

Doc # 2006161292

Page 1 of 6

Date: 04/21/2006 03:29P

Filed by: AGNES B SCHLICHTING

Filed & Recorded in Official Records

of SKAMANIA COUNTY

J. MICHAEL GARVISON

AUDITOR

Fee: \$37.08

Return Address:

Agnes B. Schlichting
145 Spicers Crest Dr.
Eugene, Or. 97405

Document Title(s) or transactions contained herein: Death Certificate Affidavit - Lack of Probate		REAL ESTATE EXCISE TAX 25879 APR 24 2006 PAID <i>[Signature]</i> TICKET GILLAND, <i>[Signature]</i> SKAMANIA COUNTY TREASURER
GRANTOR(S) (Last name, first name, middle initial) Schlichting, James R.		
<input type="checkbox"/> Additional names on page _____ of document.		
GRANTEE(S) (Last name, first name, middle initial) Schlichting, Agnes B.		
<input type="checkbox"/> Additional names on page _____ of document.		
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) LOT 41 of Govt. Mineral Spring Summer Home tracts. in sec 31, T5N, R7E W.M.		
<input type="checkbox"/> Complete legal on page _____ 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 96001041000000 G.S.		
<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.		

**AFFIDAVIT
Lack of Probate**

State of Washington

County of Skamania

Agnes B. Schlechting, being first duly sworn, deposes and says:

1. The undersigned affiant is the spouse of James R.
(relationship to decedent) (decedent)
Schlechting who died 4/14, 81, at The Dalles
(date of death) (year) (city)
State of Oregon, then being a legal resident of The Dalles
(city)
Wasco, Oregon.
(county) (state)

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 Wasco County, State of Oregon. 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:

Agnes B. Schlechting 78 spouse Eugene, Or.
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

<u>Christine M. Schlichting</u>	<u>54</u>	<u>daughter</u>	<u>Philadelphia, Pa</u>
(full name)	(age)	(relationship)	(residence)
<u>Kathryn A. Schlichting</u>	<u>51</u>	<u>daughter</u>	<u>Longmont, Colo</u>
(full name)	(age)	(relationship)	(residence)
<u>Joyce L. Schlichting</u>	<u>47</u>	<u>daughter</u>	<u>Eugene, Or</u>
(full name)	(age)	(relationship)	(residence)
<u>Robert B. Schlichting</u>	<u>44</u>	<u>son</u>	<u>Portland, Or</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 [X] 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.

Agnes B. Schlichting
Affiant's Full Name

4/21/06
Date

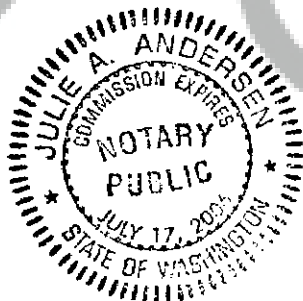
Affiant's Full Name

Date

STATE OF WASHINGTON, }
COUNTY OF Shimoda } ss.

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

GIVEN under my hand and official seal this 21 day of April, 2006



Julie A. Andersen
Notary Public in and for the State of WA
Washington, residing at Carson
My appointment expires 7-17-2006

CERTIFICATION OF VITAL RECORD

81-007354

STATE OF OREGON OREGON STATE HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES Vital Records Unit CERTIFICATE OF DEATH

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

60

Local File Number

State File Number

1 DECEASED—NAME First Middle Last JAMES ROBERT SCHLICHTING		2 DATE OF DEATH (month, day, year) April 14, 1981	
3 RACE (White, Black, American Indian, etc. (Specify)) White	4 SEX Male	5 AGE—Last birthday (years) 53	6 DATE OF BIRTH (month, day, year) July 20, 1927
7a CITY, TOWN OR LOCATION OF DEATH The Dalles		7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in a-h, give street and number) The Dalles General Hosp.	
7c Inpatient		7d COUNTY OF DEATH Wasco	
8 STATE OF BIRTH (If not in U.S.A., name country) North Dakota	9 CITIZEN OF WHAT COUNTRY USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11 SPOUSE (If married, widowed) Agnes Schlichting
12 SOCIAL SECURITY NUMBER [REDACTED]		13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician and Surgeon	
14a RESIDENCE—STATE Oregon	14b COUNTY Wasco	14c CITY, TOWN OR LOCATION The Dalles	14d STREET AND NUMBER OR R.F.D. NO. 315 East 10th St.
15a FATHER—NAME first middle last Adolph A. Schlichting		15b MOTHER—Name first middle last Bessie Marie Carlson	
16a Burial, CREMATION, REMOVAL, MAUS. (Specify) Burial		16b CEMETERY OR CREMATORY—NAME Odd Fellows Cemetery	
17a FURNERAL SERVICE LICENSES OF PERSON ACTING AS SUCH (Specify) James E. Dore		17b NAME AND ADDRESS OF FACILITY Spencer, Libby & Powell Funeral Home The Dalles, Or. 97058	
18a To the best of my knowledge, death occurred at the time, date and place and to the cause(s) stated. 21a (Signature) John M. Campbell, M.D.		21b DATE SIGNED (Mo., Day, Yr.) 4-16-81	
21c NAME AND ADDRESS OF CERTIFIER (Type or Print) John M. Campbell, M.D., 618 West 5th St., The Dalles, Oregon 97058		21d HOUR OF DEATH 9:55 P. M.	
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 16, 1981	
22b REGISTRAR (Signature) Jennifer A. Woodward		23 IMMEDIATE CAUSE Cardiac arrest	
23a PART I: (a) DUE TO, OR AS A CONSEQUENCE OF Long-term Heart Failure		Interval between onset and death 16 min.	
(b) DUE TO, OR AS A CONSEQUENCE OF Coronary A.S. & myocardial Infarct.		Interval between onset and death 24 hrs	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not listed as cause given in Part I(a) Diabetes & Gouty arthritis		Interval between onset and death 2 1/2 yrs	
24a ACCIDENT (Specify Yes or No) No		24b DATE OF INJURY (Mo., Day, Yr.) No	
24c HOUR OF INJURY No		24d DESCRIBE HOW INJURY OCCURRED No	
25a INJURY AT WORK (Specify Yes or No) No	25b PLACE OF INJURY—At home, farm, school, office, etc. (Specify) No	25c LOCATION No	25d STREET OR R.F.D. NO. No
25e CITY OR TOWN No	25f STATE No	25g	

RESERVED FOR REGISTRAR'S USE

HS-2 Rev. 1-80

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

JAN 06 2005

THIS COPY IS NOT VALID WITHOUT ITAGLO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MC # 2006161292
Page 5 of 6

That certain cabin known as Number 41 of the Government Mineral Springs Summer Home
Tracts in the Gifford Pinchot National Forest in the State of Washington in Section 31, T5N,
R7E, W.M, Skamania County

Gary H. Martin, Skamania County Assessor
Date 4/21/06 Parcel # 6.S. 96-1041

Unofficial
Copy