

132535

BOOK 180 PAGE 382

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

AUG 18 11 35 AM '98

O. Olson
AUCTIONEER
GARY M. OLSON

Return Address:
Tracy A. Hamblet
523 Warner Parrott Rd.
Oregon City, OR 97045

Document Title: Affidavits of Heirship with
Indemnity w/Death Certificate

Reference No. of related documents:

Grantors:
HAMBLET, Tracy A.
HAMBLET, Martin L.

Grantees:
The Public

Legal Description:

1. Abbreviated: N 168.66 feet of S 337.32 feet
of SW QR of the NE QR of the SE QR of Sec. 1 at T 3 N.,
R 7 1/2 E of the WM, Skamania Co. WA

2. Additional legal description is on page 1 of
document.

Assessors's Property Tax Parcel Account Number: 03-75-
01-0-0-1500-00

Gary M. Martin, Skamania County Assessor
Date 8/18/98 Parcel # 3-75-1-1500
GM

REAL ESTATE EXCISE TAX

19704

AUG 18 1998

PAID Exempt

JW

SKAMANIA COUNTY TREASURER

Supervisor /
Indexed, Lr /
Direct /
Filed /
Sched /

AFFIDAVIT OF HEIRSHIP WITH INDEMNITY

STATE OF OREGON,)
County of Clackamas.) ss.

I, TRACY ANN HAMBLET, being duly sworn, do affirm:

1. Decedent, Lisle M. Hamblet, died in Clackamas County, Oregon, on September 29, 1996, and at the time of death was the owner of the following described real property:

The North 168.66 feet of the South 337.32 feet of the Southwest Quarter of the Northeast Quarter of the Southeast Quarter of Section 1, Township 3 North, Range 7 1/2 East of the Willamette Meridian, in County of Skamania, state of Washington.

3. Decedent had the following children surviving on the date of his death, who were both over 21 years of age:

Tracy Ann Hamblet
523 Warner-Parrot Road
Oregon City, Oregon 97045

Martin Lee Hamblet
13820 S.E. Linden Lane
Milwaukie, Oregon 97222

6. Decedent left no will. Decedent was survived solely by myself and my brother, Martin Lee Hamblet. Decedent had no spouse or other children.

7. A probate of the intestate estate of the decedent was filed in the Circuit Court for the State of Oregon in County of Clackamas as Probate file number 97-0150.

8. All claims against the estate of the decedent, all bills of the decedent, including costs of any last illness and death, have been paid. In addition any and all estate taxes, federal or state, have been paid.

-1-

AFFIDAVIT OF HEIRSHIP WITH INDEMNITY

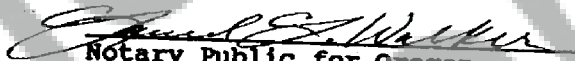
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW • P.O. BOX 667 • OREGON CITY, OREGON 97045-0044 • (503) 656-5200
FAX NO. 656-0125

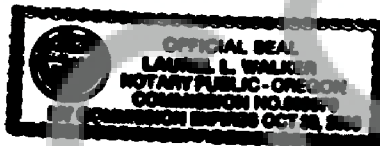
9. This affidavit is made to induce SKAMANIA COUNTY TITLE COMPANY to insure title to the property referred to in this instrument in the names of Tracy Ann Hamblet and Martin Lee Hamblet without requiring the probate of the estate of the decedent. We hereby agree to indemnify and hold SKAMANIA COUNTY TITLE COMPANY harmless of any an all liability, obligation, expense, legal fees or litigation costs which it may incur as a result of the falsity or inaccuracy of any statement contained in this affidavit and disclaimer.


TRACY ANN HAMBLET

STATE OF OREGON,)
) ss.
County of Clackamas.)

24th, 1998, The above instrument was acknowledged before me on July 24, 1998, by Tracy Ann Hamblet.


Notary Public for Oregon



AFFIDAVIT OF HEIRSHIP WITH INDEMNITY

STATE OF OREGON,)
County of Clackamas.) ss.

I, MARTIN L. HAMBLET, being duly sworn, do affirm:

1. Decedent, LISLE M. HAMBLET, died in Clackamas County, Oregon, on September 29, 1996, and at the time of death was the owner of the following described real property:

The North 168.66 feet of the South 337.32 feet of the Southwest Quarter of the Northeast Quarter of the Southeast Quarter of Section 1, Township 3 North, Range 7 1/2 East of the Willamette Meridian, in County of Skamania, state of Washington.

3. Decedent had the following children surviving on the date of his death, who were both over 21 years of age:

Tracy Ann Hamblet
523 Warner-Parrot Road
Oregon City, Oregon 97045

Martin Lee Hamblet
13820 S.E. Linden Lane
Milwaukie, Oregon 97222

6. Decedent left no will. Decedent was survived solely by myself and my sister, Tracy Ann Hamblet. Decedent had no spouse or other children.

7. A probate of the intestate estate of the decedent was filed in the Circuit Court for the State of Oregon in County of Clackamas as Probate file number 97-0150.

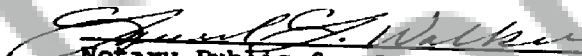
8. All claims against the estate of the decedent, all bills of the decedent, including costs of any last illness and death, have been paid. In addition any and all estate taxes, federal or state, have been paid.

9. This affidavit is made to induce SKAMANIA COUNTY TITLE COMPANY to insure title to the property referred to in this instrument in the names of Tracy Ann Hamblet and Martin Lee Hamblet without requiring the probate of the estate of the decedent. We hereby agree to indemnify and hold SKAMANIA COUNTY TITLE COMPANY harmless of any and all liability, obligation, expense, legal fees or litigation costs which it may incur as a result of the falsity or inaccuracy of any statement contained in this affidavit and disclaimer.


MARTIN LEE HAMBLET

STATE OF OREGON,)
) ss.
County of Clackamas.)

²⁴ The above instrument was acknowledged before me on July 24, 1998, by Martin Lee Hamblet.


Notary Public for Oregon



CERTIFICATION OF VITAL RECORD

HEALTH DIVISION BOOK 180 PAGE 387
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH

10. TAG NO. 01761
Local File Number

1. DECEDENT'S NAME: First Lisle Middle Martin Last HAMBLET

2. SEX: Male

3. DATE OF DEATH (Month, Day, Year): September 29, 1996

4. SOCIAL SECURITY NUMBER: 540-30-1689

5a. AGE Last Birthday (Years): 65

5b. Under 1 Year: Mos. Days Hours Mins

5c. Under 1 Day: Hours Mins Secs

6. BIRTHPLACE (City and State or Foreign Country): Portland, Oregon

7. DATE OF BIRTH (Month, Day, Year): June 21, 1931

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one): ☒ Hospital ☐ Outpatient ☐ DDA ☐ Other ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): Meridian Park Hospital

9c. CITY, TOWN, OR LOCATION OF DEATH: Tualatin

9d. COUNTY OF DEATH: Clackamas

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Business Owner

10b. KIND OF BUSINESS/INDUSTRY: Wire Manufacturing

11. MARITAL STATUS: Divorced

12. SPOUSE (If Married, Widowed, Divorced (Specify):

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Clackamas

13c. CITY, TOWN OR LOCATION: Lake Oswego

13d. STREET AND NUMBER: 610 Cabana Lane

14. INSIDE CITY LIMITS? ☒ Yes ☐ No

15. ZIP CODE: 97034

16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

17. RACE: American Indian, Black, White, etc. (Specify): White

18. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (9-12) 12 College (13-16 or 17+)

19. FATHER - NAME: First Lisle Middle Elton Last Hamblet

20. MOTHER - NAME: First Theresa Middle Frances Last Kennedy

21. INFORMANT - NAME and relationship to decedent: Tracy Hamblet - Daughter

22. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

23. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Riverview Abbey Crematory

24. LOCATION - City or Town, State: Portland, Oregon

25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James A. Thompson

26. LICENSE NUMBER (Of Licensee): 3501

27. NAME, ADDRESS AND ZIP OF FACILITY: Riverview Abbey Funeral Home, 0319 S.W. Taylors Ferry Road, Portland, Oregon 97219-4668

28. DATE FILED (Month, Day, Year): OCT 7 1996

29. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A

30. TO BE COMPLETED BY CERTIFYING PHYSICIAN

31a. TIME OF DEATH: 0525

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):

32. TO BE COMPLETED ONLY BY MEDICAL EXAMINER

33. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated (Signature): Barbara K. Moore

34. DATE SIGNED (Month, Day, Year): 10/3/96

35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Barbara K. Moore, M.D., 19300 S.W. 65th Avenue, Tualatin, Oregon 97062

36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

37. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)

38. Interval between onset and death:

39. Interval between onset and death:

40. Interval between onset and death:

41. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I

42. Did tobacco use contribute to the death? ☐ Yes ☒ No

43. AUTOPSY: ☐ Yes ☒ No

44. If YES were findings considered in determining cause of death? ☐ Yes ☒ No

45. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention

46. DATE OF INJURY (Month, Day, Year): 9/3/96

47. TIME OF INJURY:

48. INJURY AT WORK? ☐ Yes ☒ No

49. DESCRIBE HOW INJURY OCCURRED:

50. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify): home

51. LOCATION (Street and Number or Rural Route Number, City or Town, State):

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR.

DATE ISSUED: NOV 12 1996

Thomas M. Troxel
THOMAS M. TROXEL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

45-2 Rev 11-82