

AFTER RECORDING RETURN TO:

Bradley W. Andersen
Schwabe, Williamson & Wyatt
700 Washington Street, Suite 701
Vancouver, WA 98660

REAL ESTATE EXCISE TAX
29684
AUG 29 2012
PAID exempt
of duty
SKAMANIA COUNTY TREASURER

COVER SHEET

DOCUMENT TITLE: Affidavit of Successor

REFERENCE NUMBER(S): Deed previously recorded under Auditor's File #2005158546

NAME(S) OF GRANTOR(S): John William McEvoy, Sr., Personal Representative of the Dennis V. McEvoy Estate

NAME(S) OF GRANTEE(S): John William McEvoy, Sr., Individually

PAGE(S) WHERE ADDITIONAL NAMES CAN BE FOUND: N/A

ABBREVIATED LEGAL DESCRIPTION: Section 36 T3N, R 7-1/2 E, W.M.

ASSESSOR'S PROPERTY TAX PARCEL NUMBER: 03753640040000 ^{AUP}

After Recording, Return to:
Bradley W. Andersen
Schwabe, Williamson & Wyatt, P.C.
700 Washington Street, Suite 701
Vancouver, WA 98660

AFFIDAVIT OF SUCCESSOR


STATE OF WASHINGTON)
) :ss
COUNTY OF SKAMANIA)

I, JOHN WILLIAM McEVOY, SR., AKA, John W. McEvoy, being first duly sworn, on oath, depose and say:

1. That this Affidavit is for the purpose of supplying information for the record pertaining to that certain Quit Claim Deed between Dennis V. McEvoy ("Dennis") and Rhoda E. McEvoy ("Rhoda") as Grantors and Dennis V. McEvoy and John W. McEvoy ("John") dated August 30, 2005 and recorded on August 30, 2005 under Skamania County Auditor's No. 2005158546 (see Exhibit "A" attached hereto). It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with real property owned by Dennis and Rhoda, both now deceased, and John.
2. Rhoda died testate on December 15, 2004, with a will executed by her on April 1, 1998 at Stevenson, Skamania County, Washington, predeceasing her husband Dennis. A copy of the will is attached as Exhibit "B" and a copy of the death certificate is attached as Exhibit "C."
3. No probate was filed for Rhoda's estate and no personal representative was appointed. Further, Dennis did not prepare an affidavit of survivorship to remove Rhoda's name from title. In her will, Rhoda bequeathed all property to Dennis or, in the event he predeceased her, to her son John.
4. Dennis executed the subject deed on behalf of himself and his deceased spouse, not realizing he did not have the authority to convey Rhoda's interest in the property to their son, John.
5. Dennis died testate on December 23, 2009, with a will executed on April 1, 1998, at Stevenson, Skamania County, Washington. A copy of the death certificate is attached as Exhibit "D".


6. I am the Personal Representative of the estate of Dennis V. McEvoy, deceased, which is Skamania County Superior Court Cause No. 12-4-00011-4. I reside at 1120 Sally Holler Road, Harrisburg, Illinois 62946. I am also the son of Rhoda and Dennis and the sole surviving beneficiary of their estates. Under the Superior Court cause number referenced above, I was granted non-intervention powers on June 28, 2012 (see Exhibit "E" attached hereto).

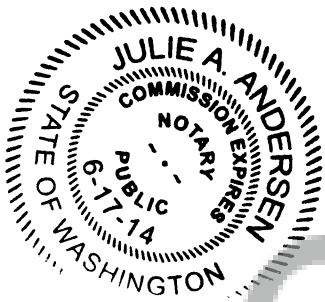
DATED this 19 day of July, 2012


JOHN WILLIAM McEVOY, SR.
Personal Representative

On this day personally appeared before me JOHN WILLIAM McEVOY, SR., to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 19 day of July, 2012.



Printed Name: Julie A Andersen
NOTARY PUBLIC in and for Clarkson WA
My Commission Expires: 06/17/2014



Doc # 2005158546
Page 1 of 3
Date: 8/30/2005 11:56A
Filed by: GENERAL PUBLIC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fees: \$34.00

AFTER RECORDING MAIL TO:
Name: DENNIS V. MCEVOY
Address: P.O. BOX 646
City/State: STEVENSON, WA. 98648

Quit Claim Deed
THE GRANTOR DENNIS V. MCEVOY
RUSDA E. MCEVOY
for and in consideration of LOVE
conveys and quit claims to DENNIS V. MCEVOY
JOHN W. MCEVOY

 **ESTATE ASSOCIATE Title Insurance Company**
15230
AUG 30 2005
PAID EXEMPT
Audrey Fisher Deputy
SKAMANIA COUNTY TREASURER
(this space for title company use only)

the following described real estate, situated in the County of SKAMANIA, State of Washington,
together with all after acquired title of the grantor(s) therein:

* Beginning at center of Section 36, Township 3 North, Range 7 1/2 E. W.M.; thence east on center line of said section 179 feet; thence south 37° 41' east 107.5 feet; thence north 86° east 6 feet to the true point of beginning; thence south 35° 40' east 110 feet; thence south 48° 22' east 120 feet; thence south 67° 30' east 193 feet; thence south 76° 36' east 84 feet; thence north 20° 12' west 185 feet; thence north 32° 02' west 139 feet; thence south 86° 00' west 279 feet to the true point of beginning, containing 1.50 acres more or less. ALSO easement for the Private road described in deed from CHAS. D. OTTINGER et ux to CLARE E. STEVENS, recorded at Page 152, Book Z of Deeds, Records of Skamania County, Washington.
Assessor's Property Tax Parcel/Account Number(s): 03753640040000

Dated 8/30 2005 Gary H. Martin, Skamania County Assessor
Date 8-30-05 Parcel # 3-7 1/2-36-4-400

Dennis V. McEvoy
(Individual)
By _____
(Individual)
By _____
Skamania County Assessor
Date 8/29/05 Parcel # 3-7 1/2-36-4-400

I.P.B-12 (11/96)

* **CORRECTED LEGAL DESCRIPTION**
Beginning at center of Section 36, Township 3 North, Range 7 1/2 E.W.M.; thence east on center line of said Section 179 feet; thence south 37° 41' east 107.5 feet; thence north 86° east 6 feet to the true point of beginning; thence south 35° 40' east 110 feet; thence south 48° 22' east 120 feet; thence south 67° 30' east 193 feet; thence south 76° 36' east 84 feet; thence north 20° 12' west 185 feet; thence north 32° 02' west 139 feet; thence south 86° 00' west 279 feet to the true point of beginning, containing 1.50 acres more or less. ALSO easement for the private road described in deed from Chas. D. Ottinger et ux to Clare E. Stevens, recorded at Page 150, Book Z of Deeds, Records of Skamania County, Washington.

STATE OF WASHINGTON, }
County of Skamania } ss.
ACKNOWLEDGMENT - Individual
On this day personally appeared before me Dennis V McEvoy to me known
to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he
signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.
GIVEN under my hand and official seal this 30 day of August 2005

Debra A. Tennison
Notary Public in and for the State of Washington
residing at
My appointment expires 3/1/07

STATE OF WASHINGTON, }
County of _____ } ss.
ACKNOWLEDGMENT - Corporate
On this _____ day of _____, 19____, before me, the undersigned, a Notary Public in and for the State of
Washington, duly commissioned and sworn, personally appeared _____
_____ and _____ to me known to be the
_____ President and _____ Secretary, respectively, of _____
_____ the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary
act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____
authorized to execute the said instrument and that the seal affixed (if any) is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

Notary Public in and for the State of Washington.
residing at:
My appointment expires _____
WA-46A (11/96)

This journal is page _____ of _____ and is attached to _____ dated _____

MC # 2005158546
Page 2 of 3

EXHIBIT A
Page 3 of 3

**LAST WILL AND TESTAMENT
OF
RHODA E. McEVOY**

I, RHODA E. McEVOY, a resident of Skamania County, Washington, do hereby make, publish and declare this my Last Will and Testament.

FIRST: I hereby revoke any and all Wills and Codicils by me heretofore made.

SECOND: My immediate family consists of my husband, DENNIS V. McEVOY. We have one son, JOHN WILLIAM McEVOY, SR., who is emancipated. I have no deceased or adopted children. Except as provided herein below, I make no provision in this Will for any child who survives me, whether named herein or hereafter born or adopted, nor for the descendants of any child who does not survive me.

THIRD: The following general provisions apply to this Will:

(a) Reference to children and issue shall include adopted persons and persons hereafter born unless the context requires otherwise.

(b) For all beneficiaries a condition of survivorship shall mean surviving by at least thirty (30) days.


(c) A per stirpes class gift shall be divided initially at the first generational level within the class where someone is living.

(d) Unless the context requires otherwise, masculine, feminine and neuter gender may be used interchangeably, and plural or singular usage shall include the other.

(e) No provision of this Will is intended to exercise any power of appointment I may have unless the power of appointment is identified therein.

(f) Unless expressly provided otherwise, I intend the provisions of this Will to dispose only of such property as I may own, and I do not intend to require any beneficiary to make an election in order to receive such property. Further, this Will is freely revocable by me and is not the result of a contract with any person.

FOURTH: At my death, I may have prepared a handwritten and/or signed list defining the persons to whom I wish certain items of tangible personal property to pass. I intend that list to conform to R.C.W. 11.12.260 as a consequence of which the property listed thereon shall pass in accordance with such list.

 Last Will and Testament of RHODA E. McEVOY
(Testatrix's Initials)
Page 1 of 4 Pages

ROBERT K. LEICK, Attorney At Law
POB 247, Stevenson WA 98648
(509) 427-5011

EXHIBIT B
Page 1 of 4


FIFTH: I have previously entered into a Community Property Agreement with my husband, DENNIS V. McEVOY, and I hereby affirm said agreement in all respects, but if for any reason said agreement should fail, I give, devise and bequeath unto my husband, DENNIS V. McEVOY, all of my estate, of whatsoever nature and wheresoever situate, the same to be his absolutely and forever. If my husband, DENNIS V. McEVOY, should not survive me, I give, devise and bequeath unto my son, JOHN WILLIAM McEVOY, SR., all of my estate of whatsoever nature and wheresoever situate, with right of representation, that is, if my son predeceases me, such deceased son's share shall be divided among his then living children.

SIXTH: I direct that all costs of administration, and all taxes or duties (including interest thereon) imposed by any jurisdiction on or in relation to any property includable in my estate because of my death, whether or not such property passes under the provisions of this Will, be paid out of the residue of my estate. The personal representative shall have authority to prepay or defer any taxes attributable to remainder interests created under this Will. To the extent such taxes cannot be satisfied from my residuary estate, they shall be prorated among the beneficiaries of property passing under the provisions of this Will, or outside the provisions of this Will, as if there were no provisions for such taxes herein.

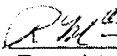
SEVENTH: I hereby appoint my husband, DENNIS V. McEVOY, the personal representative of my estate to act without bond, but if he is deceased, or unable or unwilling to serve, or resigns, dies or becomes incapacitated after qualifying, I appoint my son, JOHN WILLIAM McEVOY, SR., as alternate personal representative, likewise to act without bond.

EIGHTH: I direct that my estate be settled in the manner provided for herein. I give my personal representative full power to administer this Will and my estate without the intervention of the court, it being my intention to avail myself of the provisions of the non-intervention Will statutes of the State of Washington. My personal representative shall have full power after the entry of an order of solvency to alienate, mortgage, pledge, lease, sell, exchange, manage and convey the real and personal property disposed of by this Will, and to borrow money, with or without security, without an order of the court for that purpose, and without notice, approval or confirmation and whether or not the same is necessary for the administration of my estate. These non-intervention powers shall be unrestricted.

IN WITNESS WHEREOF, I have hereunto set my hand and published and declared this as my Last Will and Testament at Stevenson, Skamania County, Washington, this 1st day of April, 1998.



RHODA E. McEVOY, Testatrix

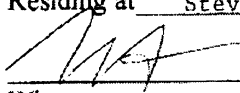
The foregoing instrument, consisting of two (2) typewritten pages, including this page, was

 Last Will and Testament of RHODA E. McEVOY
(Testatrix's Initials)
Page 2 of 4 Pages

ROBERT K. LEICK, Attorney At Law
POB 247, Stevenson WA 98648
(509) 427-5011

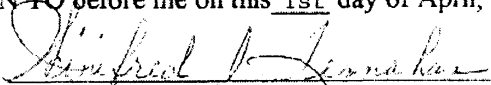
EXHIBIT B
Page 3 of 4



Witness - ROBERT K. LEICK
Residing at Stevenson WA


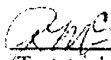
Witness - THOMAS J. FOLEY
Residing at Vancouver WA

SUBSCRIBED AND SWORN TO before me on this 1st day of April, 1998.



Notary Public in and for the State of Washington
Residing at White Salmon, therein.
My commission expires April 23, 2000.

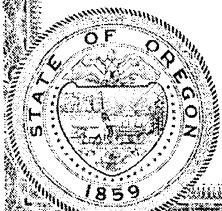
Unofficial Copy



Last Will and Testament of RHODA E. McEVOY
(Testatrix's Initials)
Page 4 of 4 Pages

ROBERT K. LEICK, Attorney At Law
POB 247, Stevenson WA 98648
(509) 427-5011

| CERTIFICATION OF VITAL RECORD | | | | | | | | | |
|---|--|--|--|---|--|---|--|--|--|
| OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH | | | | | | | | | |
| TYPE OR PRINT IN PERMANENT BLACK INK | | 399667 I.D. TAG NO. | | 136- State File Number | | | | | |
| Local File Number 006364 | | | | | | | | | |
| 1. DECEDENT'S NAME First Middle Last Rhoda E. McEVVOY | | 2. SEX Female | | 3. DATE OF DEATH (Month, Day, Year) December 15, 2004 | | | | | |
| 4. SOCIAL SECURITY NUMBER 537-01-5283 | | 5a. AGE-Last Birthday (Years) 89 | | 5b. Under 1 Year Mos. Days Hours Mins | | 6. BIRTHPLACE (City and State or Foreign Country) Blaine, WA | | 7. DATE OF BIRTH (Month, Day, Year) Sept. 4, 1915 | |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Outpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | | | | | | |
| 9b. FACILITY NAME (If not institution, give street and number) Emanuel Hospital | | 9c. CITY, TOWN, OR LOCATION OF DEATH Portland | | 9d. COUNTY OF DEATH Multnomah | | | | | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Claims Taker | | 10b. KIND OF BUSINESS/INDUSTRY Employment Security | | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married | | 12. SPOUSE (If Alarmed, Widowed) Dennis McEvoy | | | |
| 13a. RESIDENCE - STATE Washington | | 13b. COUNTY Skamania | | 13c. CITY, TOWN OR LOCATION Stevenson | | 13d. STREET AND NUMBER 152 Button Road | | | |
| 13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 13f. ZIP CODE 98648 | | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | 15. RACE American Indian, Black, White, etc. (Specify) White | | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (11-4 or 5 +) 12 | |
| 17. FATHER - NAME first middle last George VanWingerden | | 18. MOTHER - NAME first middle maiden Dora Wilder | | 19. INFORMANT - NAME and relationship to decedent Dennis McEvoy-Spouse | | | | | |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Columbia River crematory | | 20c. LOCATION - City or Town, State White Salmon, WA | | | | | |
| 21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i> | | 21b. OREGON LICENSE NO. (Of Licensee) | | 22. NAME, ADDRESS AND ZIP OF FACILITY Gardner Funeral Home POB 390 White Salmon, WA 98672 | | | | | |
| 23. DATE FILED (Month, Day, Year) JAN 06 2005 | | 24. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | | | | | |
| RESERVED FOR REGISTRAR'S USE | | | | | | | | | |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN | | | | | | | | | |
| 27. TIME OF DEATH M <input type="checkbox"/> Yes <input type="checkbox"/> No | | 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i> | | 30. DATE SIGNED (Month, Day, Year) December 21, 2004 | | | | | | | |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) KAREN GUNSON, M.D., STATE MEDICAL EXAMINER, 13309 S. E. 84th AVENUE, #100, CLACKAMAS, OR 97015 | | 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | | | | |
| 33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c); do not enter mode of dying, e.g. Cardiac or Respiratory Arrest) | | 34. DATE SIGNED (Month, Day, Year) December 21, 2004 | | | | | | | |
| 35. HEAD INJURY WITH SUBDURAL HEMATOMA DUE TO, OR AS A CONSEQUENCE OF: (a) <input type="checkbox"/> DUE TO, OR AS A CONSEQUENCE OF: (b) <input type="checkbox"/> DUE TO, OR AS A CONSEQUENCE OF: (c) <input type="checkbox"/> DUE TO, OR AS A CONSEQUENCE OF: | | 36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| 37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 38. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| 39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other | | 40a. DATE OF INJURY (Month, Day, Year) December 8, 2004 | | 40b. TIME OF INJURY 4:00P | | 40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 40d. DESCRIBE HOW INJURY OCCURRED Fell at home on level striking head on furniture | |
| 40e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home | | 40f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 152 Button Road, Stevenson, WA | | | | | | | |
| RESERVED FOR REGISTRAR'S USE 04-3660 | | | | | | | | | |




THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED: JAN 07 2005

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

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



| STATE OF WASHINGTON DEPARTMENT OF HEALTH | | | | | | | | | |
|---|--|---|--|--|--|--|---|---|--|
| Washington State Certificate of Death | | | | | State File Number | | | | |
| 1. Legal Name (Include AKA's if any) First Middle LAST Suffix Dennis V. MCEVOY Jr. | | | | | 2. Death Date Dec. 23, 2009 | | | | |
| 3. Sex (M/F) Male | | 4a. Age - Last Birthday 90 | | 4b. Under 1 Year Months Days | | 4c. Under 1 Day Hours Minutes | | 5. Social Security Number 480-16-5569 | |
| 7. Birthdate Sept. 23, 1919 | | 8a. Birthplace (City, Town, or County) Stuart | | 8b. (State or Foreign Country) Iowa | | 9. Decedent's Education High School Graduate | | | |
| 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? Yes | | |
| 13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 986 NW Rock Creek Drive | | | | | 13b. City or Town Stevenson | | | | |
| 13c. Residence: County Skamania | | 13d. Tribal Reservation Name (if applicable) | | 13e. State or Foreign Country Washington | | 13f. Zip Code - 4 98648 | | 13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 14. Estimated length of time at residence. 4 Years | | 15. Marital Status at Time of Death Widowed | | 16. Surviving Spouse's Name (Give name prior to first marriage) | | | | | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Vice President | | | | | 18. Kind of Business/Industry (Do not use Company Name) Banking | | | | |
| 19. Father's Name (First, Middle, Last, Suffix) Dennis V. McEvoy, Sr. | | | | | 20. Mother's Name Before First Marriage (First, Middle, Last) Mildred Hammond | | | | |
| 21. Informant's Name John W. McEvoy | | 22. Relationship to Decedent Son | | 23. Mailing Address - Number and Street or RFD No. City or Town State Zip 1120 Sally Holler Rd. Harrisburg, IL 62946 | | | | | |
| 24. Place of Death, if Death Occurred in a Hospital: Rock Cove Assisted Living | | | | | 25. Facility Name (if not a facility, give number & street or location) Rock Cove Assisted Living | | | | |
| 26. City, Town, or Location of Death Stevenson | | | | | 26b. State WA | | 27. Zip Code 98648 | | |
| 28. Method of Disposition Cremation | | 29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory | | | | 30. Location - City/Town, and State White Salmon, Washington | | | |
| 31. Name and Complete Address of Funeral Facility Gardner Funeral Home PO Box 390 White Salmon, WA 98672 | | | | | | | 32. Date of Disposition 12-30-2009 | | |
| 33. Funeral Director Signature <i>[Signature]</i> | | | | | | | | | |
| 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. | | | | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Cardiac Arrest</u> Interval between Onset & Death <u>5 min</u> | | | | | | | | | |
| 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. <u>Congestive Heart Failure</u> Interval between Onset & Death <u>5 years</u> | | | | | | | | | |
| c. <u>Renal Failure, Diabetes</u> Interval between Onset & Death | | | | | | | | | |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above | | | | | | | | | |
| 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 38. 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 | | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <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: 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 <i>[Signature]</i> | | | | |
| 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 <i>[Signature]</i> | | | | | 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Troy Witherite PO Box 1519 White Salmon, WA 98672 | | | | |
| 50. Hour of Death (24hrs) 1845 | | | | | 51. Name and Title of Attending Physician if other than Certifier (Type or Print) | | | | |
| 52. Date Signed (mm/dd/yyyy) 12/29/09 | | | | | 53. Title of Certifier MD | | | | |
| 54. License Number | | | | | 55. ME/Coroner File Number | | | | |
| 56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 57. Registrar Signature <i>[Signature]</i> | | | | |
| 58. Date Received (mm/dd/yyyy) 01/05/2010 | | | | | 59. Amendments | | | | |

SKAMANIA COUNTY
ORIGINAL FILED

JUN 28 2012

SHARON K. VANCE, CLERK

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF SKAMANIA

In the Matter of the Estate

of

DENNIS V. McEVOY,

Deceased

No. 12 4 00011 4

ORDER ADMITTING WILL TO
PROBATE, APPOINTING PERSONAL
REPRESENTATIVE, ADJUDICATING
SOLVENCY, WAIVING BOND,
DIRECTING ISSUANCE OF
LETTERS TESTAMENTARY AND
GRANTING NONINTERVENTION
POWERS

The Court has reviewed the Petition of John William McEvoy, Sr. for an Order Admitting Will to Probate, Appointing Personal Representative, Adjudicating Solvency, and Granting Nonintervention Powers, has reviewed the file, and has been further advised in the premises.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

Based on the evidence that has been presented, the Court finds and concludes that:

1. **Testacy.** The decedent, Dennis V. McEvoy, died testate, that the offered Will dated April 1, 1998 was executed and witnessed in the manner prescribed by law and is hereby admitted to probate.
2. **Beneficiaries.** The names, addresses, relationship to the decedent, and age of (a) each of the decedent's heirs, (b) each person whom the decedent named as beneficiary in the decedent's will and who have survived the decedent, and (c) each person who is a

ORDER GRANTING NONINTERVENTION POWERS
AND FINDING THAT ESTATE IS SOLVENT - 1

SCHWABE, WILLIAMSON & WYATT, P.C.
Attorneys at Law
Vancouvercenter, 700 Washington Street,
Suite 701, Vancouver, WA 98660
Telephone 360.694.7551 Fax 360.693.5574

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beneficiary under the decedent's Will and whose names and addresses the Petitioner knows, are listed in Exhibit A to the Petition filed herein.

3. **Solvency.** The decedent's estate is solvent.

4. **Qualification for Nonintervention Powers.** The decedent's Will designates the Petitioner as the Personal Representative and directs that the Personal Representative shall be granted nonintervention powers and serve without bond.

5. **Notices for Hearing.**

5.1 **Notices Required under Chapter 11.68 RCW.** No advance notice of the hearing on those portions of the Petition filed herein that relate to nonintervention powers is required under chapter 11.68 RCW because the decedent's Will designates the Petitioner as the Personal Representative.

5.2 **Special Notice.** No special notice has been requested under RCW 11.28.240.

ORDER

NOW, THEREFORE, THE COURT ORDERS that:

A. The decedent's Will is admitted to probate;

B. JOHN WILLIAM McEVOY, SR. is hereby appointed Personal Representative of the estate and is now granted nonintervention powers and shall perform the duties and exercise the powers of a personal representative of the decedent's estate without further intervention or supervision of this Court, except as otherwise provided by applicable law;

C. The Personal Representative shall serve without bond; and

ORDER GRANTING NONINTERVENTION POWERS
AND FINDING THAT ESTATE IS SOLVENT - 2

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1 D. The Clerk of the Court is directed to issue Letters Testamentary to
2 JOHN WILLIAM McEVOY, SR. upon filing of Oath of Personal Representative.

3 Dated this 28 day of June, 2012.

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5 151 Robert Weistfield
6 JUDGE/COURT COMMISSIONER
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8 Presented by:

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11 Bradley W. Andersen, WSB #20640
Alicia L. Lowe, WSB #15562
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ORDER GRANTING NONINTERVENTION POWERS
AND FINDING THAT ESTATE IS SOLVENT - 3

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SCHWABE, WILLIAMSON & WYATT, P.C.
Attorneys at Law
Vancouvercenter, 700 Washington Street,
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