

Doc # 2006162938
Page 1 of 7
Date: 09/11/2006 02:11P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$38.00

AFTER RECORDING MAIL TO:

Name Diane Y. King

Address 22 Marks Road

City/State Stevenson, WA 98648

SCR 29029

Document Title(s): (or transactions contained therein)

1. Death Cert.
2. Affidavit
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. King, Harold L. JR.
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. King, Diane Y.
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lot 2 Ignaz Wachter Subdivision

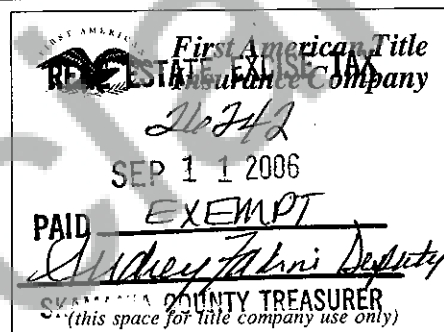
☐ Complete legal description is on page 7 of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-2-0-0800-00

9-11-06

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



STATE OF NORTH CAROLINA

CERTIFICATION OF VITAL RECORD

MECKLENBURG COUNTY
REGISTER OF DEEDS - HEALTH DEPARTMENT
CHARLOTTE, NORTH CAROLINA

CERTIFICATE OF DEATH

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS

CERTIFICATE OF DEATH

Registration District No. 060-62 Local No. 2006002067

DECEDENT'S NAME (First, Middle, Last) 1. Harold L. King, Jr		SEX 2. M	DATE OF DEATH (Month, Day, Year) 3. Apr 28, 2006
SOCIAL SECURITY NUMBER 4. [REDACTED]	AGE - Last Birthday (Years, Months, Days) 5. 74	UNDER 1 YEAR Months Days 6. [REDACTED]	UNDER 1 DAY Hours Minutes 7. [REDACTED]
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) 8. Yes		DATE OF BIRTH (Month, Day, Year) 9. Oct 8, 1931	
PLACE OF DEATH (Check only one) 10. [REDACTED]		BIRTHPLACE (County and State of Foreign Country) 11. Detroit, MI	
FACILITY NAME (If not institution, give street and number) 12. 9432 Magnolia Estates Drive		CITY, TOWN, OR LOCATION OF DEATH 13. Cornelius	
INSIDE CITY LIMITS? (Yes or No) 14. Yes		COUNTY OF DEATH 15. Mecklenburg	
MARRITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) 16. Married		SURVIVING SPOUSE (If wife, give maiden name) 17. Diane Schilling	
RESIDENCE - STATE 18. NC		CITY, TOWN, OR LOCATION 19. Cornelius	
CITY, TOWN, OR LOCATION 20. Mecklenburg		STREET AND NUMBER 21. 9432 Magnolia Estates	
ZIP CODE 22. 28031		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 23. Engineer	
FATHER'S NAME (First, Middle, Last) 24. Harold L. King Sr.		MOTHER'S NAME (First, Middle, Maiden Surname) 25. Eva Mae Johnston	
INFORMANT'S NAME (Type/Print) 26. Diane King		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 27. 9432 Magnolia Estates Drive, Cornelius, NC 28031	
DATE AMENDED 28. [REDACTED]		DATE SIGNED (Month, Day, Year) 29. 5/1/06	
Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)			
IMMEDIATE CAUSE (Final disease or condition resulting in death) 1. End-stage Renal disease			
DUE TO OR AS A CONSEQUENCE OF: 2. Obstructive Coronary Artery Disease			
DUE TO OR AS A CONSEQUENCE OF: 3. Peripheral Vascular Disease			
DUE TO OR AS A CONSEQUENCE OF: 4. Hemostasis			
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use, diabetes, etc.			
AUTOPSY? (Yes or No) If yes, were findings considered in determining cause of death? Was case referred to Medical Examiner? (Yes or No) TIME OF DEATH			
21a. No 21b. No 21c. No 22. [REDACTED]			
NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.			
SIGNATURE AND TITLE OF CERTIFIER 30. [Signature]		DATE SIGNED (Month, Day, Year) 31. 5/1/06	
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) 32. Dr. Devya Hudson Northcross Family 9725 San Burr Road Huntersville, N.C. 28078			
METHOD OF DISPOSITION 33. Burial		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 34. Carolina Crematory	
LOCATION - City or Town, State, Zip Code 35. Kannapolis, NC 28081		NAME OF FUNERAL DIRECTOR 36. Virginia R. Putnam	
NAME AND ADDRESS OF FUNERAL HOME 37. Raymer Funeral Home 2646901 Old Statesville Road Huntersville, NC 28078		LICENSE NUMBER 38. FD3660	
REGISTRAR'S SIGNATURE 39. [Signature]		DATE FILED (Month, Day, Year) 40. MAY 11 2006	
NAME OF EMBALMER 41. Not embalmed		LICENSE NUMBER 42. [REDACTED]	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE OFFICIAL RECORD FILED IN MECKLENBURG COUNTY.

WITNESS MY HAND AND OFFICIAL SEAL THIS THE 12 TH DAY OF MAY 2006

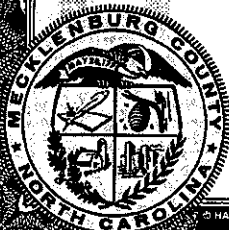
629605

EARL WINTERS MARRY, MD
HEALTH DIRECTOR & REGISTRAR

JUDITH A. GIBSON
REGISTER OF DEEDS

BY:

[Signature]
ASSISTANT/DEPUTY REGISTER OF DEEDS



**AFFIDAVIT
Lack of Probate**

State of Washington

County of _____

Diane King, being first duly sworn, deposes and says:

1. The undersigned affiant is the Wife of Harold L. King Jr., who died April 28, 2006, at Cornelius,
(relationship to decedent) (date of death) (year) (city)
State of North Carolina, then being a legal resident of Cornelius,
Mecklenburg, North Carolina.
(county) (state) (city)

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 _____ County, State of _____. 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:

Robert Allen King 49 Son Cornelius, NC
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

<u>Thomas Elliot King</u> (full name)	<u>47</u> (age)	<u>Son</u> (relationship)	<u>West Hurley, NY</u> (residence)
<u>Kathleen Ann Brinnier</u> (full name)	<u>46</u> (age)	<u>Daughter</u> (relationship)	<u>Huntersville, NC</u> (residence)
<u>Kristina Mae Mihm</u> (full name)	<u>45</u> (age)	<u>Daughter</u> (relationship)	<u>Cornelius, NC</u> (residence)
<u>Susan Marie Ramirez</u> (full name)	<u>38</u> (age)	<u>Daughter</u> (relationship)	<u>Cornelius, NC</u> (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:

Heirs at Law
Pg. 3

<u>Rebecca Llewellyn Curtis</u>	<u>36</u>	<u>Daughter</u>	<u>Warren, OR</u>
Diane Y. King	70	Wife	Cornelius, NC

Unofficial
Copy

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.

Disne Y. King
Affiant's Full Name

9-6-06
Date

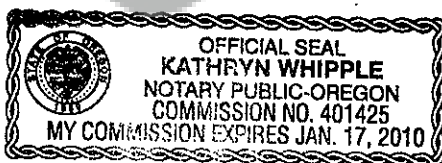
Affiant's Full Name

Date

Oregon
STATE OF WASHINGTON, }
COUNTY OF Columbia } ss.

On this day personally appeared before me Disne Y. King to me known to be the individual is 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 6th day of Sept, 2006



Disne Y. King
Notary Public in and for the State of Oregon Washington, residing at Columbia County
My appointment expires Jan 17 2010

EXHIBIT 'A'

That portion of Lot 2 of IGNAZ WACHTER SUBDIVISION according to the official Plat of the Auditor of Skamania County, Washington, more particularly described as follows:

Commencing at the intersection of the northerly line of that strip of land 300 feet in width acquired by the United States of America for the Bonneville power transmission line with the southerly line of Lot 2 of the said Ignaz Wachter Subdivision; thence North $89^{\circ}06'28''$ West 137.13 feet along the South of the said Lot 2, a point on the West line of Section 36, Township 3 North, Range 7 East of the Willamette Meridian which is North $00^{\circ}16'20''$ East 1013.14 feet from the Quarter corner on the West line of the said Section 36; thence North $00^{\circ}16'20''$ East along the West line of the said Lot 2 a distance of 450 feet; thence South $89^{\circ}06'28''$ East parallel to the South line of the said Lot 2 to a point due North of the point of beginning; thence due South to the point of beginning.

Gary H. Martin, Skamania County Assessor

Date 9-11-06 Parcel # 3-7-36-2-800

GAM