

139055

BOOK 202 PAGE 374

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Anthony H. Connors

SEP 6 8 56 AM '00

Lowry  
AUDITOR  
GARY M. OLSON

Return Address:

ANTHONY H. CONNORS  
ATTORNEY AT LAW  
P O BOX 1116  
WHITE SALMON, WA 98672

Document Title(s) or transactions contained herein:	
AFFIDAVIT: Lack of Probate	
GRANTOR(S) (Last name, first name, middle initial)	
JOHNSON, HENRY RAY	
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial)	
FIRST AMERICAN TITLE INSURANCE COMPANY	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
SW4 SECTION 11 T3N R9E	
<input type="checkbox"/> Complete legal on page _____ of document.	
REFERENCE NUMBER(S) of Documents assigned or released:	<input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Indexed <input checked="" type="checkbox"/> Mailed <input checked="" type="checkbox"/> Filed
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER	
03-09-11-3-0-1200-00	Gary H. Martin, Skamania County Assessor
	Date <u>9/6/00</u> Parcel # <u>3-9-11-3-1200</u>
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel numbers on page _____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	

# AFFIDAVIT

## Lack of Probate

State of CaliforniaCounty of San MateoHENRY RAY JOHNSON

, being first duly sworn, deposes and says:

1. The undersigned affiant is the HUSBAND of DONNA LEE  
(relationship to decedent) (decedent)  
JOHNSON, who died December 17, 1999 at Redwood City  
(date of death) (year) (city)  
 State of California, then being a legal resident of Redwood City  
San Mateo, California (city)  
(county) (state)

### AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

Gary H. Martin, Skamania County Assessor  
 Date 9/6/00 44 3-9-11-3-1200  
 Parcel # \_\_\_\_\_

☐ Decedent and surviving spouse executed a Community Property Agreement dated \_\_\_\_\_, a copy of which is attached hereto.

☒ Decedent left no last Will.

☐ Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

☐ Decedent left a Will which was probated in \_\_\_\_\_ County, State of \_\_\_\_\_ A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

HENRY RAY JOHNSON(full name)(age)Husband  
(relationship)1194 King St., Redwood City,  
(residence) CA 94061

## HEIRS AT LAW (continued)

DETA F. HOWER (full name)	41 (age)	Daughter (relationship)	23453 E 157th Ave., Brighton, (residence) CO 80601
SHARI L. O'CONNOR (full name)	38 (age)	Daughter (relationship)	7 Park Ln., Canton, SD 57013 (residence)
CATHERINE A. MURRAY (full name)	36 (age)	Daughter (relationship)	1235 Ruby St., Redwood City, (residence) CA 94061
(full name)	(age)	(relationship)	(residence)

(attach additional page for additional names)

4. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid, except as follows:
5. The decedent [ ] had [x] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
6. As of the date of death, the value of all community property of the decedent was approximately \$ 60,000. The value of all separate property of the decedent was approximately \$ 30,000.
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:
- Skamania County Tax Parcel No. 03-09-11-3-0-1200/00 is the only asset of decedent's estate. This Affidavit is being executed to clear title to the real property.

THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN TITLE INSURANCE COMPANY (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

HENRY RAY JOHNSON

Affiant's Full Name

7-31-00  
Date

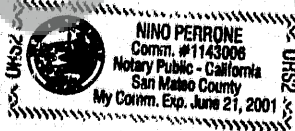
*Henry R. Johnson*  
Affiant's Full Name

Date

STATE OF CALIFORNIA ) ss.  
COUNTY OF SAN MATEO )

On this day personally appeared before me HENRY RAY JOHNSON known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that HE signed the same as HIS free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 31st day of JULY, 2000



*[Signature]*  
Notary Public in and for the State of CALIFORNIA residing at 8127 JEFFERSON AVE  
My appointment expires 6-21-01 CA