

2023-001850

12/18/2023 11:33 AM



Return Address:

Walker R. Clark, Esq.

111 SW 5th Ave., Suite 3800

Portland, OR 97204

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Jan E. McCabe, 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 Spouse
Relationship to decedent
of Carol J. McCabe, who died on August 28, 2023
Decedent/Grantor *Date*
at Portland Multnomah Oregon
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

POINT ON SECTION LINE BETWEEN SECTION 26 AND 27, TOWNSHIP 2
NORTH, RANGE 5 E.W.M.

Skamania County
Real Estate Excise Tax

N/A

DEC 18 2023

PAID

N/A

Skamania County Treasurer

[Signature]

Assessor's Property Tax Parcel/Account Number: 02-05-26-0-0-1100-00
(Attach full legal description of the property) 2m 12/11/23

☐ 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 ____)

Jan E. McCabe, Spouse, 700 SE Arrow Creek Lane

Gresham, OR 97080

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 : 12/4/2023

Affiant's full name

Jan E. McCabe by Michael McCabe, Agent under POA

Telephone number

(503) 661-1569, 700 SE Arrow Creek Lane

Gresham

City

Street
Oregon

State

97080

Zip Code

Michael McCabe
Signature

12/4/2023
Date

State of Oregon

County of MULTNOMAH

I know or have satisfactory evidence that Michael McCabe Agent for Jan E. McCabe
(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: 12 104 12023

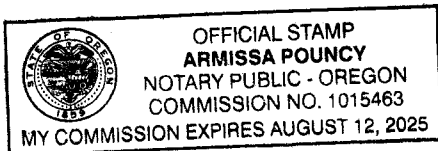
(SEAL OR
STAMP)

Armissa Pouncy
Signature of Notary Public

Residing at: MULTNOMAH

Notary Public in and for the State of OREGON

My appointment expires: 8-12-2025



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

1059352

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2023-026982

I.D. TAG NO.

STATE FILE NUMBER

Legal Name Carol		First Jean	Middle McCabe	Last McCabe	Suffix	Death Date August 28, 2023
Sex Female	Age 80 years	Social Security Number [REDACTED]		County of Death Multnomah		
Birthdate April 23, 1943		Birthplace Portland, Oregon			Was Decedent Ever in U.S. Armed Forces? No	
Residence: 700 SE Arrow Creek Lane				City/Town Gresham		
Residence County Multnomah		State or Foreign Country Oregon		Zip Code + 4 97080		Inside City Limits? No
Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Jan McCabe				
Father's Name Dick Carver				Mother's Name Prior to First Marriage Vilate Packard		
Informant's Name Jan McCabe		Telephone Number Not Available	Relationship to Decedent Spouse		Mailing Address 700 SE Arrow Creek Lane, Gresham, OR 97080	
Place of Death Hospital-Inpatient		Facility Name Legacy Good Samaritan Medical Center				
Location of Death 1015 NW 22nd Avenue		City/Town or Location of Death Portland		State Oregon	Zip Code + 4 97210	
Method of Disposition Cremation		Place of Disposition PFS Crematory, Gresham		Location (City/Town and State) Gresham, Oregon		
Name and Complete Address of Funeral Facility Bateman Carroll Funeral Home 520 W Powell Boulevard, Gresham, Oregon 97030						
Date of Disposition TBD		Funeral Director's Signature Mariah D Borman			OR License Number CO-3991	Local File Number
Registrar's Signature Jennifer A. Woodward			Date Received September 01, 2023			
Amendment						

45-2CCS (01/06)



20230902322

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 05, 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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