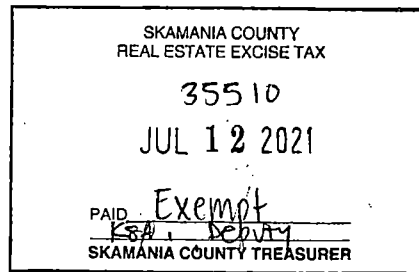




Return Address:
Scott C. Wyse
4309 S.W. Twombly Avenue
Portland, Oregon 97239-1370



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiants, Scott C. Wyse, Duncan E. Wyse, and Wendy L. Wyse, being first duly sworn, depose and state as follows: That Wendy L. Wyse, Duncan E. Wyse, and Scott C. Wyse (a) are all the children of William W. Wyse, who died on December 11, 2005, and of Janet E. Wyse, who died on April 7, 2011, both in Portland, Multnomah County, Oregon, (b) are the rightful heirs as listed on heirs at law, to the real property described below (the Property), and (c) that as such rightful heirs they have elected that the Property be transferred to and held by Scott C. Wyse, Trustee of The William and Janet Wyse Family Trust dated July 1, 2012, for their mutual benefit.

REAL PROPERTY SUBJECT TO THIS AFFIDAVIT:

Abbreviated Legal Description:

Skamania County Assessor

Wauna Lake Club Site Number 33

Date 7/12/21 Parcel# 32071500153300

Assessor's Property Tax Parcel/Account Number: 32071500153300

Decedent William W. Wyse left a Last Will and Testament which HAS NOT been Probated in Washington or Revoked.

Decedent Janet E. Wyse 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.

Affiants hereby identify all heirs at law of the decedent William Walker Wyse:

Full Name: Janet Elizabeth Wyse
Age: Deceased
Relationship: Spouse of William W. Wyse
Address: 3332 S.W. Fairmount Lane
Portland, Oregon 97239

Full Name: Scott Campbell Wyse
Age: 72
Relationship: Son of William W. Wyse
Address: 4309 S.W. Twombly Avenue
Portland, Oregon 97239-1370
Full Name: Wendy Louise Wyse

Age: 74
Relationship: Daughter of William W. Wyse
Address: 319 Goodhill Road
Kentfield, California 94904

Full Name: Duncan Eugene Wyse
Age: 67
Relationship: Son of William W. Wyse
Address: 5863 SW Terwilliger Blvd.
Portland, Oregon 97239

Full Name: Robert James Wyse
Age: Deceased, 88 on date of death
Relationship: Brother of William W. Wyse
Address:

Full Name: Harriet J. (Wyse) Sauer-Scott
Age: Deceased, 85 on date of death
Relationship: Sister of William W. Wyse
Address:

Affiants hereby identify all heirs at law of the decedent Janet Elizabeth Wyse:

Full Name: Scott Campbell Wyse
Age: 72
Relationship: Son of Janet E. Wyse
Address: 4309 S.W. Twombly Avenue
Portland, Oregon 97239-1370

Full Name: Duncan Eugene Wyse
Age: 67
Relationship: Son of Janet E. Wyse
Address: 5863 SW Terwilliger Blvd.
Portland, Oregon 97239

Full Name: Wendy Louise Wyse
Age: 74
Relationship: Daughter of Janet E. Wyse
Address: 319 Goodhill Road
Kentfield, California 94904

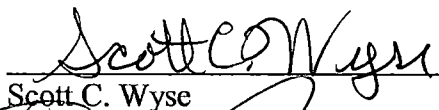
Dated: June 10, 2021

Affiants' full names, telephone numbers, and addresses:

Scott Campbell Wyse
(503) 505-1695
4309 S.W. Twombly Avenue
Portland, Oregon 97239

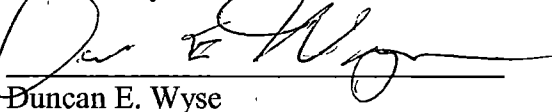
Duncan Eugene Wyse
(503) 419-7585
5863 SW Terwilliger Blvd.
Portland, Oregon 97239

Wendy Louise Wyse
(415) 302-9771
319 Goodhill Road
Kentfield, California
94904



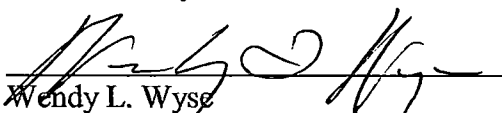
Scott C. Wyse

Date: June 25, 2021



Duncan E. Wyse

Date: June 22, 2021



Wendy L. Wyse

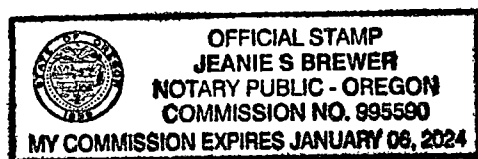
Date: June 18, 2021

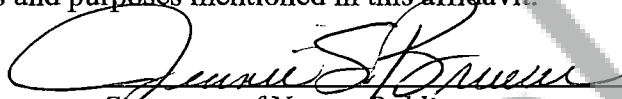
State of Oregon)
) ss
County of Multnomah)

I know or have satisfactory evidence that Scott C. Wyse is the person who appeared before me, and said person acknowledged that he signed this affidavit and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 06 /25 /2021

(SEAL OF STAMP)




Signature of Notary Public

Residing at: PORTLAND, OR

Notary Public in and for the State of Oregon

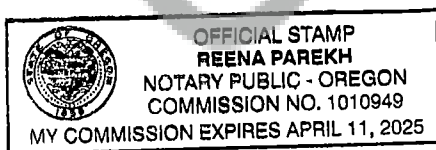
My appointment expires: 01 /06 /2021

State of Oregon)
) ss
County of Multnomah)

I know or have satisfactory evidence that Duncan E. Wyse is the person who appeared before me, and said person acknowledged that he signed this affidavit and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 06 /22 /2021

(SEAL OF STAMP)




Signature of Notary Public

Residing at: PORTLAND, OREGON

Notary Public in and for the State of Oregon

My appointment expires: 04 / 11 /2025

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1
2
3
4
5
6

Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Marin

Subscribed and sworn to (or affirmed) before me
on this 18th day of June, 2021,
by Date Month Year

(1) Wendy L. Wyse
(and (2) _____),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.



Signature _____
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

State of California)
) ss
County of Marin)

I know or have satisfactory evidence that Wendy L. Wyse is the person who appeared before me, and said person acknowledged that he signed this affidavit and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: / /2021

(SEAL OF STAMP)

Signature of Notary Public

Residing at: _____

Notary Public in and for the State of California

My appointment expires: / /202

Unofficial Copy

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

05-028791

CERTIFICATE OF DEATH

136-

State File Number

OR
IT IN
VARIANT
OK INK.

H50167

I.D. TAG NO.

006110

Local File Number

DECEDENT

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027

100

PARENTS

POSITION

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502

REGISTRAR

CERTIFIER

SIGNATURE

CONDITIONS

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CAUSE OF

DEATH

INSTRUCTIONS

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1. DECEDENT'S NAME First: William Middle: Walker Last: WYSE			2. SEX Male		3. DATE OF DEATH (Month, Day, Year) December 11, 2005		
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE-Last Birthday (Years) 86		5b. Under 1 Year Mos. 0 Days 0		5c. Under 1 Day Hours Mins.	
6. BIRTHPLACE (City and State or Foreign) Spokane, Washington			7. DATE OF BIRTH (Month, Day, Year) July 20, 1919				
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check one only): <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not an institution, give street and number.) 3332 SW Fairmount Lane			9c. CITY, TOWN, OR LOCATION OF DEATH Portland			9d. COUNTY OF DEATH Multnomah	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Attorney		10b. KIND OF BUSINESS/INDUSTRY Law		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. (Specify) Married		12. SPOUSE (If Married, Widowed) Janet Wyse	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Multnomah		13c. CITY, TOWN OR LOCATION Portland		13d. STREET AND NUMBER 3332 SW Fairmount Lane	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97239		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed.) Elementary/Secondary (0-12) College (1-4 or 5+) S+		17. FATHER'S NAME First Middle Last James - Wyse		18. MOTHER'S NAME First Middle Maiden Hattie - Walker		19. INFORMANT'S NAME and relationship to deceased Janet E. Wyse, Spouse	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place.) Caldwell's Crematory		20c. LOCATION (City or Town, State) Portland, Oregon			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (or Licensee) CO-3765		22. NAME, ADDRESS AND ZIP CODE OF FACILITY Caldwell's Colonial Chapel 20 Northeast 14th Avenue, Portland, OR 97232			
23. DATE FILED (Month, Day, Year) DEC 16 2005		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY MEDICAL CERTIFIER

27. TIME OF DEATH 1515 M		28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) Dec 14, 2005			
34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Dennis Asby, MD 4212 NE Broadway, Portland, Oregon 97213			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature)			
33. DATE SIGNED (Month, Day, Year)		COUNTY	

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g., Cardiac or Respiratory Arrest). PART (a) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Atherosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Interval between onset and death: years Interval between onset and death: weeks Interval between onset and death: months			
PART OTHER SIGNIFICANT CONDITIONS - II Conditions contributing to death but not resulting in the underlying cause given in PART I.			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Investigation Pending <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	
		41b. TIME OF INJURY M	
		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. DESCRIBE HOW INJURY OCCURRED			
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS' COPY

45-2 (12/04)

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.

APR 04 2006

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.



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Copy



001417939

001417939

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

589439
I.D. TAG NO.

136-2011-010485
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Janet	Middle Elizabeth	Last Wyse	Suffix	Death Date April 17, 2011
	Sex Female		Age 91 years		Social Security Number		County of Death Multnomah
	Birthdate September 03, 1919		Birthplace Wilbur, Washington				Was Decedent Ever in U.S. Armed Forces? Yes
	Residence: 3332 SW Fairmount Lane					City/Town Portland	
	Residence County Multnomah		State or Foreign Country Oregon		Zip Code + 4 97239	Inside City Limits? Yes	
	Marital Status at Time of Death Widowed		Spouse's Name Prior to First Marriage William W Wyse				
	Father's Name Eugene Oswalt			Mother's Name Prior to First Marriage Janet Campbell			
	Informant's Name Scott Wyse		Telephone Number Not Available	Relationship to Decedent Son	Mailing Address 4309 SW Twombly Avenue, Portland, OR 97239		
	Place of Death Decedent's Residence - Hospice		Facility Name				
	Location of Death 3332 SW Fairmount Lane		City/Town or Location of Death Portland		State Oregon	Zip Code + 4 97239	
	Method of Disposition Cremation		Place of Disposition PFS Crematory		Location (City/Town and State) Portland, Oregon		
	Name and Complete Address of Funeral Facility Caldwell's, Hennessey, Goetsch & McGee Funeral Home 20 NE 14th Avenue, Portland, Oregon 97232-3084						
	Date of Disposition TBD		Funeral Director's Signature Von D Bailey			Electronically Signed	OR License Number FS-0547
	Registrar's Signature /S/ Lila Wickham			Date Received April 22, 2011		Local File Number 001801	
	Amendment Date of death was April-16-2011 amended by Certifying Physician affidavit: Mother's First Name was Jeanett amended by F. Dir. aff. Z#88584 J.A. Woodward, State Reg., May-16-2011 pt						
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		No	Autopsy?		No	Time of Death 1120
	CAUSE OF DEATH						Approximate Interval: Onset to Death
	IMMEDIATE CAUSE a. Metastatic Breast Cancer						2yrs 2mo
	Due to (or as a consequence of) ↓ b.						
	Due to (or as a consequence of) ↓ c.						
	Due to (or as a consequence of) ↓ d.						
	Other significant conditions contributing to death						
	Manner of Death Natural		If Female		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 John Washburn Smith II 5050 NE Hoyt Street 256, Portland, Oregon 97213						
	Name and Title of Attending Physician if Other than Certifier						Date Signed April 20, 2011
	Medical Certifier /S/ John Washburn Smith II			Title of Certifier M.D.		License Number MD20151	
	Amendment						



20110503298

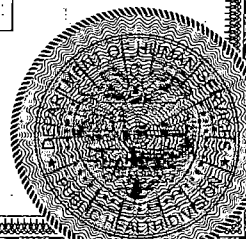
45-2CC (01/06)

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: May 16, 2011

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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