

AFTER RECORDING MAIL TO:

Name Billie L. Davis

Address 352 Mt. Pleasant Road

City/State Washougal, WA 98671

SCC 31759

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

1. CERTIFICATE OF DEATH & LACK OF PROBATE
2. AFFIDAVIT
- 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. DAVIS, JAMES CHARLES
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. DAVIS, BILLIE L.
- 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)

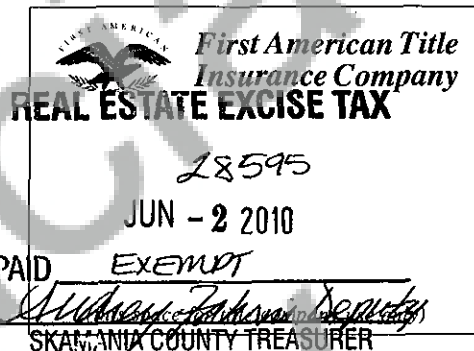
SEC 8 T1N R5E

☒ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 01-05-08-0-0-1304-00 

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.



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
D2-27							
1. Legal Name (include AKA's (Last, First, Middle, Suffix)		James Charles Davis				2. Death Date	
						09/13/2008	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Male	60	Months	Days		Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
07/31/1948	Vancouver	Washington		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		Yes			
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)		13b. City or Town		13c. Inside City Limits?			
352 Mt. Pleasant Rd.		Washougal		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State of Foreign Country	13f. Zip Code + 4				
Skamania		Washington	98671				
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	Married	Billie L. McCracken					
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)					
Line Operator		Nonwoven Manufacturing					
19. Father's Name (First, Middle, Last, Suffix)		20. Mother's Name Before First Marriage (First, Middle, Last)					
Cletis S. Davis		Phyllis H. Mower					
21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street (or RFD No., City or Town, State, Zip					
Billie Davis	Wife	352 Mt. Pleasant Rd., Washougal, Washington 98671					
24. Place of Death, if Death Occurred in a Hospital		25. Facility Name (If not a facility, give number & street or location)					
		Decedent's Home					
26. City, Town, or Location of Death		26b. State	27. Zip Code				
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		Columbia River Crematory		White Salmon, Washington			
31. Name and Complete Address of Funeral Facility		32. Date of Disposition					
Straub's Funeral Home 325 NE 3rd Ave., Camas, WA 98607		09/16/2008					
33. Funeral Director Signature							
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. <u>Natural Cause Unknown Etiology</u> Interval between Onset & Death							
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							
Due to (or as a consequence of):							
Interval between Onset & Death							
Due to (or as a consequence of):							
Interval between Onset & Death							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
ASHD / Hypertension / Atrial Fibrillation / MORGIS / OBESITY							
36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Manner of Death		39. If female		40. Did tobacco use contribute to 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		<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"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?			
				<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.		48b. Medical Examiner/Coroner (On the basis of examination, autopsy investigation, or other investigation, if my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
X <u>David Hagen, MD</u>							
49. Name and Address of Certifier - Physician, Medical Examiner, or Coroner (Type or Print)		50. Hour of Death (24hrs)					
David Hagen, MD 327 NE 5th Ave., Camas, WA 98607		2025					
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		52. Date Signed (mm/dd/yyyy)					
		09/15/08					
53. Title of Certifier	54. License Number	55. Medical Examiner/Coroner Number		56. Was case referred to ME/Coroner?			
MD	MD00623984			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature		58. Date Received (mm/dd/yyyy)					
<u>[Signature]</u>		9/15/08					
59. Amendments							

EXHIBIT 'A'

A tract of land located in the Northeast Quarter of the Southeast Quarter of Section 8, Township 1 North, Range 5 East of the Willamette Meridian, described as follows:

Beginning at the South Quarter corner of the said Section 8, said point being a brass monument in the right of way of Bell Center Road; thence North $01^{\circ} 58' 31''$ East 1399.64 feet to the Northwest corner of the Southwest Quarter of the Southeast Quarter of the said Section 8; thence North $88^{\circ} 00' 00''$ East along the North line of the South half of the Southeast Quarter of the said section 8 a distance of 2026.63 feet to the true point of beginning; thence North $02^{\circ} 00' 51''$ East a distance of 1188.31 feet to the center of Mt. Pleasant Road; thence South $76^{\circ} 03' 08''$ East a distance of 155.79 feet to the beginning of a curve to the left; thence along the arc of the curve a distance of 214.83 feet through a central angle of $21^{\circ} 29' 00''$ with a radius of 572.96 feet (the long chord of which bears South $86^{\circ} 47' 38''$ East and has a length of 213.58 feet); thence North $82^{\circ} 27' 52''$ East a distance of 14.92 feet along the center of Strunk road; thence South $02^{\circ} 00' 51''$ West 1127.41 feet to the North line of the South half of the Southeast Quarter of the said Section 8; thence South $88^{\circ} 00' 00''$ West 381.60 feet to the point of beginning.

EXCEPT that portion conveyed to Skamania County by instrument recorded in Book 80 Page 20.

Skamania County Assessor
 Date 6-2-10 Parcel# 1-5-8-1304


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

Title Insurance Commitment No.: 31759, County: Skamania

STATE OF Washington,

COUNTY OF Skamania,

SS:

The undersigned, Bellie Darius, executes this affidavit relating to the estate of James C. Darius (herein "Decedent"), who died on 9-13-08, in the County of Skamania, State of Washington, then being a resident of the City of Washougal, County of Skamania, State of WA.

(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: Rebecca M. Darius

Address: 352 Mt Pleasant Rd Washougal, WA 98671

Name & relationship: _____

Address: _____

Name & relationship: _____

Address: _____

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 Belle Davis
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to Belle Davis
 - ☐ 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 \$ _____, 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 Skamania 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: 5-26, 20 10

Billie L. Davis
(Signature)

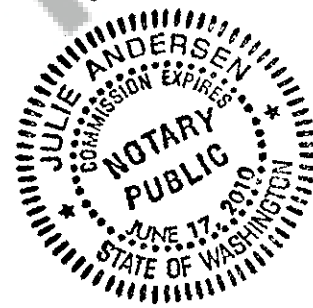
Billie L. Davis
(Print or type full name)

352 Mt Pleasant Rd
(Full address and telephone number)

Washougal, WA 98671 360 835-2468

SUBSCRIBED and SWORN TO before me this 26 day of May, 20 10

Julie Andersen
Notary Public in and for the State of
Washington, residing at Carson



COPY

Last Will and Testament

OF

JAMES C. DAVIS

KNOW ALL MEN BY THESE PRESENTS that I, **JAMES C. DAVIS**, domiciled in Washougal, Washington, now of legal age and being of sound and disposing mind and memory and not acting under duress, menace, fraud or undue influence of any person or persons whomsoever, and being desirous of settling my worldly affairs while I have the strength and capacity to do so, do make, publish and declare this to be my **LAST WILL AND TESTAMENT**, hereby revoking any and all other or former Wills or Codicils by me made.

I

I declare that I am married to **BILLIE L. DAVIS** and that we have one (1) child of this marriage, namely: **REBECCA M. DAVIS** of Washougal, Washington, of the age of majority. I have no deceased children with living lineal descendants.

II

It is my will and I hereby direct that my Personal Representative, as hereinafter named, pay all lawful charges against my estate as soon as possible after my death out of funds in my estate properly applicable thereto.

III

I hereby order and direct that separate writings will identify bequests of tangible personal property not otherwise specifically disposed of by this Last Will and Testament. These lists shall not be effective unless the list is in writing, the writing is either in my handwriting or signed by me, and the writing describes the items and the recipients of the property with reasonable certainty. The writing may be written or signed before or after the execution of this Last Will and Testament. If an



individual designated to receive property in these lists dies before me, then, in that event, the property shall pass under residuary clause of this, my Last Will and Testament. I may make subsequent handwritten or signed changes to any of these lists. If there is an inconsistent disposition of tangible personal property as between lists, the most recent shall control.

IV

My wife and I are parties to a Community Property Agreement as provided by the statutes of the State of Washington. I intend that said Community Property Agreement shall be fully effective, but if such agreement shall be insufficient for any reason to transfer my entire estate to my wife, then I do hereby devise and bequeath unto my wife, **BILLIE L. DAVIS**, all of my estate and property of whatsoever nature and wheresoever situated, such devise and bequest being contingent solely upon her surviving me.

V

In the event that my wife does not survive me by sixty (60) days, I hereby give, devise and bequeath all the rest, residue and remainder of my estate wherever situated and of whatever kind and nature in equal shares to our daughter, **REBECCA M. DAVIS**.

In the event that **Rebecca** should be deceased and leave issue, her share shall be distributed to my niece, **KARI JO SADEWASSER** of Vancouver, Washington as herein-named Trustee for the **EDUCATION ONLY** of the **ISSUE OF REBECCA M. DAVIS**. Education is the primary intent of this trust, however assets may also be released for specific other purposes if they are prudent in the sole discretion of the Trustee, or distribution may be delayed if it is prudent in the sole discretion of the Trustee.

Education is defined as any two or four year accredited college or licensed vocational program. Educational costs would include tuition, books, room, board, and any other costs associated with actual educational expenses incurred in pursuing a degree.

At the time each of **THE ISSUE OF REBECCA M. DAVIS** should individually attain the age of twenty-five (25) years, they are to receive the remainder of their trust share, outright, free of trust.

In the event that **KERI JO SADEWASSER** shall be then deceased, or shall for any reason be unable or unwilling to serve as Trustee, then I hereby appoint my niece, **CARLEEN S. DAVENPORT** of Las Vegas, Nevada, to serve as Alternate Trustee in her stead with like powers and authority.

In the event that **Rebecca** should be deceased and leave no issue, her share shall be distributed to my niece, **KERI JO SADEWASSER**.

VII

I hereby appoint my wife, **BILLIE L. DAVIS**, as Personal Representative of this, my **LAST WILL AND TESTAMENT**, and I request that she be permitted to serve without bond or surety thereon and without the intervention of any court or courts, except as required by law; I hereby authorize and empower said Personal Representative, in her absolute discretion, to sell, exchange, convey, transfer, assign, mortgage, pledge, lease, or rent the whole or any part of my real or personal estate, to invest, reinvest, or retain investments of my said estate, and to perform all acts and to execute all documents which my said Personal Representative may deem necessary, convenient or proper in regard to my property. In the event that my wife shall predecease me or shall for any reason refuse or be unable or unwilling to serve or to continue serving as Personal Representative hereof, then I hereby appoint our daughter, **REBECCA M. DAVIS** as Personal Representative in her stead, with like powers and authority.

VIII

I request that the attesting witnesses to my will make an affidavit before a Notary Public stating such facts as they would be required to testify to a court to prove such will.



IN WITNESS WHEREOF, I have hereunto set my hand and do publish and declare this my
LAST WILL AND TESTAMENT on this 21 day of March, 2007.

James C. Davis
JAMES C. DAVIS
Testator

THIS IS TO CERTIFY that the foregoing instrument, consisting of four pages, besides this, was on the date hereof, signed by the said **JAMES C. DAVIS** and by him published and declared to be his LAST WILL AND TESTAMENT, in the presence of us and each of us, who, at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses thereto.

Laurie J. Frost residing at Vancouver, WA

Diane M. Bixt residing at Camas, WA

STATE OF WASHINGTON)
: ss.
COUNTY OF CLARK)

The undersigned, of lawful age and competent to testify, duly sworn, each for him/herself, testifies as follows:

The foregoing document was executed by the Testator on the date it bears in the presence of the undersigned witnesses and Notary Public.

The Testator declared this document to be his LAST WILL AND TESTAMENT and requested us to sign the same as witnesses. At the request of and in the presence of the Testator and in the presence of the Notary Public and each other, the other witness and I subscribed our names as witnesses thereto.

At the time of executing this document, Testator and his witnesses were of the age of majority and the Testator appeared to be of sound and disposing mind, and not acting under duress,

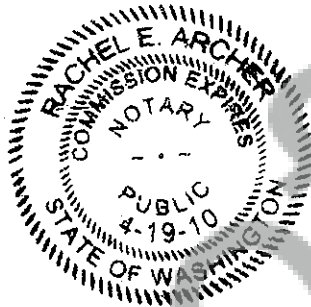
James C. Davis

menace, fraud or undue influence or misrepresentation and was mentally competent to make such an instrument and that the same was made of his own free will and accord.

Lauri J. Treusti
Witness

Manoel B. H.
Witness

SUBSCRIBED AND SWORN TO before me this 21st day of March, 2007.



Rachel E. Archer
NOTARY PUBLIC in and for the
State of Washington.
My Commission Expires: 4-19-10

JD