

Doc # 2007168268  
Page 1 of 6  
Date: 11/16/2007 11:30A  
Filed by: PAUL L PIERCE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$75.00

**WHEN RECORDED RETURN TO:**

PAUL L. PIERCE  
152 OLD LAWTON CRT RD.  
WASHOUGAL WA. 98671

**DOCUMENT TITLE(S)** AFFIDAVIT  
LACK OF PROBATE  
DETH CERTIFICATE

**REAL ESTATE EXCISE TAX**

27344

**REFERENCE NUMBER(S)** of Documents assigned or released:

NOV 16 2007

AF 2004 155 632

PAID Exempt

☐ Additional numbers on page \_\_\_\_\_ of document.

Michael J. Pelland, Deputy  
SKAMANIA COUNTY TREASURER

**GRANTOR(S):**

PAUL L. PIERCE

☐ Additional names on page \_\_\_\_\_ of document. Irene H. Pierce

**GRANTEE(S):**

152-01

Irene H. Pierce

☐ Additional names on page \_\_\_\_\_ of document.

PAUL L. PIERCE

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

LOT 1 ECONOMIDES SHORT PLAT BK3

☒ Complete legal on page 3 of document. pg 232

**TAX PARCEL NUMBER(S):**

01050500060700 LM  
11/16/07

☐ Additional parcel numbers on page \_\_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

# CERTIFICATION OF VITAL RECORD

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

## OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136

STATE FILE NUMBER

1. Legal Name (Include AKA, if any) <b>Irene Hernandez Pierce</b>				2. Death Date (MM/DD/YYYY) <b>April 6, 2006</b>	
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>72</b>	4b. Under 1 Year Months <b>0</b> Days <b>0</b>	4c. Under 1 Day Hours <b>0</b> Minutes <b>0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Multnomah</b>
7. Birthdate (MM/DD/YYYY) <b>April 5, 1934</b>		8a. Birthplace (City/Town, or County) <b>Laredo</b>		8b. (State or Foreign Country) <b>Texas</b>	
9. Decedent's Education <b>9th-12th gr., No diploma</b>		10. Was Decedent of Hispanic Origin? (Yes or No, if yes, specify) <b>Yes, Mexican</b>		11. Decedent's Race(s) <b>White</b>	
12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. Residence: Number and Street (e.g., 324 SE 5th Street, Apt. No. 3) <b>152 Old Lawton Creek Road</b>		14. City/Town <b>Washougal</b>	
15. Residence County <b>Skamania</b>		16. State or Foreign Country <b>Washington</b>		17. Zip Code + 4 <b>98671</b>	
18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		19. Marital Status at Time of Death <b>Married</b>		20. Spouse's Name (if married or widowed, give name prior to first marriage) <b>Paul Pierce</b>	
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED") <b>Machinist</b>			22. Kind of Business/Industry (Do not use company name) <b>Aircraft Production</b>		
23. Father's Name (Last, Middle, First, Suffix) <b>Felix Hernandez Ruiz</b>			24. Mother's Name Prior to First Marriage (Last, Middle, First, Suffix) <b>Bernardina Elizondo</b>		
25. Informant's Name <b>Paul Pierce</b>		26. Telephone Number <b>360-910-3270</b>		27. Relation to Decedent <b>Husband</b>	
28. Mailing Address (Number & Street, City/Town, State, Zip + 4) <b>152 Old Lawton Creek Road, Washougal, WA</b>		29. Place of Death <b>Nursing Home</b>		30. Facility Name <b>Friendship Health Care</b>	
31. Location of Death (Give address) <b>3320 S.E. Holgate Blvd.</b>		32. City/Town or Location of Death <b>Portland</b>		33. State <b>OR</b>	
34. Zip Code + 4 <b>97202</b>		35. Method of Disposition <b>Cremation</b>		36. Place of Disposition (Name of cemetery, crematory, or other place) <b>Aloha Crematory</b>	
37. Location <b>Aloha, Oregon</b>		38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) <b>Wherity Family Funerals &amp; Cremations 8265 SW Seneca St., Tualatin, Oregon 97062</b>			
39. Date of Disposition (MM/DD/YYYY) <b>4/8/2006</b>		40. Funeral Director's Signature <i>[Signature]</i>		41. OR License Number <b>CO-3686</b>	
42. Registrar's Signature <i>[Signature]</i>		43. Date Received (MM/DD/YYYY) <b>April 11, 2006</b>		44. Local File Number	
45. Record Amendment					
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. Time of Death <b>2330</b>		CAUSE OF DEATH (See instructions and examples.)			
50. 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.					
Final disease or condition resulting in death: Sequentially list conditions, if any, leading to the cause listed on line 51. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		IMMEDIATE CAUSE <b>Pancreatic Cancer</b>			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:					
52. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Poisoning		53. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		59. Location of Injury (Number & Street, City/Town, State, Zip + 4)			
60. Describe how injury occurred.		61. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) <b>Paul E. Wickham MD 2211 E. Mill Plain Blvd. Vancouver WA 98661</b>					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier <b>MD</b>		65. License Number <b>11136</b>		66. Date Certified (MM/DD/YYYY) <b>4-7-06</b>	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
68. Medical Examiner - 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.					
69. Record Amendment					

RECORDER'S NOTE:  
NOT AN ORIGINAL DOCUMENT

TO BE COMPLETED BY MEDICAL CERTIFIER

TO BE COMPLETED BY FUNERAL FACILITY



THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

APR 11 2006

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT AN AGING STATE SEAL AND BORDER.

MULTNOMAH COUNTY, OREGON

LILA WICKHAM, RN, MS  
COUNTY REGISTRAR



DOC # 2007168268  
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**AFFIDAVIT  
Lack of Probate**

State of Washington

County of SKAMANIA

PAUL L. PIERCE, being first duly sworn, deposes and says:

1. The undersigned affiant is the SPOUSE of M. IRENE  
(relationship to decedent) (decedent)  
H. PIERCE, who died APRIL 6, 2006, at PORTLAND  
(date of death) (year) (city)  
State of OREGON, then being a legal resident of WASHOUGAL  
SKAMANIA, WASHINGTON  
(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 \_\_\_\_\_ 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:

TABITHA LYNN VASQUEZ 37 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.

Paul L. Pierce  
Affiant's Full Name

11-14-07  
Date

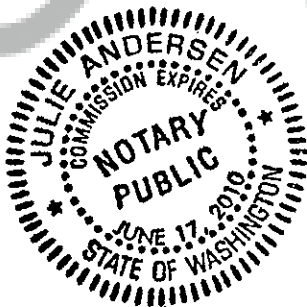
\_\_\_\_\_  
Affiant's Full Name

\_\_\_\_\_  
Date

STATE OF WASHINGTON, )  
COUNTY OF Skamania ) ss.

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

GIVEN under my hand and official seal this 14 day of November, 2007



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

COUNTY

OF SKAMANIA

[Type of Recording Jurisdiction]

[Name of Recording Jurisdiction]

A PORTION OF THE WEST HALF OF THE SOUTHWEST QUARTER OF SECTION 5,  
TOWNSHIP 1 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY  
OF SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS: LOT 1 OF THE  
ECONOMIDES SHORT PLAT, RECORDED IN BOOK 3 OF SHORT PLATS, PAGE 232,  
SKAMANIA COUNTY RECORDS.