

**WHEN RECORDED RETURN TO:**

Tiffany A. Elkins  
P. O. Box 86100  
Portland, OR 97286-0100

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

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR(S):**  
HENRY THEODORE PETERSON

**GRANTEE(S):**  
ROSEMARY PETERSON

**ABBREVIATED LEGAL DESCRIPTION:**  
Lot 3 of Roberson Short Plat filed in Book 1 of Short Plats at pages 50-A to 50-C, records of Skamania County Auditor.)

**TAX PARCEL NUMBER(S):**  
03102120020300

**REAL ESTATE EXCISE TAX**  
29581  
JUN 11 2012

PAID exempt  
Vicki C. Holland, Treasurer  
SKAMANIA COUNTY TREASURER

Skamania County Assessor  
Date 6-12-12 Parcel # 3-10-212-203  
SE

File No.: (CRC)

Affidavit Lack of Probate - continued

Date: /2011

**AFFIDAVIT  
LACK OF PROBATE**

File No:

Date: May 29, 2012

STATE OF Oregon )  
 )-ss.  
COUNTY OF Multnomah )

Rosemary Peterson, being first duly sworn, deposes and says:

1. That the undersigned Affiant is the spouse/widow (relationship to decedent) of Henry Theodore Peterson who died on February 21, 2011, at 8421 SE 92<sup>nd</sup> Avenue, Portland, State of Oregon, then being a legal resident of **Portland, Multnomah County, Oregon.**

**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; or  
[ ] Decedent left no last Will; or  
[ X ] Decedent left a last Will which has not been probated nor revoked; a copy of which is attached hereto; or  
[ ] Decedent left a last 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 decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows:

HEIRS AT LAW

Rosemary Peterson	82	spouse	8421 SE 92 <sup>nd</sup> Avenue, Portland,
(full name)	(age)	(relationship)	Oregon 97266
			(residence)
Jerry Lee Peterson	60	Son	Rosarita Beach, Mexico
(full name)	(age)	(relationship)	(residence)
Gregory Lynn Peterson	58	Son	8421 SE 92 <sup>nd</sup> Ave., Portland, OR
(full name)	(age)	(relationship)	97266-6109
			(residence)
Annette Louise Peterson	50	Daughter	312 Wess Road, Underwood, WA
(full name)	(age)	(relationship)	98651-9204
			(residence)

4. All the debts of the decedent's 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:  
  
None
5. The decedent [ ] had [ X ] 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 decedent was approximately \$0.00. The value of all separate property of decedent was approximately \$187,500.

Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction: Pursuant to the Last Will and Testament of Henry Theodore Peterson, Rosemary Peterson is the sole and rightful devisee of the estate, including the real property.

7.

This affidavit is made to induce \_\_\_\_\_  
(The Company) to issue its policy or 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

  
Rosemary Peterson

Page 3 of 3

LAST WILL AND TESTAMENT  
OF  
HENRY THEODORE PETERSON

I, HENRY THEODORE PETERSON, do hereby make publish and declare this as my Last Will and Testament, hereby revoking any will or codicil heretofore made by me.

I

I direct the payment out of my estate of all the just debts allowed in the course of administration including the expenses of my last illness and funeral.

II

I declare that at the time of making this will I am married and the father of four children, namely:

PHYLLIS ANN PETERSON, [REDACTED]  
JERRY LEE PETERSON, [REDACTED]  
GREGORY LYNN PETERSON, [REDACTED]  
ANNETTE LOUISE SPADA, [REDACTED]

III

I give, devise, and bequeath all of my estate of whatever nature and interest that I now have or may be entitled to and wheresoever situated to my beloved wife, ROSEMARY PETERSON.

## IV

In the event that my beloved wife, ROSEMARY PETERSON, shall have predeceased me then I give, devise, and bequeath all of my estate of whatever nature and interest that I now have or may be entitled to and wheresoever situated to my children equally, provided that if a child of mine has predeceased me leaving grandchildren, his or her share shall go to that child's surviving children.

## V

In the event that my wife and I should die under circumstances where it is not possible to determine with certainty which of us survived the other, it shall be conclusively presumed that my wife survived me and my estate shall be distributed accordingly.

## VI

I nominate and appoint my wife, ROSEMARY PETERSON, to be my personal representative and to serve in that capacity without bond or other undertaking. In the event of the death, disability or refusal of my wife to serve as personal representative, I nominate and appoint PHYLLIS ANN PETERSON to be personal representative without bond or other undertaking.

DATED: March 16, 1984.

Henry Theodore Peterson

The foregoing instrument consisting of three pages, including this page, was on this 16<sup>th</sup> day of March, 1984, in our presence, signed, published and declared by HENRY THEODORE PETERSON to be his Will, who was at that time of sound and disposing mind and memory and not acting under fraud, duress, or undue influence.

IN TESTIMONY WHEREOF, we do at his request, in his presence and in the presence of each other, subscribe our names as witnesses.

*Don Lott* residing at *Portland, Ore.*

*Kathy Scott* residing at *Portland, Or.*

Unofficial Copy

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IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

In Probate

STATE OF OREGON                    )                   No.  
  ) ss.  
County of MULTnomah            )                   AFFIDAVIT OF ATTESTING WITNESSES

I, Dean Cottrell and I Kathy Scott,  
each for myself say:

On the date of the foregoing Will of HENRY THEODORE PETERSON,  
in our presence, said HENRY THEODORE PETERSON signed the same  
and declared it to be his Will, whereupon at his request and in  
his presence, we attested the Will by signing our names thereto.

To the best of my knowledge and belief, the Testator was  
over the age of 18 years and of sound mind.  
Dean Cottrell

Kathy Scott

Personally appeared before me each of the witnesses above  
named and acknowledged the foregoing to be his/her voluntary  
act and deed this 16<sup>th</sup> day of March, 1984.

George C. Schafer  
Notary Public for Oregon  
My Commission Expires June 23, 1985

CERTIFICATION OF VITAL RECORD

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

OREGON DEPARTMENT OF HUMAN SERVICES  
CENTER FOR HEALTH STATISTICS  
136-  
 I.D. TAG NO. 596052  
 CERTIFICATE OF DEATH  
 STATE FILE NUMBER

1. Legal Name  
(Include AKA's, if any)  
 Henry Theodore PETERSON  
 2. Death Date (MON DO YYYY)  
 February 21, 2011

3. Sex (MF)  
 M  
 4a. Age - Last Birthday  
 89  
 4b. Under 1 Year  
 Months Days Hours Minutes  
 5. Social Security Number  
 6. County of Death  
 Multnomah

7. Birthdate (MON DO YYYY)  
 January 24, 1922  
 8a. Birthplace (City/Town, or County)  
 Ione  
 8b. (State or Foreign Country)  
 Oregon  
 9. Decedent's Education  
 Some college, no degree

10. Was Decedent a U.S. Armed Forces member?  
 No  
 11. Decedent's Race(s)  
 White  
 12. Was Decedent Ever in U.S. Armed Forces?  
☒ Yes ☐ No

13. Residence: Number and Street (e.g., 824 SE 5th Street, Apt. No. 8)  
 8421 SE 92nd Ave.  
 14. City/Town  
 Portland  
 15. Residence County  
 Multnomah  
 16. State or Foreign Country  
 OR  
 17. Zip Code + 4  
 97266  
 18. Inside City Limits?  
☒ Yes ☐ No ☐ Unknown

19. Marital Status at Time of Death  
 Married  
 20. Spouse's Name (if married or widowed, give name prior to first marriage.)  
 Rosemary Doherty  
 21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.")  
 Boilertender  
 22. Kind of Business/Industry (DO NOT USE COMPANY NAME.)  
 Lumber Mill

23. Father's Name (First, Middle, Last, Suffix)  
 Henry Edward Peterson  
 24. Mother's Name Prior to First Marriage (First, Middle, Last)  
 Adina Othelie Anderson  
 25. Informant's Name  
 Rosemary Peterson  
 26. Telephone Number  
 503-774-7010  
 27. Relation to Decedent  
 Spouse  
 28. Mailing Address (Number & Street, City/Town, State, Zip + 4)  
 8421 SE 92nd Ave. Portland, OR 97266

29. Place of Death  
 Decedent's home  
 30. Facility Name  
 31. Location of Death (give address)  
 8421 SE 92nd Ave.  
 32. City/Town or Location of Death  
 Portland  
 33. State  
 OR  
 34. Zip Code + 4  
 97266

35. Method of Disposition  
 Burial  
 36. Place of Disposition (Name of cemetery, crematory, or other place)  
 Willamette National Cemetery  
 37. Location  
 Portland, Oregon  
 38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4)  
 Mt. Scott Funeral Home 4205 SE 59th Ave., Portland, OR 97206  
 39. Date of Disposition (MON DO YYYY)  
 40. Funeral Director's Signature  
 Dennis Wood  
 41. OR License Number  
 CO3618

42. Registrar's Signature  
 43. Date Received (MON DO YYYY)  
 MAR 17 2011  
 44. Local File Number  
 001138

45. Record Amendment  
 Birthdate Corr from January 21, 1922 to January 24, 1922 by F. dirr Aff. 03/18/2011 L. Wickham  
 Co Reg. am

46. Was case referred to Medical Examiner?  
☒ Yes ☐ No  
 47. Autopsy?  
☐ Yes ☒ No  
 48. Were autopsy findings available to complete the cause of death?  
☐ Yes ☒ No  
 49. Time of Death  
 0100

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 ->  
 IMMEDIATE CAUSE  
 a. Undetermined causes related to advanced age, acute  
 Due to (or as a consequence of)  
 b.  
 Due to (or as a consequence of)  
 c.  
 Due to (or as a consequence of)  
 d.  
 51. Other significant conditions contributing to death, but not resulting in the underlying cause given above.  
 CAD, HTN, peripheral neuropathy  
 52. Manner of Death  
☒ Natural ☐ Homicide ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death  
☐ Accident ☐ Undetermined ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year  
☐ Suicide ☐ Pending ☐ Not pregnant, but pregnant within 42 days before death  
 53. If Female  
 54. Did tobacco use contribute to death?  
☐ Yes ☐ Probably ☒ No ☐ Unknown  
 55. Date of Injury (MON DO YYYY)  
 56. Time of Injury  
 57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)  
 58. Injury at Work?  
☐ Yes ☐ No ☐ Unknown  
 59. Location of Injury (Number & Street, City/Town, State, Zip + 4)  
 60. Describe how injury occurred.  
 61. If transportation injury, specify.  
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4)  
 Dr. Christopher Calawa 9800 SE Sunnyside Rd Clackamas, OR 97015  
 63. Name and Title of Attending Physician if Other than Certifier  
 64. Title of Certifier  
 MD  
 65. License Number  
 MD18371  
 66. Date Signed (MON DO YYYY)  
 3/14/2011  
 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.  
 Christopher Calawa  
 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

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

DATE ISSUED: MAR 18 2011

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

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE