

Return Address:

405 Columbia
P.O. Box 315
North Bonneville Wa 98639

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee David J. Matthews, 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 Husband
Relationship to decedent
of Carol Isabell Matthews, who died on 9/10/2021
Decedent/Grantor Date
at Portland Multnomah Or
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 5, Block 4 of Relocated North Bonneville, According to the
Plat Thereof, Recorded in Book "B" of Plats, Page 7, and
also Recorded in Book "B" of Plats, Page 23, Records
of Skamania County, Washington.

Skamania County Assessor

Date 5/9/23 Parcel# 2-7-19-4-4-500

Real Estate Excise Tax

N/A
MAY 09 2023

PAID

N/A
Skamania County Treasurer

Assessor's Property Tax Parcel/Account Number: 02071944050000
(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)

(Page 1 of ____)

Dated : 5/9/2023

David J. Matthews
Affiant's full name

715-222-2660
Telephone number

405 Columbia / P.O. Box 315
North Bonnevill WA 98369
City State Zip Code

David J. Matthews 5/9/2023
Signature Date

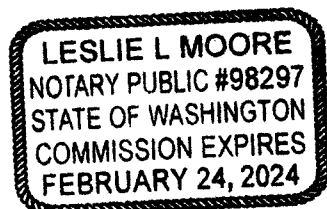
State of Washington County of Skamania

I know or have satisfactory evidence that David J. Matthews
(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: 05/09/2023

(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

968498

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2021-026752

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First Carol	Middle Isabel	Last Matthews	Suffix	Death Date August 17, 2021
Sex Female	Age 82 years	Social Security Number		County of Death Multnomah	
Birthdate February 09, 1939	Birthplace Missoula, Montana		Was Decedent Ever in U.S. Armed Forces? No		
Residence 405 Columbia Street			City/Town North Bonneville		
Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98639	Inside City Limits? Yes
Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage David John Matthews			
Father's Name Matthew Hopkins			Mother's Name Prior to First Marriage Dorothy Hendrix		
Informant's Name David John Matthews		Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 405 Columbia Street, North Bonneville, WA 98639	
Place of Death Hospital-Inpatient		Facility Name Providence Portland Medical Center			
Location of Death 4805 NE Glisan Street		City/Town or Location of Death Portland		State Oregon	Zip Code + 4 97213
Method of Disposition Cremation		Place of Disposition First Call Crematory		Location (City/Town and State) Portland, Oregon	
Name and Complete Address of Funeral Facility Tulip Cremation 4835 NE Pacific Street 10C134, Portland, Oregon 97213					
Date of Disposition TBD		Funeral Director's Signature Michael A. Salazar		Electronic Signature CO-3772	OR License Number CO-3772
Registrar's Signature Jennifer A. Woodward		Date Received September 01, 2021		Local File Number	
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner?	No	Autopsy?	No	Were autopsy findings available to complete the cause of death?	Time of Death 0224
CAUSE OF DEATH					Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓ a. Covid-19 pneumonia with acute hypoxemic respiratory failure					Days
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 Bacterial pneumonia, All					
Manner of Death Natural		If Female Not Applicable		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 Michael A O'Hara 4805 NE Glisan Street, Portland, Oregon 97213					
Name and Title of Attending Physician if Other than Certifier				Date Signed September 01, 2021	
Medical Certifier Michael A O'Hara		Electronic Signature	Title of Certifier M.D.	License Number MD156810	
Amendment					



20210920024

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.

September 17, 2021

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR



Unofficial
Copy



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