



Return Address:

Jean Johnson  
1112 Sunflower St  
The Dalles, OR 97058

Skamania County  
Real Estate Excise Tax

N/A  
OCT 30 2024

PAID

N/A

Skamania County Treasurer  
Michelle Johnson Deputy

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Jean Johnson, 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 daughter  
*Relationship to decedent*

of Alice M. Boyd, who died on 4/19/2016  
*Decedent/Grantor* *Date*

at Salome, La Paz, Arizona  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

40 acres located at 1122 Bunker Keys Rd, Cook, I.  
including parcel numbers 03091500130000 WA and  
03091500130006

Assessor's Property Tax Parcel/Account Number: 03091500130000, 03091500130006  
(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)

Jean Marie Johnson, 66, daughter,  
1112 Sunflower St. The Dalles, OR 97058

*Full name, age, relationship, address*

James Peter Boyd Jr., 71, son  
120 NW 150<sup>th</sup>, Beaverton, OR 97006

*Full name, age, relationship, address*

John Michael Boyd, 68, son  
27179 Eversole Lane, Scappoose, OR 97056

*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 : \_\_\_\_\_

Affiant's full name

Jean Marie Johnson

Telephone number

Street

City

State

Zip Code

Jean Johnson  
Signature

10-30-2024

Date

State of Washington County of Skamania

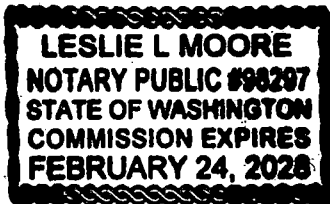
I know or have satisfactory evidence that Jean Marie Johnson  
(name of person)

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: 10/30/2024

Leslie L Moore  
Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: Casa

Notary Public in and for the State of Washington

My appointment expires: 02/24/2028

## Exhibit A

The Northwest Quarter of the Southwest Quarter,  
(NW $\frac{1}{4}$  SW $\frac{1}{4}$ ) of Section 15, Township 3 North, Range 9 E.W.M.

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Skamania County Assessor

Date 10/30/24 Parcel# 3-9-15-1300  
② 3-9-15-1300-06

# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATH

State File Number  
102-2016-019299

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)		2. AKA'S (IF ANY)		3. DATE OF DEATH FOUND 04/19/2016	
ALICE, MARIE, BOYD					
4. SEX	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH	7. AGE		
FEMALE		10/27/1934	81 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH					
SALOME, LA PAZ, 85348					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS)					
WINTER RESIDENCE					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		11. MARITAL STATUS		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)	
FORT SCOTT, KANSAS		WIDOWED		NOT LISTED	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)					
1122 BUNKER KEYS ROAD, COOK, SKAMANIA, WA, 98605					
14. DECEDENT'S HISPANIC ORIGIN(S)		15. DECEDENT'S RACE(S)		16. EVER IN ARMED FORCES	
NO, NOT SPANISH/HISPANIC/LATINO		WHITE		NO	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX)		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)			
MARTIN, A., BOOTON		GEORGIA, MARIE, HULL			
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX)				21. RELATIONSHIP	
JEAN, MARIE, JOHNSON				DAUGHTER	
22. INFORMANT'S MAILING ADDRESS					
PO BOX 176, AMITY, OR, 97101					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON		25. LICENSE NUMBER
COLORADO RIVER FUNERAL SERVICES 212 W. RIVERSIDE DR. STE. H, PARKER, AZ, 85344			LORRIE, MURIEL		F1554
26. METHOD(S) OF DISPOSITION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
CREMATION		LAKEVIEW CREMATORY, LAKE HAVASU CITY, AZ, US			
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
29. A. IMMEDIATE CAUSE OF DEATH				30. APPROXIMATE INTERVAL	
MULTIPLE SHARP FORCE INJURIES				UNKNOWN	
31. B. DUE TO OR AS A CONSEQUENCE OF				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF				36. APPROXIMATE INTERVAL	
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:			38. INJURY?	39. INJURY AT WORK?	40. MANNER OF DEATH
			YES	NO	HOMICIDE
			41. TIME OF DEATH	42. WAS AN AUTOPSY PERFORMED?	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
			18:25	YES	YES
<b>CAUSE AND MANNER CERTIFICATION</b>					
ON THE BASIS OF EXAMINATION OR INVESTIGATION, AS APPLICABLE, THE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.			44. NAME OF PERSON COMPLETING CAUSE OF DEATH		45. DATE CERTIFIED
			DAVID, WINSTON		04/22/2016
46. CERTIFIER'S ADDRESS					
2825 E DISTRICT STREET, TUCSON, AZ, 85714					

Date Registered: 05/02/2016

Date Issued: 10/25/2024

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.  
Revised 07/2016

*Krystal Colburn*  
KRISTAL COLBURN  
ASSISTANT STATE REGISTRAR



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE