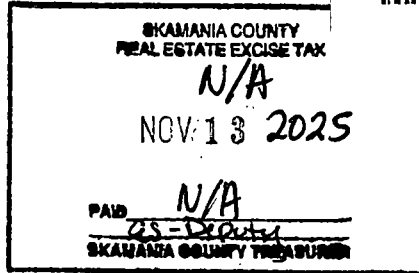




WHEN RECORDED MAIL TO:

Marilyn G. Fox
14103 Edenberry Drive
Lake Oswego, OR 97035



DOCUMENT TITLE(S)

Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

James Louis Fox, deceased

GRANTEE(S):

Marilyn G. Fox, a single woman

LEGAL DESCRIPTION:

Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and 11, Block 1, TOWNSITE OF COOKS, according to the recorded plat thereof, recorded in Book 'A' of Plats, Page 33, in the County of Skamania, State of Washington.

TOGETHER WITH that portion of the Vacation of a road being 25 feet wide adjacent to the East line of Block 1, TOWNSITE OF COOK, recorded in Book 237, Page 211.

EXCEPT that portion of Lot 11 that is bordered by Lot 8, Block 3 of the TOWNSITE OF COOK.

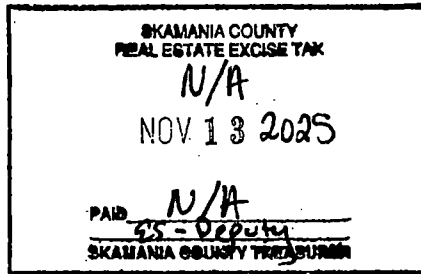
TAX PARCEL NUMBER(S):

03-09-34-2-1-0700-00

Skamania County Assessor *smw*

Date *11/13/25* Parcel# *03093421070000*

After recording, return to:



**INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF WA)

SS:

COUNTY OF Skamania)

The undersigned, Marilyn Fox, executes this affidavit relating to the estate of Howe J. Fox (herein "Decedent"), who died on 5/16/2013, in the County of Clackamas, State of Oregon, then being a resident of the City of Lake Oswego, OR, County of Clackamas, State of OR. (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
- other (identify:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
 - (a) a spouse or registered domestic partner, and

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]

Name & relationship son Matthew David Fox

Name & relationship son David Billeda Fox

Name & relationship _____

Name & relationship _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of _____, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

5. Status of the Will (if any)

The decedent left a Will that devises real property.

The decedent left no Will that devises real property.

DATED: 11/7/25, 20 25

Marilyn Fox
(Signature)

MARILYN FOX
(Print or type full name)

14103 Edenberry Dr Dale Oswego, OR 97035
(Full address and telephone number)

503-740-8005
ME

State of Washington
County of Skamania

SUBSCRIBED and SWORN TO before me this 7 day of 11 2025 by Marilyn Fox, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Jillie A. Andersen
Notary Public in and for the State of WA
residing at Carson, WA



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

655354
I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Louis Middle: James Last: Fox Suffix:				2. Death Date May 16, 2013	
3. Sex: Male		4. Age: 70 years		5. Social Security Number	
6. County of Death: Clackamas		7. Birthdate: August 07, 1942		8. Birthplace: Detroit, Michigan	
9. Decedent's Education: Bachelor's degree		10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s): White	
12. Was Decedent Ever in U.S. Armed Forces? Yes		13. Residence: Number and Street: 14103 Edenberry Drive		14. City/Town: Lake Oswego	
15. Residence County: Clackamas		16. State or Foreign Country: Oregon		17. Zip Code + 4: 97035	
18. Inside City Limits? Yes		19. Marital Status at Time of Death: Married		20. Spouse's Name Prior to First Marriage: Marilyn Gillette	
21. Usual Occupation: CPA		22. Kind of Business/Industry: Tax and General Practice		23. Father's Name: Harry T. Fox	
24. Mother's Name Prior to First Marriage: Stella Barbara Larkin		25. Informant's Name: Marilyn Fox		26. Telephone Number: Not Available	
27. Relationship to Decedent: Spouse		28. Mailing Address: 14103 Edenberry Drive, Lake Oswego, OR 97035		29. Place of Death: Decedent's Residence - Hospice	
30. Facility Name:		31. Location of Death: 14103 Edenberry Drive		32. City/Town or Location of Death: Lake Oswego	
33. State: Oregon		34. Zip Code + 4: 97035		35. Method of Disposition: Cremation	
36. Place of Disposition: Cascade Cremation Center		37. Location: Tualatin, Oregon		38. Name and Complete Address of Funeral Facility: Crown Memorial Center, Cremation & Burial - Tualatin - 8970 SW Tualatin-Sherwood Road, Tualatin, Oregon 97062	
39. Date of Disposition: TBD		40. Funeral Director's Signature: Tara S. Gaden		41. OR License Number: FS-0527	
42. Registrar's Signature: Debra J. Abbott		43. Date Received: JUN 06 2013		44. Local File Number:	
45. 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 checked="" type="checkbox"/> No		49. Time of Death: 18:25		CAUSE OF DEATH	
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.		51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:		Approximate Interval: Onset to Death: 4 YEARS	
Final disease or condition resulting in death: a. METASTATIC PROSTATE CANCER		Due to (or as a consequence of) ↓		b.	
Due to (or as a consequence of) ↓		c.		d.	
52. Manner of Death: <input 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"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before 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"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
55. Date of Injury (mm/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 or RFD No., 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: CHRISTOPHER A. YASENCHAK, MD 19260 SW 65th AVE, STE. 435 TUALATIN, OR 97062-5701		63. Name and Title of Attending Physician: Christopher Yaseenchak 19260 SW 65th Avenue, Tualatin, OR 97062	
64. Title of Certifier: M.D.		65. License Number: MD 27063		66. Date Signed (mm/dd/yyyy): MAY 31 2013	
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. Amendment:	

4306169

JUN 06 2013

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER



I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

JUN 06 2013

DATE ISSUED: _____ JENNIFER A. WOODWARD, Ph.D. STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Unofficial
Copy



004461492