

Return Address:
Glenda Sandberg
2523 NE Franklin St.
Bramerton, WA 98310

Skamania County
Real Estate Excise Tax
N/A
DEC 11 2025

PAID N/A
Skamania County Treasurer
M. Monaghan Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Glenda J. Sandberg, 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 Stanley R. Sandberg, who died on 4/24/2020
Decedent/Grantor Date
at Portland Multnomah Oregon
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Portion of Section 22, Township 3 North, Range
10 East of the Willamette Meridian

Assessor's Property Tax Parcel/Account Number: 03-10-22-0-0-1900-00 (V)
(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).

Glenda J. Sandberg

Spouse, Underwood WA 98051

Full name, age, relationship, address

Amy Jane Sandberg

daughter, 42 Underwood WA 98051

Full name, age, relationship, address

Amanda Ann Hinds

daughter, Lake Stevens WA 98258

Full name, age, relationship, address

Amelia Bess Muller

daughter, 3000 Rosewood Bremerton WA 98310

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 : 12/08/2025

Glenda J Sandberg

Affiant's full name

509-774-9144

Telephone number

Glenda Sandberg

2523 NE Franklin St
City Bremerton State WA

Zip Code 98310

X Glenda J Sandberg
Signature

12/08/2025
Date

State of WA County of KITSAP

I know or have satisfactory evidence that GLEND J SANDBERG
(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: 12/08/2025

Linda J Myers
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: Bremerton WA

Notary Public in and for the State of WA

My appointment expires: 06 / 01 / 2028

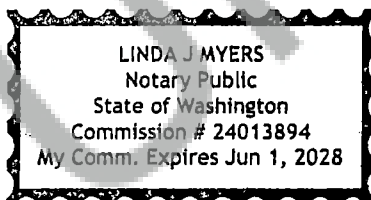


EXHIBIT "A"

A TRACT OF LAND LOCATED IN THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 22, TOWNSHIP 3 NORTH, RANGE 10 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT NORTH 00°08' WEST 681.33 FEET AND SOUTH 89°52' WEST 30 FEET FROM THE QUARTER CORNER OF THE EAST LINE OF THE SAID SECTION 22, SAID POINT BEING THE INTERSECTION OF THE NORTHERLY LINE OF SOOTER ROAD AS SHOWN ON THE PLAT OF SOOTER TRACTS AND THE WEST RIGHT OF WAY LINE OF THE COUNTY ROAD KNOWN AND DESIGNATED AS COOPER AVENUE; THENCE NORTH 00°08' WEST 208 FEET; THENCE SOUTH 89°38' WEST 208 FEET; THENCE SOUTH 00°08' EAST 208 FEET, MORE OR LESS, TO THE NORTHERLY RIGHT OF WAY LINE OF THE SOOTER ROAD; THENCE EASTERLY ALONG SAID RIGHT OF WAY LINE 208 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

Skamania County Assessor

Date 12/11/23 Parcel # 3-10-22-1900

Unofficial
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STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

909741

J.D. TAG NO.

136-2020-011639

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First Stanley	Middle Roy	Last Sandberg	Suffix	Death Date April 24, 2020
Sex Male	Age 70 years	Social Security Number 528-76-9230	County of Death Multnomah		
Birthdate August 06, 1949	Birthplace Richfield, Utah		Was Decedent Ever in: U.S. Armed Forces? No		
Residence: 42 Sooter Road	City/Town Underwood				
Residence County Skamania	State or Foreign Country Washington	Zip Code + 4 98651	Inside City Limits? Yes		
Marital Status at Time of Death Married	Spouse's Name: Prior to First Marriage Glenda Garland				
Father's Name Waldo Sandberg	Mother's Name Prior to First Marriage Sylvia Johnson				
Informant's Name Glenda Sandberg	Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 42 Sooter Road, Underwood, WA 98651		
Place of Death Hospital-Inpatient	Facility Name OHSU Hospitals and Clinics				
Location of Death 3181 SW Sam Jackson Park Road	City/Town of Location of Death Portland	State Oregon	Zip Code + 4 97239		
Method of Disposition Cremation	Place of Disposition First Call Crematory	Location (City/Town and State) Portland, Oregon			
Name and Complete Address of Funeral Facility Threadgill Memorial Services 4815 SW Jamieson Road, Beaverton, Oregon 97005					
Date of Disposition TBD	Funeral Director's Signature Deborah Wardrop-Threadgill		Electronically Signed	OR License Number: FS-0543	
Registrar's Signature Jennifer A. Woodward	Date Received May 01, 2020		Local File Number		
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?	Time of Death 0246
CAUSE OF DEATH IMMEDIATE CAUSE a. Cardiogenic shock			Approximate Interval: Onset to Death Hours
Due to (or as a consequence of): b. Ventricular tachycardia			Hours
Due to (or as a consequence of): c. Anemia			Months
Due to (or as a consequence of): d. Gastroesophageal cancer			Months
Other significant conditions contributing to death Ischemic cardiomyopathy, coronary artery disease			
Manner of Death Natural	If Female Not Applicable	Did tobacco use contribute to death? Unknown	
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 Bradley T Newhart 3181 SW Sam Jackson Park Road, Portland, Oregon 97239			
Name and Title of Attending Physician If Other than Certifier		Date Signed April 30, 2020	
Medical Certifier Bradley T Newhart	Electronically Signed	Title of Certifier P.A.	License Number PA176419
Amendment			



20200504860

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.

May 06, 2020

DATE ISSUED:

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

JENNIFER A. WOODWARD, PR.D.
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Unofficial
Copy



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