

Return Address:
JoBeth Massey
3617 Bent Ridge Dr.
Plano, TX 75074

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
N/A
MAY 26 2015

PAID N/A
Vickie Chelland Treasurer
SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained herein: Death Certificate	
GRANTOR(S) (Last name, first name, middle initial) Thomas L. Massey	
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial) JoBeth Massey	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) see attached	
<input type="checkbox"/> Complete legal on page _____ of document.	
REFERENCE NUMBER(S) of Documents assigned or released: 2012181578	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 02-07-61-1-1-2901-20 Skamania County Assessor Date 5-26-15 Parcel# 2-7-1-1-2901 JM	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel numbers on page _____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	



15-32312-P
ESTATE OF: THOMAS L. MASSEY

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County Court at Law #2
MONTGOMERY COUNTY, TEXAS

LETTERS OF TESTAMENTARY

KNOW ALL MEN BY THESE PRESENTS THAT IT IS HEREBY CERTIFIED:

1. ON THE 12TH DAY OF MARCH, 2015 JO BETH MASSEY WAS DULY APPOINTED BY ORDER OF SAID COURT AS INDEPENDENT EXECUTRIX WITHOUT BOND, OF THE ESTATE OF THOMAS L. MASSEY, DECEASED;
2. ON THE 12TH DAY OF MARCH, 2015 SHE QUALIFIED AS THE LAW REQUIRES;
3. INSOFAR AS THE RECORDS IN MY OFFICE SHOWS JO BETH MASSEY IS STILL ACTING IN SAID CAPACITY.

WITNESS MY HAND AND SEAL OF SAID COURT, AT CONROE, TEXAS, ON THE 12TH DAY OF MARCH, 2015.



Mark Turnbull, COUNTY CLERK
MONTGOMERY COUNTY, TEXAS

A handwritten signature in cursive script, likely belonging to the Deputy Clerk.

Deputy Clerk

Received and E-Filed for Record
3/2/2015 3:48:13 PM
Mark Turnbull
County Clerk
Montgomery County, Texas
15-32312-P

No. 15-32312-P

ESTATE OF
THOMAS L. MASSEY,
DECEASED

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§

IN COUNTY COURT
AT LAW TWO (2) OF
MONTGOMERY COUNTY, TEXAS

FILED FOR RECORD
2015 MAR 12 PM 2:55
COUNTY CLERK
MONTGOMERY COUNTY, TEXAS

**ORDER ADMITTING WILL TO PROBATE
AND AUTHORIZING LETTERS TESTAMENTARY**

On this day came on to be heard the amended application to probate the Last Will and Testament dated October 3, 2013, which was filed with the Application for the Probate of Last Will and Testament and for Issuance of Letters Testamentary, which instrument is purported to be and alleged to be the Last Will and Testament of THOMAS L. MASSEY, hereinafter referred to as "Decedent". Due proof was taken in the manner required by law, and it appears to the satisfaction of the Court that this Court has jurisdiction and venue over the estate, these proceedings and the subject matter. Having considered the evidence, the Court makes the following findings of fact:

1. Notices of applicant's filing of the Application have been issued and posted in the manner and for the length of time required by law, and no one has appeared to contest the same.
2. THOMAS L. MASSEY is deceased. Decedent died on January 24, 2015 in Houston, Harris County, Texas, at the age of 69 years.
3. Decedent's residence and principal estate is, and was at the time of death, situated in The Woodlands, Montgomery County, Texas.
4. Four years have not elapsed since Decedent's death and prior to the amended application herein.
5. Decedent, at the time the Will was executed, was of legal age, was of sound mind, and the Will was executed with the formalities and solemnities and under the circumstances required by law to make the Will a valid, self-proved Will.
6. Decedent's Will was not revoked prior to his death.
7. In his Will, Decedent named Jo Beth Massey to serve as Independent Executor, without bond. Jo Beth Massey is not disqualified by law from accepting Letters Testamentary.
8. No child or children were born to or adopted by the Decedent after the execution of the Will.

I hereby certify that this is a true and correct copy of the original record on file in my office.



Mark Turnbull, County Clerk
Montgomery County, Texas

MAR 12 2015

Received and E-Filed for Record
3/2/2015 3:48:13 PM
Mark Turnbull
County Clerk
Montgomery County, Texas
15-32312-P

9. Decedent was married to Jo Beth Massey at the time of his death.
10. No contest or objection to the admission of this Will to probate has been filed.
11. A charitable organization is not named as a devisee in the Will.

IT IS THEREFORE ORDERED that:

1. The Will filed with the application to probate is hereby proven, established, and admitted to probate and record as the Last Will and Testament of THOMAS L. MASSEY.
2. Jo Beth Massey is appointed Independent Executor and Jo Beth Massey is entitled to receive Letters Testamentary and the same are hereby granted to the personal representative without bond, upon the taking of the oath as required by law, and the Clerk of this Court shall issue Letters Testamentary in accordance with this Order when the personal representative has qualified according to law.
3. No necessity exists for the appointment of appraisers of the assets of Decedent's estate.
4. The proceedings herein shall be recorded by the Clerk in the Minutes of this Court.

SIGNED on 3-12 2015.

It is ORDERED that the Personal Representative
shall comply with the terms of
Section 308.002 of Texas Estates Code

Ran

JUDGE PRESIDING

Submitted by:

/s/ Barbara K. Runge

BARBARA K. RUNGE
TBA# 17395700
5815 Kirby Drive, Suite 920
Houston, Texas 77005-2452
(713) 523-5363
(713) 526-3985 FAX
Email: bkrunge@aol.com
ATTORNEY FOR APPLICANT

I hereby certify that this is a true and correct
copy of the original record on file in my office.



Mark Turnbull, County Clerk
Montgomery County, Texas

MAR 12 2015

FILED FOR RECORD
2015 MAR 12 PM 2:55

STATE OF TEXAS
CERTIFICATION OF VITAL RECORDDEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

JAN 26 2015

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-15-009299

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
THOMAS LAWRENCE MASSEY						JANUARY 24, 2015	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)				
MALE	SEPTEMBER 11, 1945	69	OLYMPIA, WA				
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		JO BETH JARRELL			
10a. RESIDENCE STREET ADDRESS				10b. APT. NO.	10c. CITY OR TOWN		
22 TURTLE ROCK COURT					THE WOODLANDS		
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?	
MONTGOMERY		TEXAS		77381		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. FATHER'S NAME				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE			
THOMAS EDWARD MASSEY				MARY LINN			
13. PLACE OF DEATH (CHECK ONLY ONE)							
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct NO)		16. FACILITY NAME (If not institution, give street address)			
HARRIS		HOUSTON, 77030		MD ANDERSON CANCER CENTER			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
JO BETH MASSEY - SPOUSE				22 TURTLE ROCK COURT, THE WOODLANDS, TX 77381			
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. <input checked="" type="checkbox"/> Unknown			
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		JULISA YAZMIN SOTO, BY ELECTRONIC SIGNATURE - 115719		Section Block Lot Space			
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)				23. LOCATION (City/Town, and State)			
BROOKSIDE CREMATORY				HOUSTON, TX			
24. NAME OF FUNERAL FACILITY				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
FOREST PARK - THE WOODLANDS FUNERAL HOME				18000 IH-45 SOUTH, THE WOODLANDS, TX 77384			
26. CERTIFIER (Check only one)							
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - 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.							
27. SIGNATURE OF CERTIFIER				28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
MICHAEL ANDREEFF, BY ELECTRONIC SIGNATURE				JANUARY 26, 2015	H9035	07:13 AM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)				32. TITLE OF CERTIFIER			
MICHAEL ANDREEFF 1400 HOLCOMBE BLVD, HOUSTON, TX 77030, HOUSTON, TX 77030				MD			
33. PART 1. 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. ENTER ONLY ONE CAUSE ON EACH.				Approximate interval Onset to death			
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a. SEPSIS				Due to (or as a consequence of):			
b. PANCYTOPENIA				Due to (or as a consequence of):			
c. ACUTE MEGAKARYOCYTIC LEUKEMIA				Due to (or as a consequence of):			
d. MYELOFIBROSIS				Due to (or as a consequence of):			
34. WAS AN AUTOPSY PERFORMED?				35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
36. MANNER OF DEATH				37. DID TOBACCO USE CONTRIBUTE TO DEATH?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
38. IF FEMALE:				39. IF TRANSPORTATION INJURY, SPECIFY:			
<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year				<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)				40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR			
0200970		JANUARY 26, 2015		REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED			
EDR NUMBER 000001645759							

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV 1/2006

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

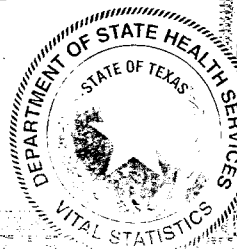
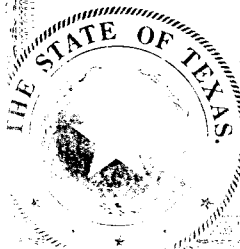
ISSUED

JAN 28 2015

NOTE: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

DEPARTMENT OF STATE HEALTH SERVICES
STATE REGISTRAR

LHA



AFN #2012181578 Recorded 09/24/2012 at 11:35 AM DocType: DEED Filed by:
COLUMBIA GORGE TITLE Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

When recorded return to:

Mr. and Mrs. Thomas Lawrence Massey
22 Turtle Rock CT.
The Woodlands, TX 77381

Filed for Record at Request of
Columbia Gorge Title
Escrow Number: S12-0134JA

Statutory Warranty Deed

THE GRANTOR Elizabeth A. Johnson, a single woman for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION in hand paid, conveys and warrants to THE GRANTEE Thomas Lawrence Massey and Jo Beth Massey, Husband and Wife the following described real estate, situated in the County of Skamania, State of Washington

Abbreviated Legal: NE ¼ NE ¼ S1 T2N R7E

For Full Legal See Attached Exhibit "A"

Tax Parcel Number(s): 02-07-01-1-1-2901-00

Dated 9/24/2012

Elizabeth A. Johnson
Elizabeth A. Johnson

REAL ESTATE EXCISE TAX

29727

SEP 24 2012

PAID 6,2560.10
Shirley Ann Deputy
SKAMANIA COUNTY TREASURER

STATE OF Washington
COUNTY OF Skamania } SS:

I certify that I know or have satisfactory evidence that Elizabeth A. Johnson

is the person who appeared before me, and said person acknowledged that she
signed this instrument and acknowledge it to be her free and voluntary act for the
uses and purposes mentioned in this instrument.

Dated: September 21, 2012

Julie A. Andersen
Julie A. Andersen
Notary Public in and for the State of Washington
Residing at Carson, Washington
My appointment expires: June 17, 2014



EXHIBIT A

A tract of land in the Northeast quarter of the Northeast quarter Section 1, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania and State of Washington, described as follows:

Beginning at the Southeast corner of Block 8 of the Town of Stevenson, according to the official Plat thereof, on file and of record in the office of the Auditor of Skamania County; thence South 55°30' West 266.5 feet; thence North 25° West 228.5 feet to the South line of the J.P. Gillette Tract, as more particularly described in Deed dated January 19, 1899 and recorded at Page 331 of Book 'F' of Deeds, Records of Skamania County; thence East 14.5 feet; thence North 30 feet to the initial point of the tract hereby described; thence North to the South line of the Public Street known and designated as Vancouver Avenue; thence in a Southwesterly direction following the Southerly line of Vancouver Avenue to intersection with the West line of the Henry Shepard D.L.C.; thence South along the West line of said Shepard D.L.C. to a point which is North 89°15' West of the initial point; thence South 89°15' East 80 feet, more or less, to the initial point.

EXCEPT the West 3 feet thereof..

TOGETHER WITH: Beginning at a point North 34°30' West, 149.2 feet from the Southwest corner Block 8 of the plat of the Town of Stevenson; thence North 55°30' East 6.5 feet; thence North 34°30' East 75.0 feet; thence South 55°30' West 80.85 feet; thence North 89°15' West 43.81 feet to the initial point of the herein described tract; thence North 89°15' West, 61.45 feet to the West line of the Shepard D.L.C.; thence South along said D.L.C. line 20.25 feet; thence North 72°22'48" East 64.25 feet to the South line of the above described property; thence North 89°15' West along the South line of the above described property to the initial point,

EXCEPT the West 3 feet thereof..

Skamania County Assessor
Date 2-24-11 Parcel# 2-7-1-1-1-2901
Jm

Skamania County Assessor
Date 5-26-15 Parcel# 2-7-1-1-1-2901
Jm