

## AFFIDAVIT

(Lack of Probate)

STATE OF WASHINGTON

COUNTY OF CLARK

ss.

BOOK 136 PAGE 914

116811

MARIE J. MAY

, being first duly sworn, deposes and says:

1. The undersigned affiant is the WIFE of DONALD L. MAY (relationship to decedent), who died 1/3, 1993, at PORTLAND (city), OREGON (state), then being a legal resident of BATTLE GROUND (city), CLARK (county), WASHINGTON (state).

Note: A Death Certificate of decedent is attached hereto.

2. ( ☒ ) Decedent left no last Will, or  
 ( ) Decedent left a last Will which has not been probated, and a true copy of which is attached hereto, and the same was never revoked; or  
 ( ) Decedent left a last Will which was probated in \_\_\_\_\_ County, State of \_\_\_\_\_, and an authenticated copy of Order admitting Will to probate or Decree of Distribution is attached hereto.
3. The heirs at law of decedent, and their ages, relationship to decedent, and current address are as follows (including spouse, natural or adopted children, issue of any predeceased child, and surviving parents, brothers and sisters of decedent):

| HEIRS AT LAW |                      |                          |  |
|--------------|----------------------|--------------------------|--|
| MARIE J. MAY | WIFE                 | 10438 NE 219TH STREET,   |  |
| (full name)  | (age) (relationship) | (address) (city) (state) |  |
|              |                      | BATTLE GROUND WA. 98604  |  |
| (full name)  | (age) (relationship) | (address) (city) (state) |  |
| (full name)  | (age) (relationship) | (address) (city) (state) |  |
| (full name)  | (age) (relationship) | (address) (city) (state) |  |
| (full name)  | (age) (relationship) | (address) (city) (state) |  |
| (full name)  | (age) (relationship) | (address) (city) (state) |  |

4. All the debts of the decedent and/or the marital community, including, but not limited to, all expenses of 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 ( ) has received assistance from the State of WASHINGTON for subsistence or medical care (Medicaid/Welfare) in the amount of 15973. **REAL ESTATE EXCISE TAX**
6. As of the date of death, the value of all community property of decedent was approximately \$ 440,000.00, and the value of separate property was approximately \$ 0. **JUL 23 1993**
7. This affidavit is made to induce Transamerica Title Insurance Company to issue its policies of title insurance on real property passing to the surviving heir(s) in reliance upon the representations hereinabove set forth. **of Deputy**

Note: A request to so insure must come from an attorney, and deeds required from heirs or devisees of decedent. **SKAMANIA COUNTY TREASURER**

Dated: 7/16/93

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(affiant's full name) MARIE J. MAY10438 NE 219TH STREET, BATTLE GROUND WA. 98604

(address and telephone number)

Subscribed and sworn to before me this 16TH day of JULY, 1993.Notary Public in and for the State of Washington, residing at: BATTLE GROUND, WA.My appointment expires: 5/30/95

Registered

Indexed, Dir

Indirect

Filmed

Mailed

LINDA C. COMLEY  
 NOTARY PUBLIC  
 STATE OF WASHINGTON  
 COMMISSION EXPIRES  
 MAY 30, 1995

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

Jul 23 10 52 AM '93

G. Lowry  
 AUDITOR  
 GARY M. OLSON

Linda J. Kimmel, Skamania County Assessor

Parcel # 96-000202