

Return Address:

PHILIP B. JANNEY

Landerholm, P.S.

PO Box 1086

Vancouver, WA 98666-1086

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

32718
AUG -7 2017

PAID *exempt*
Nikki Gattand, Treasurer
SKAMANIA COUNTY TREASURER

AFFIDAVIT (LACK OF PROBATE)

Candice L. Ehrich, being first duly sworn, deposes and says:
Notary

The undersigned affiant, Sally A. Olsen is a rightful heir, as listed on heirs at law, to the real property described below, and is the surviving spouse of Joel B. Olsen (decedent), who died on August 31, 2016, at Portland, Multnomah County, Oregon.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 6 Strawberry Hill Tracts

Full legal description attached hereto as follows:

Lot Six (6) of Strawberry Hill Tracts, according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington.

Excepting public roads and rights of way on, over and across said property.

Assessor's Property Tax Parcel/Account Number 03753620120000 (W) Date 8-7-17 Skamania County Assessor
Parcel# 3-75-36-2-100

☒ Decedent left no Last Will and Testament

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent:

Sally A. Olsen, legal, surviving spouse, PO Box 404, Stevenson, WA 98648

(Full name, age, relationship, address)

Joel B. Olsen, Jr., legal, son, PO Box 700, Hood River, OR 97031

(Full name, age, relationship, address)

Molly O. Leckie, legal, daughter, 29 Doubleday Lane, Ridgefield, CT 06877-3736

(Full name, age, relationship, address)

Wendy L. Olsen, legal daughter, 26050 108th Ave. SE, Kent, WA 98030-7735

(Full name, age, relationship, address)

AFFIANT:

Sally A. Olsen
Po Box 404
Stevenson, WA 98648
(509) 427-5783

Sally Ann Olsen
Sally A. Olsen

July 18, 2017
Date

STATE OF WASHINGTON)

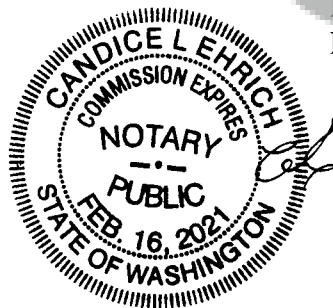
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County of Clark)

I know or have satisfactory evidence that Sally A. Olsen is the person who appeared before me, and said person acknowledged that she signed this affidavit and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this Affidavit.

Dated: *July 18, 2017*

Candice L. Ehrich
Notary Public in and for Washington
Residing at: Clark County
My Commission Expires: *2/16/21*



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

750359

I.D. TAG NO.

136-2016-022396

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Joel	Middle Brandt	Last Olsen	Suffix Sr.	Death Date August 31, 2016	
	Sex Male		Age 80 years		Social Security Number		County of Death Multnomah	
	Birthdate September 17, 1935		Birthplace Goldendale, Washington				Was Decedent Ever in U.S. Armed Forces? Yes	
	Residence: 875 NE Montell Terrace				City/Town Stevenson			
	Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98648		Inside City Limits? Yes	
	Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Sally Ann Berthaupt					
	Father's Name Orttis Brandtly Olsen				Mother's Name Prior to First Marriage Wilma E Seagraves			
	Informant's Name Sally Olsen		Telephone Number Not Available		Relationship to Decedent Spouse		Mailing Address PO Box 404, Stevenson, WA 98648	
	Place of Death Hospital-Inpatient				Facility Name Providence Portland Medical Center			
	Location of Death 4805 NE Glisan Street				City/Town or Location of Death Portland		State Oregon	
	Method of Disposition Removal From State		Place of Disposition Iman Cemetery		Location (City/Town and State) Stevenson, Washington			
	Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672							
	Date of Disposition August 31, 2016		Funeral Director's Signature Derek F. Krentz				Electronically Signed OR License Number CO-3892	
	Registrar's Signature Jennifer A. Woodward				Date Received September 02, 2016		Local File Number	
	Amendment							
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		No		Autopsy?		No	
	Were autopsy findings available to complete the cause of death?						Time of Death 05:45 PM	
	CAUSE OF DEATH						Approximate Interval: Onset to Death	
	IMMEDIATE CAUSE a. Ischemic arterial stroke, left MCA, acute						1 day	
	Due to (or as a consequence of) b. atrial fibrillation, chronic						years	
	Due to (or as a consequence of) c. hypertension						years	
	Due to (or as a consequence of) d.							
	Other significant conditions contributing to death pneumonia							
	Manner of Death Natural		If Female Not Applicable				Did tobacco use contribute to death? No	
	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 Janet Rae Sjoblom 1304 Montello Ave, Hood River, Oregon 97031							
	Name and Title of Attending Physician If Other than Certifier						Date Signed September 02, 2016	
	Medical Certifier Janet Rae Sjoblom		Electronically Signed		Title of Certifier M.D.		License Number MD21571	
Amendment								



20160908282

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.

DATE ISSUED: September 09, 2016

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

