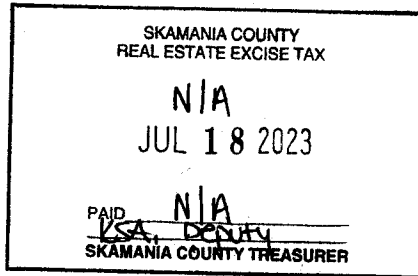




Return Address:

225 Kokos Ln.
Canyonville, OR 97417



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Richard L. Hannigan, 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 the husband (spouse)
Relationship to decedent

of Kathleen Roseanne Klooster, who died on September 25, 2022
Decedent/Grantor *Date*

at Canyonville Douglas OREGON 97417
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

a portion of tract no. 8 of Columbia River estates. Recorded at page 364 of Book "J" under Auditor's file no. 75656 - Skamania County, Wa. designated Parcel 8-H. Described as: A tract of Land Located in SW Quarter of the NW Quarter of section 23, Township 2 North, Range 6 East of the Willamette Meridian - bounded on east by road "C", bounded on north & west by road "B" as shown on survey Bounded on south by South line of South west Quarter of North west Quarter of said section 23. except that portion conveyed to Skamania County, Quit Claim deed dated Dec. 14, 1979 pg. 693 of book 77 under auditor's file no. 90076 Records of Skamania County, Wa.

Assessor's Property Tax Parcel/Account Number: 0206232001100
(Attach full legal description of the property)

Skamania County Assessor

☒ Decedent left no Last Will and Testament.

Date 7/18/23 Parcel # 2-6-23-2-111

☐ 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 3)

Nathaniel Matland Hannigan, 43yrs. son
Full name, age, relationship, address 225 Kokos LN. Canyonville, OR. 97417

Thaddeus Bran Hannigan 39yrs.
Full name, age, relationship, address 2121 Woods Creek Rd.
Days Creek OR. 97429

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: FRIDAY, July 14th, 2023

RICHARD Lewis Hannigan

Affiant's full name

360-713-7780

Telephone number

225 Kokos Ln.

Canyonville OREGON 97417

City

State

Zip Code

Richard Lewis Hannigan 07-14-2023

Signature

Date

State of Oregon County of Douglas

I know or have satisfactory evidence that Richard Lewis Hannigan

(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: 7/14/23

Teri Lynn Hammons

Signature of Notary Public

(SEAL OR
STAMP)



Residing at: 435 SE Kane St.

Notary Public in and for the State of Oregon

My appointment expires: 6/2/2025

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

996578

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Kathleen Middle: Roseanne Last: Klooster		2. Death Date September 25, 2022	
3. Sex Female	4. Age 67 years	5. Social Security Number	6. County of Death Douglas
7. Birthdate May 01, 1955	8. Birthplace Kirkland, Washington	9. Decedent's Education Some college	
10. Was Decedent of Hispanic Origin? No	11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? No	
13. Residence: Number and Street 225 Kokos Lane		14. City/Town Canyonville	
15. Residence County Douglas	16. State or Foreign Country Oregon	17. Zip Code + 4 97417	18. Inside City Limits? No
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Richard Hannigan	
21. Usual Occupation Artist		22. Kind of Business/Industry Art	
23. Father's Name Conrad Franklin Klooster		24. Mother's Name Prior to First Marriage Margaret Jean Christie	
25. Informant's Name Richard Hannigan	26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 225 Kokos Lane, Canyonville, OR 97417
29. Place of Death Decedent's Residence		30. Facility Name	
31. Location of Death 225 Kokos Lane		32. City/Town or Location of Death Canyonville	33. State Oregon
34. Zip Code + 4 97417		35. Method of Disposition Cremation	
36. Place of Disposition Umpqua Crematory		37. Location Myrtle Creek, Oregon	
38. Name and Complete Address of Funeral Facility Mountain View Memorial Chapel 428 N Old Pacific Highway, Myrtle Creek, Oregon 97457			
39. Date of Disposition TBD		40. Funeral Director's Signature John M. Ricks	41. OR License Number CO-3910
42. Registrar's Signature C. J. Seader		43. Date Received OCT 07 2022	44. Local File Number 24261
45. Amendment			
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 14:55	
CAUSE OF DEATH			
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			
Final disease or condition resulting in death ->		IMMEDIATE CAUSE ->	
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of) ->	
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ->	
Due to (or as a consequence of) ->		Due to (or as a consequence of) ->	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Recent Urinary Tract Infection, History of Multiple Sclerosis			
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death	
54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		55. Date of Injury (MM/DD/YYYY)	
56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)			
60. Describe how injury occurred			
61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Jay Seader DO 150 Kenneth Paul Dr. Roseburg, OR 97470			
63. Name and Title of Attending Physician if Other than Certifier			
64. Title of Certifier CMO		65. License Number 00164085	66. Date Signed (MM/DD/YYYY) 09/29/22
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
69. Amendment			

7603381

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

45-2DP (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.

DATE ISSUED:

OCT 10 2022

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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