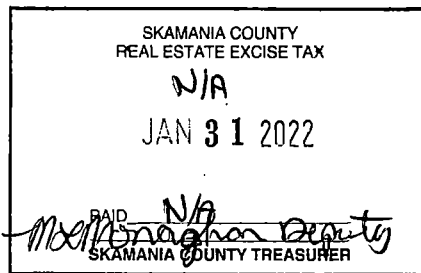


Return Address:
Roberta Matta
PO Box 747
Carson, WA 98610



Skamania County, WA
Total: \$206.50
ALP
Pgs=4
Request of: ROBERTA MATTA
2022-000194
01/31/2022 10:23 AM
00012052202200001940040048

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee, **Roberta Matta**, being first duly sworn deposes and states as follows: That she is the rightful heir as listed on heirs at law, to the real property described below, and is the **only surviving child, and a married woman as her separate estate, of Beverly Ann Taylor**, who died on **May 29, 2021** at **Hood River Memorial Hospital, City of Hood River, County of Hood River, State of Oregon.**

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

The south 200 feet of the west 600 feet of the following described tract: That portion of the North Half of the Northeast Quarter of Section 27, Township 3 north, Range 8 east, W.M., lying easterly of the centerline of the Kelly-Henke Road, EXCEPT a strip of land 300 feet in width acquired by the United States of America for the Bonneville Power Administration's electric power transmission lines. Subject to Reservations contained in deed from Edith Shepardson to grantors herein, recorded in book 45 of deeds at page 285, records of Skamania County, WA

Assessor's Property Tax Parcel/Account Number: 03082700016000.
(Attach full legal description of the property)

Skamania County Assessor

☐ Decedent left no Last Will and Testament.

Date 1/31/22 Parcel# 3-8-27-160
G.S.

☒ 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:

Dated: Jan 31, 2022

Roberta Louise Matthe

Affiant's full name

509-427-4581

Telephone number

PO Box 747, 142 Smith Beckon Rd

Carson WA 98610
City State Zip Code

Roberta Matthe 1/31/2022
Signature Date

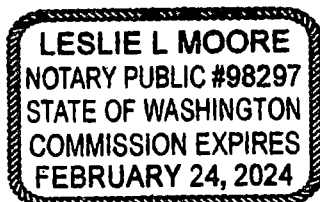
State of Washington County of Skamania

I know or have satisfactory evidence that Roberta Louise Matthe
(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: 01/31/2022

(SEAL OR
STAMP)



Leslie L Moore
Signature of Notary Public

Residing at: Carson

Notary Public in and for the State of Washington

My appointment expires: 02/24/2024

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

927551

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2021-017393

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First Beverly	Middle Ann	Last Taylor	Suffix	Death Date May 29, 2021
Sex Female	Age 82 years	Social Security Number		County of Death Hood River	
Birthdate December 02, 1938		Birthplace Longview, Washington		Was Decedent Ever in U.S. Armed Forces? No	
Residence 182 Smith Beckon Road				City/Town Carson	
Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98610	
Marital Status at Time of Death Widowed		Spouse's Name Prior to First Marriage			
Father's Name Robert Edwards Holmes			Mother's Name Prior to First Marriage Edith Claire Shephardson		
Informant's Name Roberta Matta		Telephone Number Not Available	Relationship to Decedent Daughter	Mailing Address P.O. Box 747, Carson, WA 98610	
Place of Death Hospital-Inpatient			Facility Name Providence Hood River Memorial Hospital		
Location of Death 811 13th Street			City/Town or Location of Death Hood River		State Oregon
Method of Disposition Removal From State			Place of Disposition Columbia River Crematory		Zip Code + 4 97031
Location (City/Town and State) White Salmon, Washington					
Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672					
Date of Disposition May 29, 2021		Funeral Director's Signature Victoria R. Lara		Electronically Signed	OR License Number CO-3930
Registrar's Signature Jennifer A. Woodward		Date Received June 14, 2021		Local File Number	
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 1901
CAUSE OF DEATH					Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓ a. Acute hypoxic respiratory failure					Hours
b. Due to (or as a consequence of) ↓ Systolic congestive heart failure					Months
c. Due to (or as a consequence of) ↓					
d. Due to (or as a consequence of) ↓					
Other significant conditions contributing to death					
Manner of Death Natural	If Female	Not Applicable		Did tobacco use contribute to death? Unknown	
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 James Matthew Edwards 811 13th Street, Hood River, Oregon 97031					
Name and Title of Attending Physician if Other than Certifier				Date Signed June 08, 2021	
Medical Certifier James Matthew Edwards		Electronically Signed	Title of Certifier M.D.	License Number MD28135	
Amendment					



20210616114

45-2CC (01/06)

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

June 14, 2021

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, PH.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Unofficial Copy



006829309

006829309