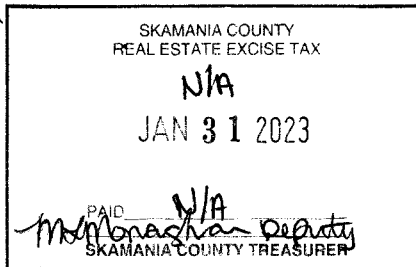


Return Address:

Carol A. Mulcihy
301 Eyman Cemetery Rd
Carson, WA. 98610



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Carol Ann. Mulcihy, 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 Wife
Relationship to decedent

of Larry Dean Mulcihy, who died on March 25, 2016
Decedent/Grantor Date

at Seaside Clatsop Oregon
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

NW QTR SEC 20 T3N R8E
Full legal - See exhibit A

Assessor's Property Tax Parcel/Account Number: 03082020020100
(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)

Carol Ann Mulcihy 69 - wife
301 Eyman Cemetery Rd, Carson, WA. 98610
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

Full name, age, relationship, address

Dated : _____

Carol Ann Muleihy

Affiant's full name

509 427-7266

Telephone number

301 Eyman Cemetery Rd

Carson WA 98610

City

Street
State

Zip Code

Carol A Muleihy 01/31/2023

Signature

Date

State of Washington County of Skamania

I know or have satisfactory evidence that

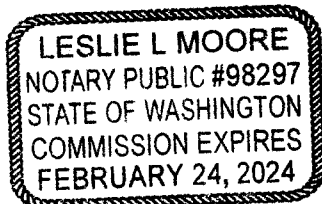
Carol Ann Muleihy
(name of person)

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: 01/31/2023

Leslie L Moore
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Carson

Notary Public in and for the State of Washington

My appointment expires: 02/24/2024

Exhibit A

the following described real estate, situated in the County of Skamania, State of Washington:

A tract of land in the Northwest Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

The North 160 feet of the West 88.5 feet of the following described property: Beginning at a point 20 feet South of the Northeast corner of the Northwest Quarter of the Northwest Quarter of said Section 20; thence West 104.5 feet; Thence South 418 feet; thence East 104.5 feet, more or less, to the intersection with the East line of the Northwest Quarter of the Northwest Quarter of said Section 20; thence North 418 feet, more or less, to the point of beginning.

"THIS CONVEYANCE IS SUBJECT TO COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS, IF ANY, AFFECTING TITLE, WHICH MAY APPEAR IN THE PUBLIC RECORD, INCLUDING THOSE SHOWN ON ANY RECORDED PLAT OR SURVEY"

TOGETHER WITH MOBILE HOME VIN: S2535, 1974 CRCD • 70.14

Assessor's Property Tax Parcel/Account Number(s): 03-08-20-2-0-0201-00

Skamania County Assessor

Date 1/31/23 Parcel# 3-8-20-2-201

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

671476

I.D. TAG NO.

136-2016-014858

STATE FILE NUMBER

Legal Name		First Larry	Middle Dean	Last Mulcihy	Suffix	Death Date May 25, 2016
Sex Male	Age 72 years	Social Security Number		County of Death Clatsop		
Birthdate January 17, 1944	Birthplace Missoula, Montana		Was Decedent Ever in U.S. Armed Forces? Yes			
Residence 301 Eyman Cemetery Road				City/Town Carson		
Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98610		Inside City Limits? No
Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Carol A Moon				
Father's Name Tom Mulcihy			Mother's Name Prior to First Marriage Irma Proebstel			
Informant's Name Carol Mulcihy		Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 301 Eyman Cemetery Road, Carson, WA 98610		
Place of Death Hospital-Emergency Room/Outpatient			Facility Name Providence Seaside Hospital			
Location of Death 725 S Wahanna Road			City/Town or Location of Death Seaside		State Oregon	Zip Code + 4 97138
Method of Disposition Cremation		Place of Disposition Hughes-Ransom Crematory		Location (City/Town and State) Astoria, Oregon		
Name and Complete Address of Funeral Facility Hughes-Ransom Mortuary - Seaside 220 N Holladay Drive, Seaside, Oregon 97138						
Date of Disposition TBD	Funeral Director's Signature Jacob C F Boulet		Electronically Signed	OR License Number CO-3808		
Registrar's Signature /S/ Annette M Brodigan			Date Received June 06, 2016	Local File Number 136		
Amendment						

Was case referred to Medical Examiner?	Yes	Autopsy?	No	Were autopsy findings available to complete the cause of death?	Time of Death 09:09 AM
CAUSE OF DEATH					Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓ a. myocardial infarction					~ 1 hr
Due to (or as a consequence of) ↓ b. coronary artery disease					~ 10 years
Due to (or as a consequence of) ↓ c.					
Due to (or as a consequence of) ↓ d.					
Other significant conditions contributing to death cerebrovascular disease; peripheral arterial disease;					
Manner of Death Natural	If Female Not Applicable			Did tobacco use contribute to death? Probably	
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 Troy Witherrite 212 Skyline Drive, White Salmon, Washington 98672					
Name and Title of Attending Physician If Other than Certifier				Date Signed June 02, 2016	
Medical Certifier /S/ Troy Witherrite		Title of Certifier M.D.		License Number MD00046597	
Amendment					

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER



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.

April 17, 2017

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR



Unofficial
Copy



★ 005802815 ★

005802815