



Return Address:
Sue Gulick
242 Dillingham Loop
Carson, WA 98610

Skamania County
Real Estate Excise Tax

N/A
JUL 01 2025

PAID N/A
Skamania County Treasurer
K.A. Beatty

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Mildred Sue Gulick 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 Graham Snyder Gulick JR, who died on 5/8/2007
Decedent/Grantor *Date*

at Portland Multnomah OR
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

242 Dillingham Loop Carson, WA 98610

Assessor's Property Tax Parcel/Account Number: 0308 1240 140 1008
(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)

Dated: 6-30-2025

Mildred Sue Gulick

Affiant's full name

541-380-0342

Telephone number

242 Dillingham Loop

Carson WA 98610

City

Street

State

Zip Code

Mildred Sue Gulick

Signature

6-30-2025

Date

State of WA County of Stromboli

I know or have satisfactory evidence that Mildred Sue Gulick
(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: ~~6/30/2025~~ 6/30/2025
(SEAL OR STAMP)

[Signature]
Signature of Notary Public

Residing at: Hood River OR

Notary Public in and for the State of WA

My appointment expires: 10/21/26

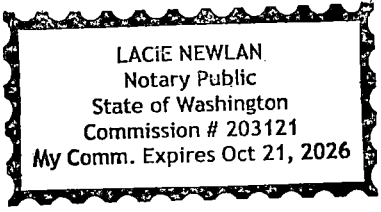


Exhibit A

the following described estate, situated in the County of Skamania, State of Washington:
Beginning at the Southwest corner of the Southeast Quarter of Section 17,
Township 3 North, Range 8 East of the Willacette Meridian, in the County
of Skamania, State of Washington; thence East 30 feet; thence North 1,536.55
feet; thence East 118.5 feet to the initial point of the tract hereby
described; thence East 90 feet; thence North 104.25 feet; thence West 90
feet; thence South 104.24 feet to the initial point.

"THIS CONVEYANCE IS SUBJECT TO COVENANTS, CONDITIONS, RESTRICTIONS AND
EASEMENTS, IF ANY, AFFECTING TITLE, WHICH MAY APPEAR IN THE PUBLIC RECORD,
INCLUDING THOSE SHOWN ON ANY RECORDED PLAT OR SURVEY"

Skamania County Assessor

7/1/25
Date 4/30/25 Parcel# 3-8-17-4-1401

Unofficial Copy

CERTIFICATION OF VITAL RECORD


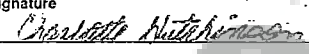
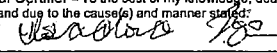
TYPE OR
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PERMANENT
BLACK INK.

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

446086
I.D. TAG NO.

TO BE COMPLETED BY FUNERAL FACILITY	1. Legal Name (include AKA's, if any) First: <u>Graham</u> Middle: <u>Snyder</u> Last: <u>GULICK</u> Suffix: <u>Jr.</u>					2. Death Date (MON DD YYYY) <u>May 8, 2007</u>		
	3. Sex (MF) <u>Male</u>	4a. Age - Last Birthday <u>68</u>	4b. Under 1 Year Months: _____ Days: _____	4c. Under 1 Day Hours: _____ Minutes: _____	5. Social Security Number [REDACTED]		6. County of Death <u>Multnomah</u>	
	7. Birthdate (MM DD YYYY) <u>June 28, 1938</u>		8a. Birthplace (City/Town, or County) <u>New Milford</u>		8b. (State or Foreign Country) <u>Pennsylvania</u>		9. Decedent's Education <u>High School Graduate</u>	
	10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) <u>No</u>			11. Decedent's Race(s) <u>White</u>		12. Was Decedent Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) <u>242 Dillingham Loop</u>				14. City/Town <u>Carson</u>			
	15. Residence County <u>Skamania</u>		16. State or Foreign Country <u>Washington</u>		17. Zip Code + 4 <u>98610</u>		18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
	19. Marital Status at Time of Death <u>Married</u>			20. Spouse's Name (if married or widowed, give name prior to first marriage) <u>Sue M. Ross</u>				
	21. Usual Occupation (indicate type of work done during most of working life. DO NOT USE "RETIRED") <u>Explosives Technician</u>				22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) <u>Defense Company</u>			
	23. Father's Name (First, Middle, Last, Suffix) <u>Graham Snyder Gulick, Sr.</u>			24. Mother's Name Prior to First Marriage (First, Middle, Last) <u>Marion Edith Brown</u>				
	25. Informant's Name <u>Sue Gulick</u>		26. Telephone Number <u>509/427-5872</u>	27. Relation to Decedent <u>Wife</u>	28. Mailing Address (Number & Street, City/Town, State, Zip + 4) <u>242 Dillingham Loop Carson, WA 98610</u>			
29. Place of Death <u>Inpatient - Hospital</u>			30. Facility Name <u>Legacy Emanuel Hospital</u>					
31. Location of Death (give address) <u>2801 N Gantenbein</u>			32. City/Town or Location of Death <u>Portland</u>		33. State <u>OR</u>	34. Zip Code + 4 <u>97227</u>		
35. Method of Disposition <u>Removal From State</u>		36. Place of Disposition (Name of cemetery, crematory, or other place) <u>Stevenson Cemetery</u>		37. Location <u>Stevenson, Washington</u>				
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) <u>Gardner Funeral Home PO Box 390 White Salmon, WA 98672</u>								
39. Date of Disposition (MON DD YYYY) <u>May 12, 2007</u>		40. Funeral Director's Signature 			41. OR License Number <u>RR64</u>			
42. Registrar's Signature 			43. Date Received (MON DD YYYY) <u>MAY 23 2007</u>		44. Local File Number <u>02053</u>			
45. Record 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 type="checkbox"/> No		49. Time of Death <u>0015</u>				
CAUSE OF DEATH (See instructions and examples.)								
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.						Approximate Interval: Onset to Death		
Final disease or condition resulting in death →	IMMEDIATE CAUSE ↓					<u>3 weeks</u>		
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	a. <u>pneumonia</u>							
	b. Due to (or as a consequence of) ↓	<u>end stage chronic obstructive pulmonary disease with exacerbation</u>				<u>unknown</u>		
	c. Due to (or as a consequence of) ↓							
	d. Due to (or as a consequence of) ↓							
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:								
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 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"/> No <input type="checkbox"/> Unknown				
55. Date of Injury (MON 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, 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, City/Town, State, Zip + 4) <u>Isadora Roth 1015 NW 22nd Ave Northrup Building Room 41 Portland, OR 97210</u>								
63. Name and Title of Attending Physician if Other than Certifier <u>Isadora Roth</u>								
64. Title of Certifier <u>MD Isadora Roth</u>		65. License Number <u>MD 25317</u>		66. Date Certified (MON DD YYYY) <u>5/17/2007</u>				
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. Record Amendment								

ORIGINAL - VITAL RECORDS COPY

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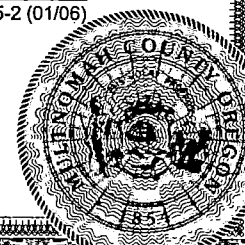
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MAY 24 2007

DATE ISSUED: _____

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Lila Wickham RN MS
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



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