

Doc # 2007168193
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Date: 11/6/2007 01:14P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$78.00

AFTER RECORDING MAIL TO:

Name Rosemary Garlock

Address 1133 Calco Ridge Drive

City/State Henderson, NV 89015

sec 30055

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

1. 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. GARLOCK, ADDISON BUTLER
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. GARLOCK, ROSEMARY
- 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)

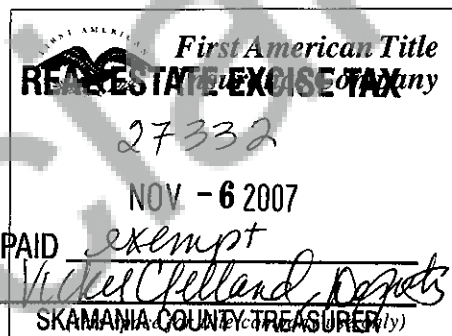
Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11, Block 1, TOWNSITE OF COOKS

☒ Complete legal description is on page 9 of document

Assessor's Property Tax Parcel / Account Number(s): 03-09-34-2-1-0700-00

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 6/11/07 Parcel# 3-9-34-2-1-700
Lots 1-11 of Bk#1 Survey

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA if any) First Middle Last Suffix Addison Butler GARLOCK				2. Death Date 12/05/2004	
3. Sex (M/F) Male	4a. Age - Last Birthday 80	4b. Under 1 Year Months Days 07/10/1924	4c. Under 1 Day Hours Minutes 07/10/1924	5. Social Security Number [REDACTED]	6. County of Death Clark
7. Birthdate 07/10/1924		8a. Birthplace (City, Town, or County) Michigan	8b. (State of Foreign Country) High School Graduate	9. Decedent's Education High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 61 Cook-Underwood Rd.				13b. City or Town Cook	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98605	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 35 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Rosemary Baroni	
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT use RETIRED).) Longshoreman			18. Kind of Business/Industry (Do not use Company Name) Shipyard		
19. Father's Name (First, Middle, Last, Suffix) Addison Austin Garlock			20. Mother's Name Before First Marriage (First, Middle, Last) Ruby Mae Center		
21. Informant's Name Rosemary Garlock		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 61 Cook-Underwood Rd. Cook, WA 98605	
24. Place of Death, if Death Occurred in a Hospital: Inpatient					
25. Facility Name (If not a facility, give number & street or location) SW Washington Medical Center					
26a. City, Town, or Location of Death Vancouver		26b. State WA		27. Zip Code 98664	
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Willamette National Cemetery		30. Location-City/Town, and State Portland, Oregon	
31. Name and Complete Address of Funeral Facility Gardner Funeral Home POB 390 White Salmon, WA 98672				32. Date of Disposition 12/09/2004	
33. Funeral Director Signature X <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CARDIAC ARREST DUE TO CORONARY ARTERY DISEASE					
Due to (or as a consequence of):					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
b. DIABETES					
Due to (or as a consequence of):					
c. HYPERTENSION					
Due to (or as a consequence of):					
d. HYPERTENSION					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) 12/05/2004		42. Hour of Injury (24hrs) 1412 (PM)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) SWMC	
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street: Apt. No. City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Guillermo Gonzalez MD 14406 NE 24th Way WA 98148			50. Hour of Death (24hrs) 1412		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) 12/08/2004		
53. Title of Certifier MD		54. License Number MD 000000000		55. Medical Examiner/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
57. Registrar Signature X					
58. Date Received (mm/dd/yyyy) DEC 09 2004					
59. Amendments					

TO BE USED ONLY IN CONNECTION WITH THE VETERANS PENDING ADMINISTRATION

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AFFIDAVIT
Lack of Probate

State of Washington

County of Skamania

Rosemary Garlock, being first duly sworn, deposes and says:

1. The undersigned affiant is the SPOUSE of Addison B. Garlock
(relationship to decedent) (decedent)
_____, who died 12-5-2004, at Vancouver, WA
(date of death) (year) (city)
State of Washington, then being a legal resident of COOK
Skamania, Washington
(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:

Carolyn (Flood) Adams 59 daughter Henderson, Nevada
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

Andrea La Fazio (full name) (KAYLOR)	57 (age)	daughter (relationship)	Lyle (Murdock) WA, (residence)
Avalon Visser (full name)	48 (age)	daughter (relationship)	Hood River, Oregon (residence)
 (full name)	 (age)	 (relationship)	 (residence)
 (full name)	 (age)	 (relationship)	 (residence)

(attach additional page for additional names)

- 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:
- 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.
- As of the date of death, the value of all community property of the decedent was approximately \$ 0. The value of all separate property of the decedent was approximately \$ 0.
- 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.

Rosemary Garlock
Affiant's Full Name

November 2, 2007
Date

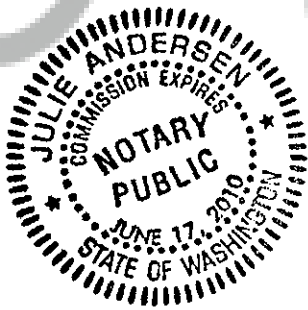
Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF Skamania ss.

On this day personally appeared before me Rosemary Garlock 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 2 day of November, 2007



Julie Andersen
Notary Public in and for the State of
Washington, residing at Carson
My appointment expires 6/17/2010

LAST WILL AND TESTAMENT

OF

ADDISON BUTLER GARLOCK

I, ADDISON BUTLER GARLOCK, a resident of Skamania County, Washington, being of legal age and of sound and disposing mind and memory and knowing the nature of my property and the object of my bounty, and intending to dispose of all my property of whatever kind, wheresoever situated, do hereby make, publish and declare this to be my Last Will and Testament revoking all prior Wills and Codicils.

I.

I hereby declare that I am married. My wife's name is ROSEMARY GARLOCK. I have three natural children, namely: CAROLYN FLOOD, ANDREA LaFAZIO and AVALON KAYLER.

II.

I make no bequest, gift or devise to my children, or any other child or children hereafter born to or adopted by me, except as hereinafter stated.

III.

I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses of my last illness and funeral, be paid by my Personal Representative as soon after my death as is practicable; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

IV.

I hereby give, devise and bequeath unto my wife, ROSEMARY GARLOCK, all the rest, residue and remainder of my estate, whether real or personal, community or separate and wheresoever situated.

1 - LAST WILL AND TESTAMENT
ADDISON BUTLER GARLOCK


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V.

In the event that my wife shall predecease me, or in the event that she shall not survive me by thirty (30) days, I then give, devise and bequeath the remainder of my property in every kind and character, wherever situated, both real and personal, to children named herein, or hereafter born or adopted by me, in equal shares, per capita.

VI.

I hereby nominate and appoint my wife, ROSEMARY GARLOCK, as the Personal Representative of this, my Last Will, to act as such without bond and without intervention of any Court to the extent permitted under the laws of this State in which this Will shall be probated in the case of nonintervention Wills. In the event that my wife is for any reason unable or unwilling to act as my Personal Representative, I then nominate CAROLYN FLOOD to act as my Personal Representative, likewise without bond and without intervention.

VII.

I hereby direct my Personal Representative to pay all estate, inheritance and succession taxes assessed by reason of my death, whether attributable to property passing under this Will or outside it, from the remainder of the residue of my estate disposed of by this Will. I waive for my estate all rights of reimbursement from the beneficiaries for any such payments.

IN WITNESS WHEREOF, I have hereto set my hand this 9TH day of May, 1990.

Addison B. Garlock
ADDISON B. GARLOCK

The foregoing instrument, consisting of two (2) pages, was at the date thereof by ADDISON B. GARLOCK, the Testator named therein, signed, sealed and published as, and declared by him to be his Last Will and Testament, in the presence of us, who at his request and in his presence, and in the presence of each other, and who being of the opinion that he, at the time of executing this Will, was of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person, have subscribed our names as witnesses thereto.

He Mae Thompson Residing in P.O. Box 595, Carson, WA, 98610

Kaye Masco Residing in MP046 Ruyter Rd, Washington, WA, 98671

Unofficial Copy

**AFFIDAVIT OF WITNESSES TO
THE WILL OF
ADDISON BUTLER GARLOCK**

STATE OF WASHINGTON)
) ss.
COUNTY OF C L A R K)

The undersigned witnesses at the request of the Testator after being sworn on oath, stated:

1. EXECUTION: The attached Will was executed on the 9th day of May 1990, at Stevenson WA ~~Vancouver~~, Washington.

2. DECLARATION: Immediately prior to execution, the Testator declared the document to be his Will and requested the witnesses to witness and subscribe to it.

3. SIGNATURES: The Testator signed the Will in the presence of all the witnesses, and the witnesses attested the Execution by all subscribing their names in the presence of the Testator and of each other.

4. The Testator appeared to be of sound mind, of legal age, and acted freely and without duress or undue influence. The witnesses were all competent and of legal age.

Ila Mae Thompson Residing at P.O. Box 595, Carson, WA 98610

Kaye Masco Residing at MP046 Ringler Rd.
Washougal, WA. 98671

SUBSCRIBED AND SWORN to before me this 9th day of May, 1990.

Darin W. Lee
Notary Public for the State of Washington.
Residing in Vancouver, WA.
My Commission Expires: 7-23-92