



Return Address:

USA Rossiter  
41 Sunday Dr.  
Bingen, WA 98605

Skamania County  
Real Estate Excise Tax

N/A

MAR 07 2024

PAID

N/A

Skamania County Treasurer  
Maureen Swanson

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Maureen Swanson, 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 Sister-in-law

*Relationship to decedent*

of Richard E. Rossiter

*Decedent/Grantor*

, who died on Dec 30, 2023

*Date*

at Hood River

*City*

Hood River

*County*

Oregon

*State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lot 2 of the DOUGLAS AND DONNA HABER SETZER AND  
RANDY AND MARY HANSON Short Plat, recorded in Book 3 of  
Short Plats, Page 275, Skamania County Records.

Skamania County Assessor

Date 3/7/24 Parcel# 49-26-307

Assessor's Property Tax Parcel/Account Number: 04092600030700  
(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 \_\_\_\_)

Lisa Rossiter, 55, Daughter, 121 Sunday Drive,  
Bingen, WA 98605  
*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

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# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

1081781

I.D. TAG NO.

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

136-2023-041252

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First	Middle	Last	Suffix	Death Date	
	Richard			Edwin	Rossiter		December 30, 2023	
	Sex	Age		Social Security Number		County of Death		
	Male	80 years				Hood River		
	Birthdate	Birthplace				Was Decedent Ever in U.S. Armed Forces?		
	June 10, 1943	Canton, Ohio				No		
	Residence:						City/Town	
	61 Sunday Drive						Bingen	
	Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?	
	Skamania		Washington		98605		No	
	Marital Status at Time of Death		Spouse's Name: Prior to First Marriage					
	Widowed		Theresa Joan Swanson					
	Father's Name				Mother's Name Prior to First Marriage			
	Harold Rossiter				Ruth Burkhardt			
	Informant's Name		Telephone Number	Relationship to Decedent		Mailing Address		
Lisa Rossiter		Not Available	Daughter		61 Sunday Drive, Bingen, WA 98605			
Place of Death		Facility Name						
Hospital-Inpatient		Providence Hood River Memorial Hospital						
Location of Death		City/Town or Location of Death		State		Zip Code + 4		
811 13th Street		Hood River		Oregon		97031		
Method of Disposition		Place of Disposition		Location (City/Town and State)				
Burial		Oak Lawn Memorial Park		Corvallis, Oregon				
Name and Complete Address of Funeral Facility								
Mchenry Funeral Home 206 NW 5th St, Corvallis, Oregon 97330								
Date of Disposition		Funeral Director's Signature		Electronically Signed		OR License Number		
TBD		Cheyenne B Morales				FS-0750		
Registrar's Signature				Date Received		Local File Number		
Jennifer A. Woodward				January 04, 2024				
Amendment								

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		Autopsy?		Were autopsy findings available to complete the cause of death?		Time of Death
	No		No				2323
	CAUSE OF DEATH						
	IMMEDIATE CAUSE ↓ Septic shock						
	a. Due to (or as a consequence of) ↓						
	b. Community-acquired pneumonia						
	c. Due to (or as a consequence of) ↓						
	d. Due to (or as a consequence of) ↓						
	Other significant conditions contributing to death						
	Chronic kidney disease						
	Manner of Death		If Female		Did tobacco use contribute to death?		
	Natural		Not Applicable		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							
Steven John Redmond 10150 SE 32nd Avenue, Milwaukie, Oregon 97222							
Name and Title of Attending Physician if Other than Certifier						Date Signed	
						January 04, 2024	
Medical Certifier		Electronically Signed		Title of Certifier		License Number	
Steven John Redmond				M.D.		MD17365	
Amendment							



\*20240111188\*

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.

January 09, 2024

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

*Jennifer A. Woodward*  
JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR



Unofficial  
Copy



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