

**AFTER RECORDING MAIL TO:**

Name Joy B. Jones Newell  
Address 3511 N.W. 114th St  
City/State Vancouver, WA. 98685

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

1. Affidavit of Heirship
2. Death Certificates
- 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. Jenny Berdean Wood — Wood, Jennie Berdean JBW
2. Robert W. Wood — Wood, Robert W. RW
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. Newell, Joy B. Jones
- 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)

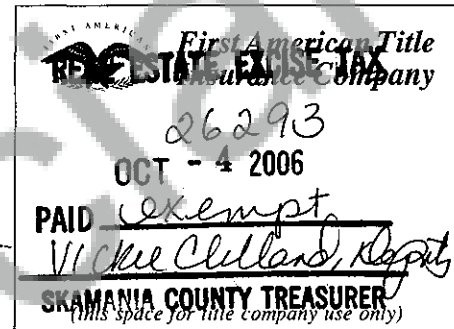
1/4 - NW 1/4 - SW 1/4 - Sec 34 - T2N R5E.

☐ Complete legal description is on page 5 of document

Assessor's Property Tax Parcel / Account Number(s): 02-05-34-2--0-0600

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.



Gary H. Martin, Skamania County Assessor  
Date 10/4/2006 Parcel # 2-5-34-2-600

**AFFIDAVIT**  
**Lack of Probate**

State of Washington

County of Skamania

Joy Jones Newell, being first duly sworn, deposes and says:

1. The undersigned affiant is the daughter of Jennie Berdean Wood  
(relationship to decedent) (decedent)  
Robert W. Wood, who died J. July 25, 1995 at Vancouver  
(date of death) (year) (city)  
State of WA, then being a legal resident of Vancouver  
Clark WA  
(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. Right of Survivorship

☐ 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:

Joy Jones Newell 70 Daughter Vancouver WA  
(full name) (age) (relationship) (residence)

**HEIRS AT LAW (continued)**

(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(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 [ ] 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.

*Joy B. Jones Newell*  
Affiant's Full Name

*10-4-06*  
Date

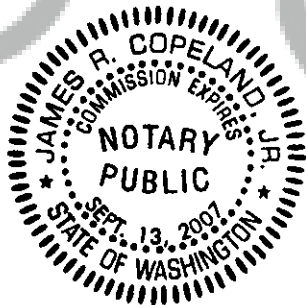
\_\_\_\_\_  
Affiant's Full Name

\_\_\_\_\_  
Date

STATE OF WASHINGTON, }  
COUNTY OF *Skamania* } ss.

On this day personally appeared before me *Joy B. Jones Newell* 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 *4* day of *October*, 200*6*.



*Joy B. Jones Newell*  
Notary Public in and for the State of  
Washington, residing at *Stevens*  
My appointment expires *9-17-07*

1 A tract of land located in the West Half of the Northwest Quarter (W $\frac{1}{2}$  NW $\frac{1}{4}$ ) of Section 34, Township 2 North, Range 5 East W.M., more particularly described as follows:

Beginning at a point on the South line of the Northwest Quarter of the Northwest Quarter of the said Section 34 East 200 feet from the Southwest Corner of the Northwest Quarter of the Northwest Quarter of the said Section; thence East along said South line 180 feet, more or less, to intersection with private road known and designated as King's Road; thence in a Northwesterly direction following said King's Road to intersection with the county road known and designated as the Washougal River Road; thence in a Westerly direction following the Washougal River Road to intersection with the West line of the said Section 34; thence South following the West line of the said Section 34 to the center of the channel of the Washougal River; thence in an easterly direction following the center of the channel of the Washougal River to a point 200 feet East of the West line of the said Section 34; thence North parallel to the West line of the said Section 34 to the point of beginning. X

SUBJECT TO a right of way 30 feet in width reserved by Maggie Hanlon for access to the Southeast Quarter of the Northeast Quarter of Section 33, Township 2 North, Range 5 East, W.M., by deed dated May 26, 1938, and recorded May 31, 1938, at page 91 of Book 27 of Deeds, Records of Skamania County, Washington.



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

427 LOCAL FILE NUMBER		Health		146	
1. NAME First Middle Last <b>Robert W. Wood</b>		2. SEX (M / F) <b>Male</b>		3. DEATH DATE (Mo. Day, Yr) <b>March 11, 1998</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>88</b>	5. UNDER 1 YEAR MOS DAYS <b></b>	6. UNDER 1 DAY HOURS MINS <b></b>	7. BIRTH DATE (Mo. Day, Yr) <b>Aug. 14, 1909</b>	8. BIRTH PLACE (City, State or Foreign Country) <b>Vancouver, WA</b>	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>
10. COUNTY OF DEATH <b>Clark</b>			11. CITY, TOWN OR LOCATION OF DEATH <b>Vancouver</b>		
12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RMOUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE <b>503 N.W. 79th Street</b>			13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>		
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>		15. SURVIVING SPOUSE (if wife, give maiden name) <b></b>		16. SOCIAL SECURITY NO. <b></b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b></b>		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Automobile Salesman</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Sales</b>	
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No</b>		21. RACE (Specify) <b>White</b>		22. RESIDENCE—NUMBER AND STREET <b>503 N.W. 79th Street</b>	
23. CITY/TOWN OR LOCATION <b>Vancouver</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>		25. COUNTY <b>Clark</b>	
26. LENGTH OF RES. IN CO. <b>88 yrs.</b>		27. STATE <b>WA</b>		28. ZIP CODE <b>98665</b>	
29. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Charles August Wood</b>			30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Jane Alwilda Curdy</b>		
31. INFORMANT—NAME <b>Joy Jones Jewell</b>			32. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP <b>508 N.W. 79th Street, Vancouver, Washington 98665</b>		
33. BURIAL/CREMATION REMOVAL, OTHER (Specify) <b>Burial</b>		34. DATE (Mo. Day, Yr) <b>3/14/1998</b>		35. CEMETERY/CREMATORY—NAME <b>Park Hill Cemetery</b>	
36. LOCATION—CITY/TOWN, STATE <b>Vancouver, Washington</b>		37. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		38. NAME OF FACILITY <b>Evergreen Staples Funeral Chapel</b>	
39. ADDRESS OF FACILITY <b>4700 St. Johns Road</b>		40. CITY/TOWN, STATE, ZIP <b>Vancouver, Washington 98661</b>		41. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN	
42. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED		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		44. SIGNATURE AND TITLE <i>[Signature]</i>	
45. DATE SIGNED (Mo., Day, Yr) <b>March 12, 1998</b>		46. HOUR OF DEATH (24 Hrs.) <b>1250</b>		47. DATE SIGNED (Mo., Day, Yr) <b></b>	
48. HOUR OF DEATH (24 Hrs.) <b></b>		49. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Dr. Daniel C. Highkin M.D., 700 N.E. 87th Avenue, Vancouver, WA 98664</b>		50. PRONOUNCED DEAD (Mo., Day, Yr) <b></b>	
51. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Dr. Daniel C. Highkin M.D., 700 N.E. 87th Avenue, Vancouver, WA 98664</b>		52. ME/CORONER FILE NUMBER <b></b>		53. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:	
IMMEDIATE CAUSE (Final disease or condition resulting in death): <b>Probable myocardial infarction</b>		DUE TO, OR AS A CONSEQUENCE OF: <b>Hypertensive heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>	
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.		DUE TO, OR AS A CONSEQUENCE OF: <b></b>		INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>	
DUE TO, OR AS A CONSEQUENCE OF: <b></b>		DUE TO, OR AS A CONSEQUENCE OF: <b></b>		INTERVAL BETWEEN ONSET AND DEATH <b></b>	
54. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) <b></b>		55. INJURY DATE (Mo. Day, Yr) <b></b>		56. HOUR OF INJURY (24 Hrs.) <b></b>	
57. DESCRIBE HOW INJURY OCCURRED: <b></b>		58. INJURY AT WORK? (Yes / No) <b></b>		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) <b></b>	
60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE <b></b>		61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE <b></b>		62. DATE RECEIVED (Mo., Day, Yr.) <b>MAR 13 1998</b>	



FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

DOH 01-003 (8/96)



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE  
USE  
ONLY

DISTRICT

COPIES

HOSPITAL

DECEASED

CAUSE

OCCUPATION

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: <b>Jennie</b> Middle: <b>Berdean</b> Last: <b>Wood</b>				2. SEX (M / F) <b>Female</b>		3. DEATH DATE (Mo. Day, Yr) <b>July 25, 1995</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>82</b>		5. UNDER 1 YEAR MOS:      DAYS:      HOURS:      MINS:		6. UNDER 1 DAY HOURS:      MINS:		7. BIRTHDATE (Mo. Day, Yr) <b>Mar 10, 1913</b>	
8. BIRTHPLACE (City, State or Foreign Country) <b>Boise, Idaho</b>				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>		10. COUNTY OF DEATH <b>Clark</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Vancouver</b>				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. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>Southwest Washington Medical Center</b>			
13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>							
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (if wife, give maiden name) <b>Robert Walrod Wood</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)      College (1-4 or 5+) <b>5+</b>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>School Teacher</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Education</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No</b>		21. RACE (Specify) <b>White</b>	
22. RESIDENCE—NUMBER AND STREET <b>503 NW 79th Street</b>		23. CITY/TOWN OR LOCATION <b>Vancouver</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>No</b>		25. COUNTY <b>Clark</b>	
26. STATE <b>WA</b>		27. ZIP CODE <b>98665</b>		28. LENGTH OF RES. IN CO. <b>45 Yrs</b>			
28. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Otto Norman Toomey</b>				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Kathryn Mae Cox</b>			
30. INFORMANT—NAME <b>Robert W. Wood</b>		31. MAILING ADDRESS STREET OR RFD NO.      CITY OR TOWN      STATE      ZIP <b>503 NW 79th Street, Vancouver, Washington 98665</b>					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		33. DATE (Mo. Day, Yr) <b>7/28/1995</b>		34. CEMETERY/CREMATORY—NAME <b>Park Hill Cemetery</b>		35. LOCATION—CITY/TOWN, STATE <b>Vancouver, Washington</b>	
36. FUNERAL DIRECTOR SIGNATURE <b>[Signature]</b>		37. NAME OF FACILITY <b>Evergreen Staples Funeral Chapel</b>		38. ADDRESS OF FACILITY <b>4700 SE Johns Road Vancouver, Washington 98661</b>			
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 <b>[Signature]</b>				40. 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 <b>[Signature]</b>			
40. DATE SIGNED (Mo., Day, Yr) <b>July 27, 1995</b>		41. HOUR OF DEATH (24 Hrs.) <b>2001</b>		42. DATE SIGNED (Mo., Day, Yr) <b>[Signature]</b>		43. HOUR OF DEATH (24 Hrs.) <b>[Signature]</b>	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Stanton L. Freidberg, M.D. 700 NE 8th Avenue, Vancouver, Washington 98664</b>				43. NAME AND TITLE OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Stanton L. Freidberg, M.D. 700 NE 8th Avenue, Vancouver, Washington 98664</b>			
44. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). 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.		A. <b>Small Bowel Infarction</b> DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
		B. <b>Superior Mesenteric Artery Occlusion</b> DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
		C.      DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D.      DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <b>Vascular Heart Disease; Atrial Fibrillation</b>				52. AUTOPSY? (Yes/No) <b>No</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>	
54. ACC. SUICIDE, HOMICIDE, 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, OR LOCATION BLDG, ETC. (Specify)		60. STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM      DOCUMENTARY      REVIEWED BY      DATE				62. DATE RECEIVED (Mo., Day, Yr.) <b>JUL 27 1995</b>			

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DOH 01-003 (7/94)