

BEFORE THE BOARD OF COUNTY COMMISSIONERS

FOR COLUMBIA COUNTY, OREGON

In the Matter of Conveying Certain County-)
 Owned Real Property Known as Tax)
 Account No. 03-91 7216-042-04300 to)
 Cinda M. Meyers)
 _____)

ORDER NO. 10 - 2004

WHEREAS, certain real property in Columbia County, Oregon, which has been assigned Tax Account No. 03-91 7216-042-04300, was foreclosed upon for nonpayment of back taxes in Columbia County v. Combs, et al, Case No. 01-2244, said property listed as Parcel No. 01-021 in said foreclosure proceeding, being more particularly described as:

Beginning at a point that is on the Lot line 59 feet Northerly from the Southeast corner of Lot 5, Block 10, Rainier (now, "City of"), Columbia County, Oregon, thence at right angles extending Westerly a distance of 60 feet, which would be 10 feet into Lot 6, Block 10; thence at right angles and extending Northerly a distance of 30 feet; thence at right angles and extending Easterly a distance of 60 feet; thence Southerly on said Lot line a distance of 30 feet to the place of beginning. Together with that portion of vacated New Bedford Street, now Third Street, as by law insures to the tract herein described.

And

WHEREAS, the records of the Columbia County Assessor's Office listed John R. and Cinda M. Meyers as the record owners of Parcel No. 01-021 at the time of the foreclosure, and tax statements and notices of foreclosure were sent to the listed record owners; and,

WHEREAS, judgment was entered in *Columbia County v. Combs, et al*, Case No. 01-2244 on October 11, 2001, nunc pro tunc October 1, 2001, and ownership of said Parcel No. 01-021, was thereafter conveyed to Columbia County, Oregon, by deed recorded at Instrument No. 04-00628; and,

WHEREAS, in early February, 2004, Shirley Crull, on behalf of Cinda Meyers, contacted Columbia County and advised that John R. Meyers was deceased and that she would like to make arrangements to pay off the taxes, penalties, interest and fees accrued on this property formerly owned by the Meyers and conveyed to Columbia County, Oregon, by deed recorded at Instrument No. 04-00628, and to seek reconveyance of the property to Cinda Meyers; and

WHEREAS, Ms. Crull also submitted a copy of the Certificate of Death of John R. Meyers, a copy of which is attached hereto as Exhibit A and by this reference incorporated herein; and

WHEREAS, as of March 15, 2004, the total amount due for back taxes, interest, penalties and fees on the Meyers' property was \$7,406.27, as reflected on the Calculations for Reconveyance form attached hereto as Exhibit B and by this reference incorporated herein; and

WHEREAS, on February 25, 2004, Ms. Crull tendered a check in the amount of \$7,406.27 to Columbia County to apply toward the back taxes, interest, penalties and fees assessed as of March 15, 2004, on the Meyers' property; and,

WHEREAS, ORS 275.180 provides that the County, in its discretion, may, without public notice, sell and convey by deed signed by the Board of County Commissioners to the record owner any property acquired by the county for delinquent taxes for not less than the amount of taxes and interest accrued and charged against such property at the time of purchase by the county with interest thereon at the rate of six percent per annum from the date of such purchase; and,

WHEREAS, the payment required to be made under ORS 275.180 on Tax Account No. 7216-042-04300 has been paid;

NOW, THEREFORE, IT IS HEREBY ORDERED as follows:

- (1) Cinda M. Meyers is authorized to repurchase the property referred to as Tax Account No. 7216-042-04300 for the sum of \$7,406.27, payment of which is hereby acknowledged; and,
- (2) A quitclaim deed, a copy of which is attached hereto as Exhibit C and incorporated herein by this reference, reconveying the property to Cinda M. Meyers shall be signed by this Board and recorded in the records of the County Clerk with recording fees being paid from the proceeds.

DATED this 3rd day of February, 2004.

BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON

By: _____

Chair

By: _____

Commissioner

By: _____

Commissioner

Approved as to form

By: _____

Office of County Counsel

S:\COUNSEL\LANDS\721604204300\ORD RECONVEY.wpd

STATE OF WASHINGTON DEPARTMENT OF HEALTH

EXHIBIT A

986
LOCAL FILE NUMBER

Health CERTIFICATE OF DEATH

BOOK 086 PAGE 341
146
STATE FILE NUMBER

1. NAME First: John Middle: Randell Last: MEYERS				2. SEX (M/F) Male		3. DEATH DATE (Mo, Day, Yr) December 17, 2003	
4. AGE LAST BIRTHDAY (Yrs) 48		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) Nov 17 1955	
8. BIRTHPLACE (City, State or Foreign Country) Portland, OR				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No		10. COUNTY OF DEATH Cowlitz	
11. CITY, TOWN OR LOCATION OF DEATH Longview				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input checked="" type="checkbox"/> EMERG. RMOUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE St. John Medical Center			
13. SMOKING IN LAST 15 YEARS? (Yes/No) Yes							
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Cinda Milliken		16. SOCIAL SECURITY NO. 544-68-1514		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Welder		19. KIND OF BUSINESS OR INDUSTRY Maritime		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 106 E 3rd St		23. CITY/TOWN, OR LOCATION Rainier		24. INSIDE CITY LIMITS? (Yes/No) Yes		25A. COUNTY Columbia	
				25B. LENGTH OF RES. IN CO. 16yrs		26. STATE OR	
						27. ZIP CODE 97048	
28. FATHER'S NAME — FIRST, MIDDLE, LAST Harris Meyers				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Margaret Lovelace			
30. INFORMANT — NAME Cinda Meyers		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP General Delivery Rainier OR 97048					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 12-23-03		34. CEMETERY/CREMATORY — NAME Longview Memorial Park Crematory		35. LOCATION — CITY/TOWN, STATE Longview, Washington	
36. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Dahl McVicker Funeral Home		38. ADDRESS OF FACILITY 301 Cowlitz Way Kelso, WA 98626			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> X 40. DATE SIGNED (Mo, Day, Yr) 12-19-03				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> X Deputy Coroner 44. DATE SIGNED (Mo, Day, Yr) 12-19-03			
41. HOUR OF DEATH (24 Hrs.) 1831				45. HOUR OF DEATH (24 Hrs.) 1831			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Edmund Bourdage, Dep Coroner				46. PRONOUNCED DEAD (Mo, Day, Yr) December 17, 2003			
47. HOUR PRONOUNCED DEAD (24 Hrs.) 1831				48. ME/CORONER FILE NUMBER 03-082			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. Atherosclerotic Coronary Artery Disease				INTERVAL BETWEEN ONSET AND DEATH Years	
		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: Insulin Dependent Diabetes Mellitus							
52. AUTOPSY? (Yes/No) Yes		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes					
54. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR'S SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo, Day, Yr) DEC 22 2003			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 6-150)

DOH 101-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

Affidavit for Correction

BOOK 086 PAGE 342

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Changes must be established by documentary proof submitted with the affidavit

Types of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

Mimi L. Fields, MD MPH
Mimi L. Fields, MD, MPH
Health Officer / Registrar
Wilton County Health Department
Longview, WA

DEC 23 2003

KK00496108

**CALCULATIONS FOR RECONVEYANCE OF
FORECLOSED PROPERTY UNDER ORS 275.180**

**Computation of Amount Required for Reconveyance:
(cash or certified check only)**

Name: **MEYERS**
Account **03-91 7216-042-04300**

1	Principal delinquent taxes (see Ex. 1 to Judgment & Decree of foreclosure)	\$2,666.75	Date Calculation:	21-Feb-03		
	Interest through October 11, 2001 (see Ex. 1 to Judgment & Decree of foreclosure)	\$879.70	Date of Judgmt & Decree:	11-Oct-01		
2			Proposed date of Reconveyance	15-Mar-04		
					74	2004
			# of days in foreclosure	884	365	2003
3	TOTAL (Judgment & Decree)	\$3,546.45			365	2002
4	Penalty (5% of line 3)	\$177.32			80	2001
5	Number of days in foreclosure		884			
	x interest at 9% per annum	\$773.03				
6	Title Search Fee	\$100.00				
7	Total Amount Foreclosed Upon	\$4,596.80				

8 SUBSEQUENT YEARS OF UNPAID TAXES

Year: 2001/2002	\$759.22
Interest on taxes	\$253.07
Year: 2002/2003	\$838.18
Interest on taxes	\$145.28
Year: 2003/2004	\$796.03
Interest on taxes	\$17.69
Total Amount Unpaid Taxes	\$2,809.47

9 GRAND TOTAL NEEDED FOR RECONVEYANCE

\$7,406.27

Name:
Account:

MEYERS, CINDA
03-91 7216-042-04300

INTEREST CALCULATIONS ON UNPAID TAXES 2000 - 2002

Interest Rate Per Month or Portion Thereof

1.33330%

YEAR	2001/2002	TOTAL TAXES DUE			\$759.22
	TAXES DUE	INTEREST PERIOD	# OF MONTHS	INTEREST DUE	
One-third due November 15, 2001	\$253.07	Interest from 11/15/01 to 2/15/02	3	\$10.12	
Two-thirds due February 15, 2001	\$506.15	Interest from 2/16/02 to 5/15/02	3	\$20.25	
Total due from May 15, 2001 to date of pay-off, March 15, 2004	\$759.22	Interest from 5/16/02 to 3/15/04	22	\$222.70	
				\$253.07	

YEAR	2002/2003	TOTAL TAXES DUE			\$838.18
	TAXES DUE	INTEREST PERIOD	# OF MONTHS	INTEREST DUE	
One-third due November 15, 2002	\$279.39	Interest from 11/15/02 to 2/15/03	3	\$11.18	
Two-thirds due February 15, 2003	\$558.79	Interest from 2/16/03 to 5/15/03	3	\$22.35	
Total due from May 15, 2003 to date of pay-off, March 15, 2004	\$838.18	Interest from 5/16/03 to 3/15/04	10	\$111.75	
				\$145.28	

YEAR	2003/2004	TOTAL TAXES DUE			\$796.03
	TAXES DUE	INTEREST PERIOD	# OF MONTHS	INTEREST DUE	
One-third due November 15, 2003	\$265.34	Interest from 11/15/03 to 2/15/04	3	\$10.61	
Two-thirds due February 15, 2004	\$530.69	Interest from 2/16/04 to 3/15/04	1	\$7.08	
Total due on date of pay-off, March 15, 2004	\$796.03		0	\$0.00	
				\$17.69	

KNOW ALL MEN BY THESE PRESENTS, that the COUNTY OF COLUMBIA, a political subdivision of the State of Oregon, hereinafter called Grantor, for the consideration hereinafter stated, does hereby release and quitclaim unto CINDA M. MEYERS, hereinafter called Grantee, and unto her heirs, successors and assigns, all their right, title and interest in and to the following described parcel of real property situated in the County of Columbia, State of Oregon, described as follows, to wit: Tax Account No. 03-91 7216-042-04300.

The property is more specifically described as:

Beginning at a point that is on the Lot line 59 feet Northerly from the Southeast corner of Lot 5, Block 10, Rainier (now, "City of"), Columbia County, Oregon, thence at right angles extending Westerly a distance of 60 feet, which would be 10 feet into Lot 6, Block 10; thence at right angles and extending Northerly a distance of 30 feet; thence at right angles and extending Easterly a distance of 60 feet; thence Southerly on said Lot line a distance of 30 feet to the place of beginning. Together with that portion of vacated New Bedford Street, now Third Street, as by law insures to the tract herein described.

The true and actual consideration for this conveyance is \$7,406.27.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

This conveyance is subject to the following exceptions, reservations and conditions:

- 1) This property is conveyed AS-IS without covenants or warranties, subject to any municipal liens, easements and encumbrances of record.
- 2) All rights to any County, public, forest or C.C.C. roads are hereby reserved for the benefit of Columbia County, Oregon.
- 3) All rights to any minerals, mineral rights, ore, metals, metallic clay, oil, gas or hydrocarbon substances in, on or under said property, if any, including underground storage rights, and also including the use of such water from springs, creeks, lakes or wells to be drilled or dug upon the premises as may be necessary or convenient for such exploration or mining operations, as well as the conducting of operations related to underground storage and production of gaseous substances on the property, are specifically excepted, reserved and retained for the benefit of Columbia County, Oregon, together with the right of ingress and egress thereto for the purpose of exercising the rights hereby excepted, reserved and retained.

This conveyance is made pursuant to Board of County Commissioners Order No. 10 - 2004 adopted on February 25, 2004, and filed in Commissioners Journal at Book ___, Page ___.

IN WITNESS WHEREOF, the Grantor has executed this instrument this ___ day of February, 2004.

BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON

By: _____
Chair

Approved as to form

By: _____
Commissioner

By: _____
Office of County Counsel

By: _____
Commissioner

STATE OF OREGON)
)
County of Columbia) ss.

ACKNOWLEDGMENT

This instrument was acknowledged before me on the ___ day of February, 2004, by Rita Bernhard, Anthony Hyde and Joe Corsiglia, as Commissioners of Columbia County, Oregon, on behalf of whom the instrument was executed.

Notary Public for Oregon
My Commission Expires: _____

GRANTOR'S NAME AND ADDRESS:
Board of County Commissioners
for Columbia County, Oregon
Columbia County Courthouse, Room 331
230 Strand
St. Helens, OR 97051

AFTER RECORDING RETURN TO GRANTEE:

Cinda M. Meyers
106 Third Street
Rainier, OR 97048

[Until a change is requested, send all tax statements to
Grantee at above address].