



## Return Address:

Patricia K Doble, Trustee  
 1015 SW Yamhill Street  
 Portland, Oregon 97205

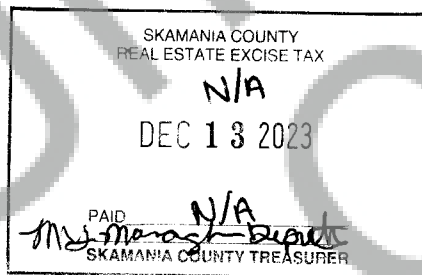
## AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Patricia K Doble, 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 surviving spouse  
*Relationship to decedent*  
 of Gerald C. Doble, who died on October 18, 2018  
*Decedent/Grantor* *Date*  
 at Portland Washington Oregon  
*City* *County* *State*

## REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lots 8 &amp; 9 and 10 &amp; 11 Iman Rock Creek Tracts BK A/PG 118



Assessor's Property Tax Parcel/Account Number: 03073514050000, 03073623020000, and  
 (Attach full legal description of the property) 03073623010200 *zm 12/13/23*

☐ 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 4)

Patricia K. Doblle, 74 years of age, surviving spouse

1015 SW Yamhill Street, Portland, OR 97205

*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 : 12/8/23

Patricia K. Doble

Affiant's full name

503-703-4641

Telephone number

1015 SW Yamhill Street

Portland	Street Oregon	97205
City	State	Zip Code

<u>Patricia Doble</u>	<u>12/8/23</u>
Signature	Date

State of Oregon County of Multnomah

I know or have satisfactory evidence that Patricia Doble  
(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: 12/8/23

(SEAL OR  
STAMP)

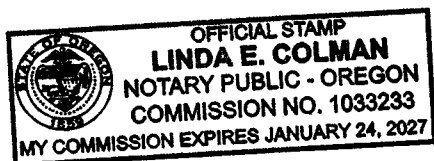
[Signature]

Signature of Notary Public

Residing at: Beaverton, Oregon 97007

Notary Public in and for the State of Oregon

My appointment expires: 01/24/27



## EXHIBIT "A"

### LEGAL DESCRIPTION

#### PARCEL I

Lots 8 and 9, Iman Rock Creek Tracts, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 118, in the County of Skamania, State of Washington.

#### PARCEL II

Lots 10 and 11 of the Iman Rock Creek Tracts, according to the official Plats thereof, on file and of record in Book 'A' of Plats, Page 118, Records of Skamania County, Washington.

#### PARCEL III

That portion of the Northwest Quarter of the Southwest Quarter of Section 36, Township 3 North, Range 7, East of the Willamette Meridian, in Skamania County, Washington, described as follows:

Beginning at the Northeast corner of Lot 11, Iman Rock Creek Tracts, according to the official plat thereof, recorded in Book A of Plats, Page 118, Records of Skamania County, Washington, said point being 20 feet South of the South Bank of Rock Creek; thence Easterly parallel with and 20 feet Southerly from said South Bank, 70 feet; thence North parallel with the West line of said Northwest Quarter of the Southwest Quarter, 116 feet; thence West parallel with the North line of said Lot 11, a distance of 165 feet to the West line and along the most Northerly East line of Lot 10, of said West line of said Northwest Quarter of the Southwest Quarter; thence South, along said West line and along the most Northerly East line of Lot 10 of said Iman Rock Tracts, 131 feet to an inner corner of said Lot 10; thence Easterly, along the North line of said Lots 10 and 11, a distance of 110 feet to the point of Beginning.

Skamania County Assessor

Date 12-13-23 Parcel# 03073514050000  
03073623020000  
03073623010200

*Ym*

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

7969261

I.D. TAG NO.

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2018-028821

STATE FILE NUMBER

Legal Name		First	Middle	Last	Suffix	Death Date	
Gerald			Carl	Doblie		October 15, 2018	
Sex	Age		Social Security Number		County of Death		
Male	84 years				Washington		
Birthdate	Birthplace				Was Decedent Ever in U.S. Armed Forces?		
September 21, 1934	Portland, Oregon				No		
Residence:				City/Town			
1015 SW Yamhill Street				Portland			
Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?	
Multnomah		Oregon		97205		Yes	
Marital Status at Time of Death		Spouse's Name Prior to First Marriage					
Married		Patricia Street					
Father's Name				Mother's Name Prior to First Marriage			
Delmar Doblie				Clara Beuhler			
Informant's Name		Telephone Number		Relationship to Decedent		Mailing Address	
Patricia Doblie		Not Available		Spouse		1015 SW Yamhill Street, Portland, OR 97205	
Place of Death			Facility Name				
Hospital-Inpatient			Providence St. Vincent Medical Center				
Location of Death			City/Town or Location of Death		State		Zip Code + 4
9205 SW Barnes Road			Portland		Oregon		97225
Method of Disposition		Place of Disposition		Location (City/Town and State)			
Burial		Iman Cemetery		Stevenson, Washington			
Name and Complete Address of Funeral Facility							
Riverview Abbey Funeral Home 0319 SW Taylors Ferry Road, Portland, Oregon 97219							
Date of Disposition		Funeral Director's Signature				OR License Number	
October 26, 2018		Timothy Daniel Proctor				CO-3899	
Registrar's Signature				Date Received		Local File Number	
/S/ Carolyn E. Halford				October 26, 2018		18 - 2775	
Amendment							

45-2CCS (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.

November 17, 2023

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



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