRESS STREET OR RFD NO. 17515 NE Baker Creek Road CITY OR TOWN Brush Prairie STATE WA ZIP 98616			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Dec. 13, 2002		34. CEMETERY/CREMATORY — NAME Portland Cremation Center		35. LOCATION — CITY/TOWN, STATE Portland, Oregon	
36. FUNERAL DIRECTOR SIGNATURE X [Signature]		37. NAME OF FACILITY Layne's Funeral Home, Inc.		38. ADDRESS OF FACILITY 16 NE Clark Ave. (PO Box Battle Ground, WA 98604)			
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 X [Signature]				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 X [Signature]			
40. DATE SIGNED (Mo, Day, Yr) 12/12/02		41. HOUR OF DEATH (24 Hrs) 1330		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) Stephen A. Ebert, M.D.				46. PRONOUNCED DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED (24 Hrs)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Stephen A. Ebert, M.D.				49. ME/CORONER FILE # 2701 NW Vaughn, Suite 140 Portland, OR 97210			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). Branch pneumonia		A. DUE TO, OR AS A CONSEQUENCE OF: probable lung cancer		INTERVAL BETWEEN ONE DEATH AND NEXT 2 weeks		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. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONE DEATH AND NEXT		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.	
		C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONE DEATH AND NEXT		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.	
		D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONE DEATH AND NEXT		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.	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Dilated heart				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)	
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 RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM: DOCUMENTARY EVIDENCE REVIEWED BY: [Signature] DATE: DEC 12		62. REGISTRAR SIGNATURE [Signature]		63. DATE RECEIVED BY: DEC 12			



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 5500		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Hannah Mamie FRALICK						2. Death Date Dec. 30, 2005	
3. Sex (M/F) Female	4a. Age - Last Birthday 82	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 Clark	
7. Birthdate May 5, 1923		8a. Birthplace (City, Town, or County) Doniphan		8b. (State or Foreign Country) Missouri		9. Decedent's Education 9th - 12th grade; no diploma	
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 5 th St.) (Include Apt. No.) 10303 N.E. 184th Street						13b. City or Town Battle Ground	
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98604	
14. Estimated length of time at residence. 2 1/2 years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage)			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Homemaker				18. Kind of Business/Industry (Do not use Company Name) Own Home			
19. Father's Name (First, Middle, Last, Suffix) Joseph Walter Kennon				20. Mother's Name Before First Marriage (First, Middle, Last) Willie Hester Briggs			
21. Informant's Name Sandra Wolford		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip P. O. Box 243 Battle Ground, WA 98622			
24. Place of Death, if Death Occurred in a Hospital: Home				25. Facility Name (If not a facility, give number & street or location) 10303 N.E. 184th Street			
26a. City, Town, or Location of Death Battle Ground				26b. State WA		27. Zip Code 98604	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Portland Cremation Center		30. Location-City/Town, and State Portland, Oregon			
31. Name and Complete Address of Funeral Facility Layne's Funeral Home Battle Ground, WA 98604				32. Date of Disposition January 6, 2006			
33. Funeral Director Signature X <i>W. Wolford</i>							
Cause of Death (See instructions and examples)							
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. <i>Failure to Thrive</i>				Interval between Onset & Death <i>2 months</i>	
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. <i>cerebral vascular Accident</i>				Interval between Onset & Death <i>2 months</i>	
		c.				Interval between Onset & Death	
		d.				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <i>Dementia</i>				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"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before 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			
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: 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. <i>David Young</i>				48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, at 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) David Young, M.D. 14406 N.E. 20th Avenue, Vancouver, WA 98686				50. Hour of Death (24hrs) 1310			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 1-4-2006			
53. Title of Certifier <i>mo</i>		54. License Number 313		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) JAN 05 2006			
59. Amendments							

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