

AFTER RECORDING MAIL TO:

Name John Wesley Gilson Jr.

Address 6131 33rd Lane NE

City/State Olympia, WA 98516

ext. 31010

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

1. CERTIFICATE OF DEATH
- 2.
- 3.
- 4.



First American Title Insurance Company

(this space for title company use only)

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. GILSON, VIOLA ELIZABETH
- 2.
- 3.
- 4.
5. Additional names on page _____ of document

REAL ESTATE EXCISE TAX

28031

APR 29 2009

PAID Wesley
Vickie Chilton, Deputy
SKAMANIA COUNTY TREASURER

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

1. GILSON, JOHN WESLEY JR.
- 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)

All of Lot 19 and the South 22 feet of Lot 18, all in Block 1 of the Boyd & Wildinon's Addition, according to the recorded plat thereof recorded in Book A of Plats, Page 36, in the County of Skamania, State of Washington.

Skamania County Assessor
4-29-09 Parcel# 3-8-29-2-1-1400

Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-29-2-1-1400-00 (M)

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.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2009-003117

LOCAL FILE NUMBER: 5364

DATE ISSUED: 03/30/2009

FEE NUMBER: 000000034

GIVEN NAMES: VIOLA ELIZABETH
LAST NAME: GILSON

COUNTY OF DEATH: THURSTON
DATE OF DEATH: MARCH 26, 2009
HOUR OF DEATH: 05:30 A.M.
SEX: FEMALE
AGE: 96 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MARCH 15, 1913
BIRTHPLACE: BEAVERTON, OREGON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? NO

INFORMANT: JOHN WESLEY GILSON I I
RELATIONSHIP: SON
ADDRESS: 6131 33RD LANE NE, OLYMPIA, WASHINGTON, 98516

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: ROO LAN HEALTHCARE CENTER
CITY, STATE, ZIP: LACEY, WASHINGTON 98503

RESIDENCE STREET: 1534 CARPENTER RD SE
CITY, STATE, ZIP: LACEY, WASHINGTON 98503
INSIDE CITY LIMITS? YES

COUNTY: THURSTON
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER: MARTIN NIELSEN
MOTHER: ELIZABETH AUSTEIN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SUNNER CREMATORY
CITY, STATE: SUMNER, WA
DISPOSITION DATE: MARCH 28, 2009

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF WA
ADDRESS: 455 NORTH STREET SE
CITY, STATE, ZIP: TUMWATER WA 98501
FUNERAL DIRECTOR: CLAIR S FERRIS

- CAUSE OF DEATH:
- A. ALZHEIMERS DEMENTIA
INTERVAL: 12-10-07
 - B. CONGESTIVE HEART FAILURE DUE TO CORONARY ARTERY DISEASE
INTERVAL: 12-10-07
 - C. HYPERTENSITY
INTERVAL: 12-10-07
 - D. DEPRESSION
INTERVAL: 12-10-07

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT PREGNANT WITHIN PAST YEAR

CERTIFIER NAME: S KARANAM MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 15921 NE 8TH ST., C-205
CITY, STATE, ZIP: BELLEVUE WA 98008
DATE SIGNED: MARCH 26, 2009

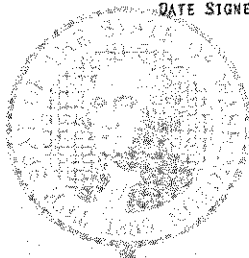
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 09-0488-03
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
SUSAN E FLVHN
DATE RECEIVED: MARCH 27, 2009



LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No.: _____, County: _____

STATE OF _____)

SS:

COUNTY OF _____)

The undersigned, John W. Gilson Jr., executes this affidavit relating to the estate of Viola E. Gilson (herein "Decedent"), who died on Mar 26, 2009, in the County of Thurston, State of Washington, then being a resident of the City of Lacey, County of Thurston, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Surviving child of the Decedent
- Registered domestic partner of the Decedent
- One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington,
- other (identify): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); **and**
3. **all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:**

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Charles M. Gilson (son)
 Address: 202 Carothers, Copperas Cove, TX 76521
 Name & relationship John W. Gilson Jr (son)
 Address: 6131 33d lane NE, Olympia, WA 98516
 Name & relationship Robert C. Gilson (son)
 Address: POB 1459 PMB 107, Cave Junction, OR 97523
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- Community property
- Separate property
- Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
 - married to John W. Gilson (Sr)
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - married to _____
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
3.
 - That the decedent left a Will, *a copy of which is attached hereto.*
 - That the decedent left no Will.
 - That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____ *(if unrecorded, attach a copy)*
4.
 - That the decedent's estate is not being probated.
 - That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____
5.
 - That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
 - That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
 - That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5.
 - That the decedent has not received assistance from the State of Washington for medical care.
 - That the decedent has received assistance from the State of Washington for medical care.
 - That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 1500.00, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ _____, and including the value of Decedent's separate property, if any, of approximately \$ _____, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ _____.

This affidavit is made to induce SKAMAWANA COUNTY TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: 4/3, 20 09

[Signature]
(Signature)

John W. Gilson
(Print or type full name)

631 326 Lane NE Olympia WA 98516
(Full address and telephone number)
(360) 491-6730

SUBSCRIBED and SWORN TO before me this 3rd day of April, 2009

Notary Public in and for the State of Washington
Washington, residing at Thurston County

Kim D. Parks, Notary

