

WHEN RECORDED RETURN TO:

Jennifer Bisset
Haskell Davies & Dunn, PC
PO Box 417
Hood River, OR 97031

REAL ESTATE EXCISE TAX

29 246
NOV -7 2011
PAID exempt
Cy duval
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)

Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

111579

GRANTOR(S):

Delores Esch

GRANTEE(S):

Eugene Esch

ABBREVIATED LEGAL DESCRIPTION:

PTN, N2 S2 17-3-8

TAX PARCEL NUMBER(S):

03-08-17-1-0-0802-00

03-08-17-1-0-0802-89

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

565483
I.D. TAG NO.

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

136-

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (include AKAs, if any) First: Delores Middle: Dale Last: ESCH Suffix:		2. Death Date (MM/DD/YYYY) Nov. 5, 2010	
3. Sex (M/F) Female	4a. Age - Last Birthday 68	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:
5. Social Security Number		6. County of Death Multnomah	
7. Birthdate (MM/DD/YYYY) Feb. 27, 1942		8b. Birthplace (City/Town, or County) Brawley	
8a. Birthplace (City/Town, or County) California		9. Decedent's Education	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. Residence: Number and Street (e.g., 824 SE 3th Street, Apt. No. 8) 101 Mathaney Rd.	
14. City/Town Carson		15. State or Foreign Country Washington	
16. Zip Code + 4 98610		17. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
18. Marital Status at Time of Death Married		19. Spouse's Name (if married or widowed, give name prior to first marriage) Eugene Edgar Esch	
20. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Business Owner		21. Kind of Business/Industry (DO NOT USE COMPANY NAME) Office Supplies	
22. Father's Name (First, Middle, Last, Suffix) Walter Hubert		23. Mother's Name Prior to First Marriage (First, Middle, Last) Lillie Eastling	
24. Informant's Name Gene Esch		25. Telephone Number 509-427-4647	
26. Relation to Decedent Husband		27. Mailing Address (Number & Street, City/Town, State, Zip + 4) PO Box 544 Carson, WA 98610	
28. Place of Death Inpatient-Hospital		29. Facility Name Providence Medical Center	
30. Location of Death (Give address.) 4805 NE Glisan		31. City/Town or Location of Death Portland	
32. State OR		33. Zip Code + 4 97213	
34. Method of Disposition Removal From State		35. Place of Disposition (Name of cemetery, crematory, or other place) Wind River Memorial Cemetery	
36. Location Carson, Washington		37. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Gardner Funeral Home 1270 N. Main Ave/POB 390 White Salmon, WA 98672	
38. Date of Disposition (MM/DD/YYYY) Nov. 11, 2010		39. Funeral Director's Signature RR64	
40. Registrar's Signature [Signature]		41. Date Registered (MM/DD/YYYY) NOV 14 2010	
42. Local File Number 04971		43. Record Amendment	

TO BE COMPLETED BY MEDICAL CERTIFIER

44. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		45. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		46. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Time of Death 1226	
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.						Approximate Interval: Onset to Death 8 months	
Final disease or condition resulting in death → a. Adenocarcinoma Lung Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓ d. Due to (or as a consequence of) ↓							
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:							
52. 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		53. If Female <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		55. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
56. Date of Injury (MM/DD/YYYY)		57. Time of Injury		58. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		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) F. Joseph Rinella PO Box 1519 White Salmon, WA 98672							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier DO		65. License Number OP 00002120		66. Date Signed (MM/DD/YYYY) 11-9-2010		67. 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. Frank J. Rinella III	
68. Record Amendment							

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL RECORDS COPY
REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

Exhibit A

LACK OF PROBATE AFFIDAVIT

STATE OF OREGON)
) ss.:
COUNTY OF HOOD RIVER)

I, Eugene Esch, being first duly sworn on oath, depose and state as follows:

1. I am the lawfully surviving spouse of Delores Esch who died on November 5, 2010, in Skamania County, Washington, then being a legal resident of Skamania County, Washington. A certified copy of her Death Certificate is attached as Exhibit A.
2. The Decedent died intestate. The heirs at law of the decedent are:

NAME:	ADDRESS:
Eugene Esch, Affiant	P.O. Box 544, Carson, WA 98610
Bradley Gentry	2221 NE 68 th Street, Vancouver, WA 98665
Kimberlin Mathany	P.O. Box 585, Carson, WA 98610
3. The estate has been distributed according to Washington state law.
4. Each of the obligations of the Estate of Delores Esch, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, and state and federal succession taxes, if any, have been paid in full or provided for by me, her surviving spouse. The amount of income tax due to the federal government, if any, is not known at this time, but is believed to be well provided for.
4. The total value of the Decedents's estate at the date of death, including all real and personal property, was approximately \$60,000, including the Decedent's half interest in the community property, and any separate property of the Decedent.
5. This affidavit is made in order clear the title to real property the Decedent and I held as husband and wife at the at the time of her death, legally described as:

The North half of the South half of the following described real property:

Beginning at a point 923.4 feet East of the Southwest corner of the Northeast quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, Skamania County, Washington; thence North along the Easterly Right of Way line of the Mathany Road 660 feet; thence East 193.3 feet to the Westerly Right of Way line of Johnson Road; thence South along said Right of Way line 660 feet to the South line of the Northeast quarter of the said Section 17; thence West 193.3 feet to the point of beginning.

Skamania County Assessor
Date 11-7-11 Parcel# 3-8-17-1-802
3-8-17-1-802-89

Date: 3 Oct 11

Eugene Esch
Eugene Esch

State of Oregon)
) ss
County of Hood River)

I certify that I know or have satisfactory evidence that Eugene Esch is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes in the instrument.

Dated: Oct 3, 2011

Tracy A Snyder
Notary Public for Oregon
My Commission Expires: 10/1/13

