

Doc # 2007165943
Page 1 of 5
Date: 05/01/2007 11:52A
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$36.00

AFTER RECORDING MAIL TO:

Name Zachary Franks

Address 874 Kumulani Drive

City/State Kihei, HI 96753

SKC 29229

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

1. MEDICAL CERTIFICATE OF DEATH
- 2.
- 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. MARLY STONE
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. ZACHARY FRANKS
- 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)

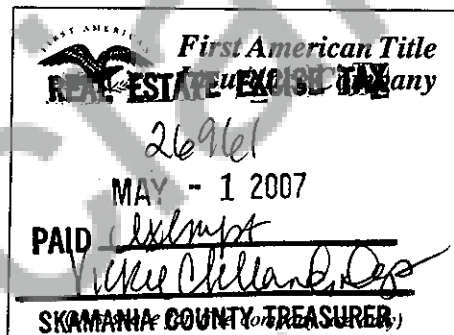
Lot 27, Block 3, WOODARD MARINA ESTATES, according to the Plat thereof,
recorded in Book A, Page 114 and 115, Skamania County Plat Records.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-06-34-1-4-2001-00

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.



Skamania County Assessor
Date 5-1-07 Parcel 22 06 34 1-4 2001 00
440

REGISTRATION
DISTRICT NO. **16.10**REGISTERED
NUMBER

STATE OF ILLINOIS

STATE FILE
NUMBER

MEDICAL CERTIFICATE OF DEATH

607820

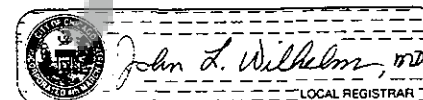
DOC # 2007165943

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Marly		Stone			Female	3. May 28, 2003
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Cook		5a. 59	5b.	5c.	5d. March 24, 1944	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OR/EMER. RM. INPATIENT (SPECIFY)
6a. Chicago		6b. 1111 N. Dearborn				6c.
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
Pittsburg, PA		8a. Married		8b. Zachary Franks		9. NO
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. [REDACTED]		11a. Artist		11b. Arts		12. 12
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY
13a. 1111 N. Dearborn St. Apt. 2907		13b. Chicago		13c. Yes		13d. Cook
STATE		ZIP CODE		RACE (WHITE, BLACK, AMER. CAN. INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Illinois		13f. 60610		14. White		14b. XX NO <input type="checkbox"/> YES SPECIFY:
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		(MAIDEN) LAST		
15. Bernard Edelstein		16. Ruth Persky				
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. Zachary Franks		17b. Husband		17c. 1111 N. Dearborn, Chicago, IL		
18. PART I. Enter the diseases, or complications that caused the 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.						
Immediate Cause (Final disease or condition resulting in death)		(a) Hepatic failure				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		(b) Hepatic Metastases & Carcinomatosis				1 week
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(c) Breast Cancer Metastases				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
20a.		20b.		19a. NO		19b.
IF (YOU) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH
21a. 5/27/03				21b. NO		21c. 7:50A M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED		(MONTH, DAY, YEAR)		
22a. SIGNATURE		22b. 5/29/03				
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER				
22c. Keith J. Block, MD 1800 Sherman Ave Evanston, IL 60201		22d. 036-061051				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
23.						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)
24a. Cremation		24b. Bohemian National		24c. Chicago, Illinois		24d. May 30, 2003
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP
25a. Alternative Services, Inc., 205 S. River Rd., DesPlaines, IL 60016						
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. Sweet & Sweet, Jr.		25c. 34-010789				
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. John L. Wilhelm, M.D.		26b. MAY 30 2003				

MAY 30 2003

I, JOHN L. WILHELM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTHTHIS CERTIFICATE COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.

**AFFIDAVIT
Lack of Probate**

State of Washington

County of _____

Zachary Franks, being first duly sworn, deposes and says:

1. The undersigned affiant is the Husband of Marly Stone
(relationship to decedent) (decedent)
_____, who died May 28, 2003, at Chicago
(date of death) (year) (city)
State of Illinois, then being a legal resident of Portland
Multnomah, Oregon
(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:

Zachary Franks 58 Husband 3566 SW Council Crest Dr.
(full name) (age) (relationship) (residence)
Portland, Or 97239

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:

~~0~~

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 \$ 500,000 . The value of all separate property of the decedent was approximately \$ 0 .
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.

Zachary Franks
Affiant's Full Name

4/23/07
Date

Affiant's Full Name

Date

STATE OF WASHINGTON, }
COUNTY OF _____ } ss.

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

GIVEN under my hand and official seal this 23 day of April, 2007.

Susan A. Goosing
Notary Public in and for the State of Oregon, residing at ~~5-14-09~~ OR ss.
My appointment expires 5-14-09

