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BOOK 180 PAGE 382

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

Aug 18 11 35 AM '98

O Lowry
AUDITOR
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 # 3-7½-1-1500
VA

REAL ESTATE EXCISE TAX
19704
AUG 18 1998
PAID exempt
JW
SKAMANIA COUNTY TREASURER

Recorded, Indexed, Direct, Filed, Scanned

AFFIDAVIT OF HEIRSHIP WITH INDEMNITY

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

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.

TIDEMAN, GALDWELL & ENDICOTT
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.)

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

Notary Public for Oregon

OFFICIAL SEAL
LAUREL L. WALKER
NOTARY PUBLIC - OREGON
COMMISSION NO. [illegible]
MY COMMISSION EXPIRES OCT 30, [illegible]

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW • P.O. BOX 667 • OREGON CITY, OREGON 97045-0044 • (503) 656-3200
FAX NO. 656-0125

AFFIDAVIT OF HEIRSHIP WITH INDEMNITY

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

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.

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.

MARTIN LEE HAMBLET

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

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

Notary Public for Oregon

OFFICIAL SEAL
LAUREL L. WALKER
NOTARY PUBLIC-OREGON
COMMISSION NO. [illegible]
MY COMMISSION EXPIRES OCT 23, 2000

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

CERTIFICATION OF VITAL RECORD

217031

I.D. TAG NO. 01761
Local File Number

HEALTH DIVISION BOOK 180 PAGE 387
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH
State File Number

DECEDENT

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
5c. Under 1 Day: Hours / Mins.
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
8a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; 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 - Married, Never Married, Widowed, Divorced (Specify): Divorced
12. SPOUSE (If Married, Widowed): -
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Clackamas
13c. CITY, TOWN OR LOCATION: Lake Oswego
13d. STREET AND NUMBER: 610 Cabana Lane
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97034
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Lisle Elton Hamblet
18. MOTHER - NAME first middle maiden: Theresa Frances Kennedy
19. INFORMANT - NAME and relationship to deceased: Tracy Hamblet - Daughter

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Mausoleum ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Riverview Abbey Crematory
20c. LOCATION - City or Town, State: Portland, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James D. Masters
21b. LICENSE NUMBER (Of Licensee): 3501
22. NAME, ADDRESS AND ZIP OF FACILITY: Riverview Abbey Funeral Home, 0319 S.W. Taylors Ferry Road, Portland, Oregon 97219-4668
23. DATE FILED (Month, Day, Year): OCT 7 1996
24. REGISTRARS SIGNATURE: Mozelle A Thompson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0525 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Barbara K. Moore
30. DATE SIGNED (Month, Day, Year): 10/3/96

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
32. 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)
33. DATE SIGNED (Month, Day, Year): COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Barbara K. Moore, M.D., 19300 S.W. 65th Avenue, Tualatin, Oregon 97062
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. 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.

PART I
(a) Ruptured Abdominal Aortic Aneurysm — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Hypertension — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Arteriosclerosis — Interval between onset and death:

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

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☑ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year): 9/29/96
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify): Home
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-92

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE