AFN #2009172357 Recorded 03/23/09 at 09:19 AM DocType: MISC Filed by: GAIL BELLAMY Page: 1 of 5 Auditor J. Michael Garvison Skamania County, WA

WHEN RECORDED RETURN TO:

Gail Bellamy
152 Laural Lane
Washougal, WA 98671

DOCUMENT TITLE(S)

Order Confirming Nonintervention Powers to Personal Representative NO.06-4-00011 0 Filed June 29, 2006

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

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

Bellamy, Grace E.

[ ] Additional names on page _____ of document.

GRANTEE(S):

Bellamy, Gail

[ ] Additional names on page _____ of document.

REAL ESTATE EXCISE TAX
27964
MAR 23 2009
PAID exempt
SKAMANIA COUNTY TREASURER

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

Lot 20 of WASHOUGAL RIVERVIEW TRACTS according to the official plat thereof on file and of record at Page 80 of Book "A" of Plats, records of Skamania County, Washington

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

02053230170000

Skamania County Assessor
Date 3/23/09 Parcel# 2-5-32-3-1700

[ ] 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.

Unofficial Copy

SKAMANIA COUNTY
FILED
JUN 29 2006
LORENA E. HOLLIS, CLERK
DEPUTY _____

IN THE SUPERIOR COURT OF WASHINGTON FOR SKAMANIA COUNTY

In re the Estate of:	)	
	)	NO. 06-4 00011 0
GRACE E. BELLAMY,	)	
	)	ORDER CONFIRMING
Deceased.	)	NONINTERVENTION POWERS
	)	TO PERSONAL
	)	REPRESENTATIVE

I. HEARING

1.1 Date. Hearing was held on the date of this Order.

1.2 Purpose. The purpose of the hearing was to establish the estate's eligibility for nonintervention powers.

1.3 Appearances. The undersigned attorney appeared for Petitioner.

1.4 Proof. The court considered the files and the Verified Petition. Testimony in support of the Petition was waived by the Petitioner.

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MILES & MILES, P.S.
ATTORNEYS AT LAW
1220 MAIN ST., SUITE 455
VANCOUVER, WA 98660
360-696-4280 FAX 360-696-9292

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II. FINDINGS

On the basis of proof described in the foregoing paragraph the court finds:

2.1 Personal Representative. The deceased executed a Will on October 8, 2004. GAIL BELLAMY, who is named as Personal Representative, is well advised regarding this matter. GAIL BELLAMY is not a creditor of the estate.

2.2 Notice. All notices required by law will be given.

2.3 Solvency. The assets of the estate will exceed the expenses, taxes, debts and claims of creditors.

III. ORDER GRANTING NONINTERVENTION POWERS

On the basis of the Findings, it is ORDERED:

3.1 Solvency. The estate is solvent.

3.2 Nonintervention Powers. Upon filing an Oath, GAIL BELLAMY as Personal Representative may administer and close the estate without further intervention of the court.

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3.3 Transfers. Upon qualifying, GAIL BELLAMY as Personal Representative is authorized to transfer all property of the estate without further order of the court.

DONE IN OPEN COURT this 29th day of June 2006.

SUPERIOR COURT JUDGE

Presented by:

WILLIAM L. MILES, WSBA #8160
of Attorneys for the Estate of
GRACE E. BELLAMY

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: D2 25

Washington State Certificate of Death

State File Number:

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
Grace	Evangeline	Bellamy		06-02-2006

3. Sex (M/F)	4a. Age – Last Birthday	4b. Under 1 Year Months	Days	4c. Under 1 Day Hours	Minutes	5. Social Security Number	6. County of Death
Female	84					[redacted]	Clark

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
10-21-1921	Jamestown	North Dakota	High School Graduate

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces?
No	White	No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
152 Laurel Lane	Washougal

13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skamania		Washington	98671	☐ Yes ☒ No ☐ Unk

14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)
34 Years	Widowed	N/A

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)	18. Kind of Business/Industry (Do not use Company Name)
Homemaker	Own Home

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Henry Hebert	Laura Mae

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No.	City or Town	State	Zip
Gail Marie Bellamy	Daughter	152 Laurel Lane	Washougal	WA	98671

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
	Decedent's Home

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
152 Laurel Lane	Washougal	WA	98671

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Cremation	Lower Columbia Crematory	Vancouver, Washington

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Brown's Funeral Home, Inc. 410 NE Garfield Street Camas, WA 98607	6-8-2006

33. Funeral Director Signature X [signature]

Part 2 completed by Certifier

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Adenocarcinoma of Rectum	5 years
	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.	
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: NONE

36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
☐ Yes ☒ No	☐ Yes ☐ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☐ Yes ☐ Probably ☒ No ☐ Unknown

41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	44. Injury at Work?
			☐ Yes ☐ No ☐ 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:
	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ 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 [signature]

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)	50. Hour of Death (24hrs)
Dr. Mark Seligman 6050 NE Hoyt Suite 352 Portland, OR 97213	1020
51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY)
	6/5/2006

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
M D	MD11837		☐ Yes ☒ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
X [signature]	6/6/06

59. Amendments

DOH 01-003 (5/99)

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