

WHEN RECORDED RETURN TO:

Carol Mulcihy
301 Eyman Cemetery Road
Carson WA 98610

DOCUMENT TITLE(S):
Inheritance Lack of Probate Affidavit

DECEASED:
LARRY DEAN MULCIHY

CAROL MULCIHY

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
32664
JUL 13 2017

PAID EXEMPT
Michael J. Smith
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:

That portion of the Northwest Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian described as follows:

Beginning at a point 20 feet South of the Northeast Corner of the Northwest Quarter of the Northwest Quarter of the said Section 20; thence West 104.5 feet; thence South 209 feet; thence East 104.5 feet; thence North 209 feet to the Point of Beginning.

Being Lot 1 of WAYNE ARNOLD SHORT PLAT, recorded in Book 2 of Short Plats at Page 193, under Auditors File No. 91735, records of Skamania County, Washington.

TAX PARCEL NUMBER(S):
03-08-20-2-0-0202-00

Skamania County Assessor
Date 7-13-17 Parcel# 03-08-20-2-0-0202-00
Jm

After recording, return to:

ColumbiaGorge Title
41 SW Russell Ave
PO Box 277
Stevenson WA 98648

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington)

SS:

COUNTY OF Skamania)

The undersigned, Carol Mulcihy, executes this affidavit relating to the estate of Larry Dean Mulcihy (herein "Decedent"), who died on May 25, 2016, in the County of Clatsop, State of Oregon, then being a resident of the City of Carson, County of Skamania, State of Washington. (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☐ Surviving child 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): _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
 - (a) a spouse or registered domestic partner, and

- (b) children, adopted children, the children 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).

[Use the reverse side or attaching a list if necessary]

Name & relationship Spouse - Carol Mulchey

Name & relationship _____

Name & relationship _____

Name & relationship _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Ska, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

See Cover Page.

5. Status of the Will (if any)

- ☐ The decedent left a Will that devises real property.
☒ The decedent left no Will that devises real property.

DATED: 07/10/, 2017

Carol A Mulchey

(Signature)

Carol A. Mulchey

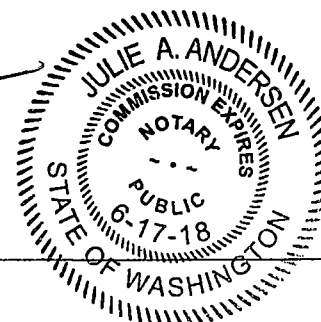
(Print or type full name)

(Full address and telephone number)

State of Washington
 County of Skamania

SUBSCRIBED and SWORN TO before me this 10 day of July, 2017
 by Carol A Mulchey proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public in and for the State of WA
 residing at Carson, WA.



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

671476

I.D. TAG NO.

136-2016-014858

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First Larry	Middle Dean	Last Mulcihy	Suffix	Death Date May 25, 2016
Sex Male	Age 72 years	Social Security Number	County of Death Clatsop		
Birthdate January 17, 1944	Birthplace Missoula, Montana	Was Decedent Ever in U.S. Armed Forces? Yes			
Residence: 301 Eyman Cemetery Road	City/Town Carson				
Residence County Skamania	State or Foreign Country Washington	Zip Code + 4 98610	Inside City Limits? No		
Marital Status at Time of Death Married	Spouse's Name Prior to First Marriage Carol A Moon				
Father's Name Tom Mulcihy	Mother's Name Prior to First Marriage Irma Proebstel				
Informant's Name Carol Mulcihy	Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 301 Eyman Cemetery Road, Carson, WA 98610		
Place of Death Hospital-Emergency Room/Outpatient	Facility Name Providence Seaside Hospital				
Location of Death 725 S Wahanna Road	City/Town or Location of Death Seaside	State Oregon	Zip Code + 4 97138		
Method of Disposition Cremation	Place of Disposition Hughes-Ransom Crematory	Location (City/Town and State) Astoria, Oregon			
Name and Complete Address of Funeral Facility Hughes-Ransom Mortuary - Seaside 220 N Holladay Drive, Seaside, Oregon 97138					
Date of Disposition TBD	Funeral Director's Signature Jacob C F Boulet	Electronically Signed	OR License Number CO-3808		
Registrar's Signature /S/ Annette M Brodigan	Date Received June 06, 2016	Local File Number 136			
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner?	Yes	Autopsy?	No	Were autopsy findings available to complete the cause of death?	Time of Death 09:09 AM
CAUSE OF DEATH: IMMEDIATE CAUSE ↓ a. myocardial infarction					Approximate Interval: Onset to Death ~ 1 hr
Due to (or as a consequence of) ↓ b. coronary artery disease					~ 10 years
Due to (or as a consequence of) ↓ c.					
Due to (or as a consequence of) ↓ d.					
Other significant conditions contributing to death: cerebrovascular disease; peripheral arterial disease;					
Manner of Death Natural	If Female Not Applicable	Did tobacco use contribute to death? Probably			
Date of Injury	Time of Injury	Place of Injury	Injury at Work?		
Location of Injury					
Describe how injury occurred					
If transportation injury, specify.					
Name and Address of Certifier Troy Witherite 212 Skyline Drive, White Salmon, Washington 98672					
Name and Title of Attending Physician: If Other than Certifier					Date Signed June 02, 2016
Medical Certifier /S/ Troy Witherite	Title of Certifier M.D.	License Number MD00046597			
Amendment					



20170416900

45-2CC (01/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

April 17, 2017

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.

