AFN #2018000719 Recorded Apr 16, 2018 12:06 PM DocType: MISC Filed by: JAMES GARRISON Page: 1 of 5 File Fee: \$78.00 Auditor Robert J. Waymire Skamania County, WA

WHEN RECORDED RE	TURN TO:
James L	Garrison
211 Trout	Crook Vd.
Carson.	NA 98610

DOCUMENT TITLE(S)
Small Estates AFFIdevit REFERENCE NUMBER(S) of Documents assigned or released:
REFERENCE NUMBER(S) of Documents assigned or released:
[a] Additional numbers on page of document
GRANTOR(S):
Norma Lee Garrison [] Additional names on page of document.
GRANTEE(S):
James on Page Loggir ison
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
[] Complete legal on page of document.
TAX PARCEL NUMBER(S):
N/A
Additional parcel numbers on page of document.
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to
verify the accuracy or completeness of the indexing information.

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AFFIDAVIT - PAGE 1

Small Estates Affidavit

AFFIDAVIT OF James L. Garrison (Successor's name)

FOR DISTRIBUTION OF DECEDENT'S PROPERTY

State of <u>U</u>	(A)	X			
County of 5))ss Kamanjøe	<i>),</i>		O	7
1. I wish (decedent's ful	to claim property of ll name), whose Socia	the deceased///	11M2 Lee (eris 341 40	7 Y.	
	state resident on the successor as defined			name and addre	ss:
2. I alli a	James 1 31/ Trou Carson,	Garrie Jeroch v WA	78610		
3. The va	alue of the decedent'	· · · · · · · · · · · · · · · · · · ·	<u> </u>	not including th	e surviving

spouse's community property interest in any assets which are subject to probate in the decedent's

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estate, wherever located, less liens and encumbrances, does not exceed \$100,000.

- 4. At least forty days have elapsed since the decedent's death.
- 5. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- All debts of the decedent including funeral and burial expenses have been paid or provided 6. for.

. All of this property is subject to	100	%			/ N -
All of this property is subject to			· ·		ullet
All of this property is subject to-					
		- A	 737	All of this prop	erty is subject to-

- I have personally served or mailed written notice to all the decedent's other successors identifying my claim and describing the property claimed. At least ten days have passed since the service or mailing of such notice.
- I am entitled to full payment or delivery of the property claimed on my own behalf, and on the behalf of any other successor from whom I have attached to this affidavit a written authorization.

day of_ Signed this

SIGNED AND SWORN to before me on April 16th, 2018 by James L. Garrison.

LESLIE L. MOORE NOTARY PUBLIC STATE OF WASHINGTON **COMMISSION EXPIRES JANUARY 9, 2020**

(Please print name legibly)

NOTARY PUBLIC in and for the State of Washington, residing at <u>Cases</u>

My appointment expires: 1-9-2020

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CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-008355

DATE ISSUED: 03/04/2016

FEE NUMBER: 0002027923

GIVEN NAMES: NORMA LEE LAST NAME: GARRISON

COUNTY: OF DEATH: SKAMANIA
DAYE OF DEATH: FEBRUARY 26.2016 FOUND
HOUR OF DEATH: 05:59 P.N.: FOUND
SEX: FEMALE
AGE: 70 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC

RACE: WHITE

BIRTHDATE: JANUARY 07,1946 BIRTHPLACE: SHELBY, MONTANA

MARITAL STATUS: MARRIED SPOUSE: JAMES LONNIE GARRISON

OCCUPATION: HOMEMAKER INDUSTRY: OWN HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED US ARMED FORCES? NO

INFORMANT: JAMES LONNIE GARRISON

RELATIONSHIP: SPOUSE
ADDRESS: 311 TROUT CREEK ROAD

A: OCCLUSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

INTERVAL: UNKNOWN:

INTERVAL:

INTERVAL:

D.

INTERUAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

ORESITY

DATE OF INJURY: Hour of Injury: INJURY AT WORK?

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE (DATE(S): NONE

PLACE OF DEATH: HOME FACILITY OR ADDRESS: 311 TROUT CREEK ROAD CITY, STATE, ZIP: STABLER, WASHINGTON 98610

RESIDENCE STREET: 311 TROUT CREEK ROAD CITY, STATE, ZIP: STABLER; WASHINGTON 98610 INSIDE CITY LINITS! NO

COUNTY: SKAMANIA TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 37 YEARS

FATHER/PARENT: CHRISTAIN MHYRE MOTHER/PARENT: BETTY LEVISAY

METHOD OF DISPOSITION: CREMATION:
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY
CITY, STATE: WHITE SALMON, WA

DISPOSITION DATE: MARCH 04,2016

FUNERAL FACILITY: GARDNER FUNERAL HOME INC ADDRESS: 1270 NORTH WAIN AVENUE

CITY, STATE, ZIP: WHITE SALMON WA 98672 FUNERAL DIRECTOR: DEREK F. KRENTZ

MANNER OF DEATH: NATURAL

AUTOPSY: VES

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES DID TOBACCO USE CONTRIBUTE TO DEATH? NO PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: ADAM N. KICK TITLE: CORONER

ME/CORONER ADDRESS: 240 NW VANCOUVER AVENUE

NOT APPLICABLE

CITY, STATE, ZIP: STEVENSON WA 986480790 DATE SIGNED: FEBRUARY 29.2016



CASE REFERRED TO ME/CORONER: NO. FILE NUMBER: 2016-0435 ATTENDING PHYSICIAN:

LOCAL DEPUTY REGISTRAR: AMANDA HERTEL DATE RECEIVED FEBRUARY 29,2016

State File Number	Fee Number	SIAIEUPE	ICE USE ONLY Initials	Date	Affi	davit Number	
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	of perjury under the law	s of the State o	f Washington	that the forgoing	is true and	correct.	
5. Signature:		16. Date:	17. Address				1. NG 2 1917 21. 557712
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Christopher Spiters, M.D. Klickitat County H.E. 2. Department