

140343

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FILED FOR RECORD  
SKAMANIA CO. WASH  
BY James Johnson

FEB 12 4 56 PM '01  
P. Lowry  
AUDITOR  
GARY H. OLSON

**AFTER RECORDING MAIL TO:**

Name James Johnson  
Address PO Box 227  
City/State North Bonneville, WA 98639

Document Title(s): (or transactions contained therein)

1. Death certificate
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document

Grantor(s): (Last name first, then first name and initials)

1. James M. Johnson
- 2.
- 3.
- 4.

5. ☐ Additional names on page \_\_\_\_\_ of document

Grantee(s): (Last name first, then first name and initials)

1. Myrna A. Johnson
- 2.
- 3.
- 4.

5. ☐ Additional names on page \_\_\_\_\_ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lot 8, Block 8, Plat of Relocated North Bonneville, recorded  
in book B of Plats page 16, under Skamania County file no. 83466  
also recorded in book B of Plats page 32 under Skamania  
County file no. 84429 Records of Skamania County State of WA.

☐ Complete legal description is on page \_\_\_\_\_ of document

Assessor's Property Tax Parcel / Account Number(s):

02 07 20 34 0800 00

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



First American Title  
Insurance Company

REAL ESTATE EXCISE TAX only

21359

FEB 13 2001

PAID exempt

James M. Johnson  
SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor

Date 2/21/2001 Parcel # 2-7-20-34-800  
Lot 8 B1KB

# **AFFIDAVIT** **Lack of Probate**

State of Washington

County of Shamania

James W. Johnson, being first duly sworn, deposes and says:

1. The undersigned affiant is the Husband of Wife  
(relationship to decedent) (decedent)  
Mylene A. Johnson, who died 12-17, 1999, at North Bonneville  
(date of death) (year) (city)  
 State of Washington, then being a legal resident of North Bonneville  
Shamania, Was  
(county) (state)

## **AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT**

2. Check the appropriate box below:

☐ 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:

James W. Johnson 73 Husband 808 Celilo - North Bonneville, Wa.  
(full name) (age) (relationship) (residence) 98639

HEIRS AT LAW (continued)			
(full name)	(age)	(relationship)	(residence)
Pamela Collins		Daughter	Vancouver
Mike Johnson		son	Vancouver
Ronald Johnson		son	Vancouver
Cindy Collins		Daughter	Vancouver
Lisa Rust		Daughter	Vancouver
John Johnson		son	North Bend, WA

(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 [ ] 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 \$ \_\_\_\_\_. The value of all separate property of the decedent was approximately \$ \_\_\_\_\_.
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:



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.

James M. Johnson  
Affiant's Full Name

2-12-2001  
Date

\_\_\_\_\_  
Affiant's Full Name

\_\_\_\_\_  
Date

STATE OF WASHINGTON }  
COUNTY OF Skagit } ss.

On this day personally appeared before me James Johnson to me 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 12 day of February, 2001.

Notary Public  
State of Washington  
JAMES R COPELAND, JR  
MY COMMISSION EXPIRES  
September 13, 2003

[Signature]  
Notary Public in and for the State of  
Washington, residing at Stevenson  
My appointment expires 9-13-03

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

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## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

45

LOCAL FILE NUMBER

OFFICE  
USE  
ONLY

-2

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