



Return Address:

DAN J. HASSELL  
R.D. Box 572  
INDEPENDENCE, OR 97351

Skamania County  
Real Estate Excise Tax  
N/A

JAN 23 2023

PAID N/A

Skamania County Treasurer

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee DAN JOE HASSELL, 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 SON

Relationship to decedent

of BARBARA C. HASSELL  
Decedent/Grantor

who died on JULY 06, 22  
Date

at KETCHIKAN  
City

County

ALASKA  
State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

A parcel of land in section 26, Township 4 North,  
Range 9 East, of the Willamette Meridian, in  
the County of Skamania, State of Washington,  
described as follows: See page two.

Skamania County Assessor

Date 1/23/23 Parcel# 65

Assessor's Property Tax Parcel/Account Number: 04092600070000  
(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.

*Was not Probated in WA, but was probated in Alaska.*  
"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)

(Page 1 of 5)

CLARK R. HASSELL, 64, 6663 Roosevelt Drive Shop, Ketchikan, AK 99901  
Full name, age, relationship, address Brother

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 1-23-23

Affiant's full name

DAN J. HASSELL

Telephone number

(503) 931-5550 2949 S. TONGASS HWY

KETCHIKAN ALASKA 99901  
City State Zip Code

Dan J. Hassell  
Signature

1-23-23  
Date

State of Washington County of Skamania

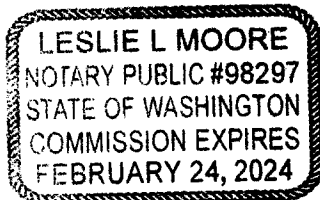
I know or have satisfactory evidence that Dan J Hassell  
(name of person)

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: 01/23/2023

Leslie L Moore  
Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: Steverson, WA

Notary Public in and for the State of WA

My appointment expires: 02/24/2024

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A Parcel of Land in Section 26, Township 4 North, Range 9 East, of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Northeast corner of the Southeast quarter of the Southwest Quarter of said Section 26; thence North  $89^{\circ} 31' 20''$  West along the North line of said Southeast quarter of the Southwest quarter 358.57 feet to the centerline of the County Road, which point is the true point of beginning for the tract herein described; thence South  $19^{\circ} 28' 26''$  East along the centerline of said County Road 343.24 feet; thence South  $70^{\circ} 31' 34''$  West 30.00 feet to a  $\frac{1}{2}$  inch iron rod; thence continuing South  $70^{\circ} 31' 34''$  West 559.54 feet to a  $\frac{1}{2}$  inch iron rod; thence continuing South  $70^{\circ} 31' 34''$  West approximately 40 feet to the center of the Little White Salmon River; thence Northerly along the center of the Little White Salmon River approximately 290 feet to the most Southerly line of Big Cedar County Park; thence South  $89^{\circ} 31' 20''$  East along the most Southerly line of Big Cedars County Park approximately 120 feet to the Westerly Southeast corner thereof; thence North  $0^{\circ} 25' 37''$  West 247.47 feet along the boundary of said Park to an interior corner thereof; thence South  $89^{\circ} 31' 20''$  East along the boundary of said Park 370 feet to the true point of beginning.

EXCEPT County Roads.

C.S. 1-23-23

4-9-26-700

# STATE OF ALASKA

## CERTIFICATION OF VITAL RECORD

# STATE OF ALASKA

ALASKA DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS  
P.O. Box 110675, Juneau, AK 99811-0675

DATE FILED **07/25/2022**

**CERTIFICATE OF DEATH** STATE FILE NO. **2022002732**

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>BARBARA C HASSELL</b>				2. SEX <b>FEMALE</b>		3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
4a. AGE-Last Birthday (Years) <b>93</b>		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (MM/DD/YY) <b>03/16/1929</b>	
6. BIRTHPLACE (City and State or Foreign Country) <b>WILLARD, WASHINGTON</b>							
7a. RESIDENCE-STATE <b>ALASKA</b>		7b. COUNTY <b>KETCHIKAN GATEWAY</b>		7c. CITY OR TOWN <b>KETCHIKAN</b>			
7d. STREET AND NUMBER <b>2949 S. TONGASS HWY</b>		7e. APT. No.		7f. ZIP CODE <b>99901</b>		7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		9. MARITAL STATUS AT TIME OF DEATH <b>WIDOWED</b>		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
11. FATHER'S NAME (First, Middle, Last) <b>HERMAN DEWATER</b>				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>LOIS WILLARD</b>			
13a. INFORMANT'S NAME <b>DAN J HASSELL</b>		13b. RELATIONSHIP TO DECEDENT <b>SON</b>		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>2949 S. TONGASS HWY KETCHIKAN, ALASKA 99901</b>			
14. DECEDENT'S EDUCATION: 3. HIGH SCHOOL GRADUATE OR GED		16. DECEDENT'S RACE: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native		17. DECEDENT'S USUAL OCCUPATION <b>HOMEMAKER</b>			
15. DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino(a) <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano(a) <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino(a)		(Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____		18. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>			
19. PLACE OF DEATH: <b>NURSING HOME/LONG TERM CARE FACILITY</b>		20. FACILITY NAME (If not institution, give street & number) <b>KETCHIKAN PIONEER HOME</b>		21. CITY OR TOWN, STATE AND ZIP CODE <b>KETCHIKAN, ALASKA 99901</b>		22. COUNTY OF DEATH <b>KETCHIKAN GATEWAY</b>	
23. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		24. PLACE OF DISPOSITION: <b>KETCHIKAN/ROESEL MORTUARY</b>					
25. LOCATION - CITY, TOWN AND STATE <b>KETCHIKAN, AK</b>		26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>KETCHIKAN/ROESEL MORTUARY PO BOX 3181 KETCHIKAN, ALASKA 99901</b>					
27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE) <b>RON RANDALL</b>				28. LICENSE NUMBER (Of Licensee) <b>200</b>			
29. DATE PRONOUNCED DEAD (MM/DD/YY)		30. TIME PRONOUNCED DEAD					
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		32. LICENSE NUMBER		33. DATE SIGNED (MM/DD/YY)			
34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YY) <b>07/06/2022</b>		35. ACTUAL OR PRESUMED TIME OF DEATH <b>Unknown</b>		36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
37. PART I. CAUSE OF DEATH a. <b>ALZHEIMER'S DEMENTIA</b> Due to (or as a consequence of): _____ b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____		Approximate Interval: Onset to death <b>5 YEARS</b>					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause				38. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				39. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
40. DID TOBACCO USE CONTRIBUTE TO DEATH? <b>N</b>		41. IF FEMALE (PREGNANCY STATUS) <b>8. NOT APPLICABLE</b>		42. MANNER OF DEATH <b>NATURAL CAUSES</b>			
43. DATE OF INJURY (MM/DD/YY)		44. TIME OF INJURY		45. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)			
47. LOCATION OF INJURY: (Street & Number, Apt. No., City or Town, State, Zipcode)						46. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
48. DESCRIBE HOW INJURY OCCURRED:						49. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____	

50a. CERTIFIER:  
**CERTIFYING PHYSICIAN**

50b. NAME OF CERTIFIER (SIGNATURE ON FILE)

**PETER E RICE**

52. LICENSE NUMBER  
**2326**

53. DATE CERTIFIED (MM/DD/YY)  
**07/11/2022**

51. ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH  
**212 CARLANNA RD SUITE 100 KETCHIKAN AK 99901**

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED **July 26, 2022**

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

