

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

|  |  |
|--|--|
| Document Title(s) or transactions contained herein:<br>Death Certificate<br>Affidavit - Lack of<br>Probate   | REAL ESTATE EXCISE TAX<br>25879<br>APR 24 2006<br>PAID <i>skl mpt</i><br><i>Clifford D. Roberts</i><br>SKAMANIA COUNTY TREASURER |
| GRANTOR(S) (Last name, first name, middle initial)<br>Schlichting, James R.  |  |
| <input type="checkbox"/> Additional names on page _____ of document.   |  |
| GRANTEE(S) (Last name, first name, middle initial)<br>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)<br>Lot 41 of Govt. Mineral Spring Summer Home tracts.<br>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<br>96001041000000<br>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. Schlichting, being first duly sworn, deposes and says:

1. The undersigned affiant is the spouse of James R. Schlichting who died 4/14, 81, at The Dalles State of Oregon, then being a legal resident of The Dalles Wasco, Oregon.  
(relationship to decedent) (decedent) (date of death) (year) (city) (city) (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. Schlichting 78 spouse Eugene, Or.  
(full name) (age) (relationship) (residence)

**HEIRS AT LAW (continued)**

|  |                    |                                   |  |
|--|--------------------|-----------------------------------|--|
| <u>Christine M. Schlichting</u><br>(full name) | <u>54</u><br>(age) | <u>daughter</u><br>(relationship) | <u>Philadelphia, Pa</u><br>(residence) |
| <u>Kathryn A. Schlichting</u><br>(full name)   | <u>51</u><br>(age) | <u>daughter</u><br>(relationship) | <u>Louisville, Colo</u><br>(residence) |
| <u>Joyce L. Schlichting</u><br>(full name)     | <u>47</u><br>(age) | <u>daughter</u><br>(relationship) | <u>Eugene, Or</u><br>(residence)       |
| <u>Robert B. Schlichting</u><br>(full name)    | <u>44</u><br>(age) | <u>son</u><br>(relationship)      | <u>Portland, Or</u><br>(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:



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

DECEDENT IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| 60 Local File Number  |  | STATE OF OREGON<br>OREGON STATE HEALTH DIVISION<br>DEPARTMENT OF HUMAN RESOURCES<br>Vital Records Unit  |   | 81-007354 State File Number  |  |
| 1 DECEASED—NAME First Middle Last<br><b>JAMES ROBERT SCHLICHTING</b>  |  |   | 2 DATE OF DEATH (month, day, year)<br><b>April 14, 1981</b> |  |  |
| 3 RACE (White, Black, American Indian, etc. (specify))<br><b>White</b>  |  | 4 SEX<br><b>Male</b>  | 5 AGE—Last birthday (years) mo. day<br><b>53</b>            |  | 6 DATE OF BIRTH (month, day, year)<br><b>July 20, 1927</b> |
| 7a CITY, TOWN OR LOCATION OF DEATH<br><b>The Dalles</b>   |  | 7b HOSPITAL OR OTHER INSTITUTION—NAME (if not in other, give street and number)<br><b>The Dalles General Hosp.</b>  |   | 7c Inpatient   |  |
| 7d COUNTY OF DEATH<br><b>Wasco</b>  |  | 8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)<br><b>Married</b>   |   | 9 SPOUSE (IF MARRIED, WIDOWED)<br><b>Agnes Schlichting</b>                       |  |
| 9 STATE OF BIRTH (if not in U.S.A. name country)<br><b>North Dakota</b>   |  | 9 CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)<br><b>Yes</b>     |  |
| 13 RESIDENCE—STATE<br><b>Oregon</b>   |  | 14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)<br><b>Physician and Surgeon</b>                                  |   | 14b KIND OF BUSINESS OR INDUSTRY   |  |
| 15a FATHER—NAME first middle last<br><b>Adolph A. Schlichting</b>   |  | 15b MOTHER—Mother Name middle last<br><b>Bea Marie Carlson</b>  |   | 16 INFORMANT—NAME and relationship to decedent<br><b>Agnes Schlichting, Wife</b> |  |
| 17 BURIAL, CREMATION, REMOVAL, MAUS. (specify)<br><b>Burial</b>   |  | 18 CEMETERY OR CREMATORY—NAME<br><b>Odd Fellows Cemetery</b>  |   | 19c LOCATION city or town state<br><b>The Dalles, Oregon</b>                     |  |
| 19a FUNERAL SERVICE LICENSES OF PERSON ACTING AS SUCH (Signature)<br><b>James B. Powell</b>   |  | 19b NAME AND ADDRESS OF FACILITY<br><b>Spencer, Libby &amp; Powell Funeral Home The Dalles, Or. 97058</b>   |   |  |  |
| 20a (To the best of my knowledge death occurred in the time, date and place and due to the cause(s) stated)<br>21a (Signature) <b>John M. Cambell, M.D.</b><br>NAME AND ADDRESS OF CERTIFIER (Type or Print)<br><b>John M. Cambell, M.D. 618 West 5th St. The Dalles, Oregon 97058</b>  |  | 21b DATE SIGNED (Mo., Day, Yr.)<br><b>4-16-81</b>   |   | 21c HOUR OF DEATH<br><b>9:55 P. M.</b>   |  |
| 22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)<br><b>April 16, 1981</b>   |  | 22b REGISTRAR (Signature) <b>Jennifer A. Woodward</b>   |   |  |  |
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))<br>PART I (a) DUE TO, OR AS A CONSEQUENCE OF<br><b>Cardiac arrest</b><br>Interval between onset and death<br><b>16 min.</b><br>(b) DUE TO, OR AS A CONSEQUENCE OF<br><b>Congestive Heart Failure</b><br>Interval between onset and death<br><b>24 hrs.</b><br>(c) DUE TO, OR AS A CONSEQUENCE OF<br><b>Coronary A.S. &amp; myocardial Infarct.</b><br>Interval between onset and death<br><b>2 1/2 yrs</b> |  | PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in Part I (a)<br><b>Diabetes &amp; Gouty arthritis</b> |   | 24 AUTOPSY (Specify Yes or No)<br><b>No</b>                                      |  |
| 25 ACCIDENT (Specify Yes or No)   |  | 26 DATE OF INJURY (Mo., Day, Yr.)   |   | 27 HOUR OF INJURY  |  |
| 28a INJURY AT WORK (Specify Yes or No)  |  | 28b PLACE OF INJURY—name, farm, street, factory, or place during, etc. (Specify)  |   | 28c LOCATION CITY OR TOWN STATE  |  |
| 29 RESERVED FOR REGISTRAR'S USE   |  |   |   |  |  |



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**  
JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

OR # 2006161292  
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HS-2 Rev-1-80

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