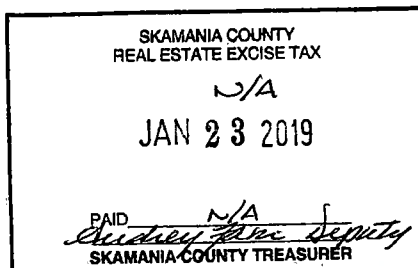


Return Address:

Elizabeth Kaye Hogan  
112 Cace Rd  
Look, WA 98605



**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Venus Marie Nielsen, being first duly sworn  
*Name of Affiant*

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real  
property described below, and is spouse

*Relationship to decedent*

of Martin Frederick Nielsen, who died on 05/16/1976  
*Decedent/Grantor* *Date*

at Underwood Skamania Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

A tract of land in Section 14, Township 3 North, Range 9 East of the Willamette Meridian, County of Skamania, State of Washington, more particularly described as follows: Beginning at the Southeast Corner of the West Half of said Lot 2; thence North along the East line of said Lot 2 a distance of 142 feet to the true Point of Beginning; thence North along the East line of the West Half of said Lot 2 a distance of 100 feet; thence West 90 feet; thence South 100 feet, thence East 90 feet to the East Line of the West Half of said Lot 2 to the true Point of Beginning.

Assessor's Property Tax Parcel/Account Number: 03091420090100  
(Attach full legal description of the property)

☒ 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: (use additional pages if necessary)

Venus Marie Nielsen, 95, Spouse, 519 South 83rd Way, Mesa, AZ 85208

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*Full name, age, relationship, address*

William Martin Nielsen, 62, Son, 21 Furness Rd, Cook, WA 98605

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*Full name, age, relationship, address*

Elizabeth Kaye Hogan, 64, Daughter, 112 Carr Rd, Cook, WA 98605

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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Dated : \_\_\_\_\_

**Venus Marie Nielsen**

*Affiant's full name*

**480 380-0830**

*Telephone number*

**519 South 83rd Way**

**Mesa**

*City*

*Street*

**AZ**

*State*

**85208**

*Zip Code*

*Venus Marie Nielsen*  
*Signature*

*Date*

State of Arizona

County of Maricopa

I know or have satisfactory evidence that

*Venus Marie Nielsen*  
*(name of person)*

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 11 / 19 / 18

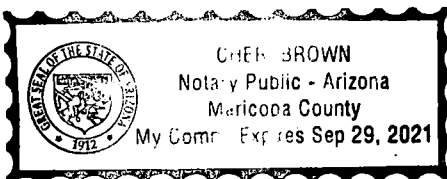
*C. Brown*  
*Signature of Notary Public*

**(SEAL OR  
STAMP)**

Residing at: 540 S. 80<sup>th</sup> St.

Notary Public in and for the State of Arizona

My appointment expires: Sept. 29, 2021



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

STATE FILE NUMBER **12579**

TYPE OR PRINT IN  
PERMANENT INK

2-D

LOCAL FILE NUMBER 10-D

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
Martin		Frederick		Nielsen				male	May 16 1976	
RACE—WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
White		60		MO. DAYS		HOURS MIN.		Feb. 29, 1916		Skamania
CITY, TOWN, OR LOCATION OF DEATH (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)								
Willard, near Neilsen Rd. near Broughton Lumber Co.		Neilsen Rd. near Broughton Lumber Co. in Willard, Skamania Co., WA								
STATE OF BIRTH (IF NOT IN U.S.A., NAME CITIZEN OF WHAT COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)						
Oregon		U.S.A.		married Venus Marie THAYER						
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY						
		Pond Foreman		lumber mill						
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER (SPECIFY YES OR NO)				
Washington		Klickitat		White Salmon		yes 393 N. E. Spring Stree				
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME		
Martin		Frederick		Nielsen				AUSTEIN, Elizabeth		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
Venus Marie Nielsen		P. O. Box 816 - White Salmon, Washington 986								
PART I: DEATH WAS CAUSED BY		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]								
(a) IMMEDIATE CAUSE		Gunshot Wound of the Left Chest								
(b) DUE TO, OR AS A CONSEQUENCE OF:		Undeter mined								
(c) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST										
PART II: OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES, WERE FINDINGS SIDERED IN DETERMINING OF DEATH						
		yes		yes						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
Suicide		May 16 1976		Undeter mined		Gunshot Wound to Left Chest				
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, STATE				
No		Country Street		Neilsen Rd. near Broughton Lumber Co., Willard, Skamania Co., WA						
CERTIFICATION—PHYSICIAN:		MONTH		DAY		YEAR		I DID/DID NOT VIEW THE BODY AFTER DEATH		DEATH OCCURRED AT THE PLACE, ON DATE, AND TO THE KNOWLEDGE OF MY KNOWLEDGE OF THE CAUSE(S)
I ATTENDED THE DECEASED FROM										
CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		MONTH		DAY		YEAR		
		Undetermined		May		16		1976		2:30 p
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)				
ROBERT K. LEICK				CORONER		May 26 1976				
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP		
Courthouse Building		Stevenson,		WA		98648				
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN				
burial		Christ Zada Cemetery		Underwood, Washington						
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
May 22, 1976		Gardner's Funeral Home - P. O. Box 276 - White Salmon, Wa., 986								
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR						
Bennett H. Gardner		D. L. Thompson		MAY 26 1976						

OSHS 9-181 [6-73] [HEA 67] [Formerly S.F. 8191]

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED