BOOK 206 PAGE 632

FILED FOR RECORD SKANDING CO FASH BY James Johnson

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	AUDITOR 0
AFTER RECORDING MAIL TO:	GARY M. OLSON
Name_James Johnson	
Address PO Box 227	
City/State North Bonneville, WA 98639	
1065	
Document Title(s): (or transactions contained therein)	
2. Drath certific	First American Tille
2. Kraniv Arayse	Insurance Company
4.	- L V
Reference Number(s) of Documents assigned or released:	
because transcription Documents assigned or released:	
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☐ Additional numbers on page of document	REALTH FETATE FEXCISE TAXONS
Grantor(s): (Last name first, then first name and initials)	21359 redered U
12 James M. Johnson	FEB 13 2001
3.	PAID CIKERUPT ""
4. 5. Additional names on page	Lewan Opata
of document	SKAMANIA COUNTY TREASURER
Grantee(s): (Last name first, then first name and initials)	
3: Mylna a Johnson	
3. /	Gary H. Martin, Skamania County Assessor
4. 5. Additional names on page	Date 2/21/2001 Parcel # 2-7-20-3-4-800
of document	
Abbreviated Legal Description as follows: (i.e. lot/block/plat or follows), Block 8, Flat of Belovates	section/township/range/quarter/quarter)
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also recorded in book B of Plate County Life was 8 400 B	Sparmona County filmo, 83466
Country Con Con Voole & of Plate	Pagg 32 under Skamonia
County fluxor, 84429 Racords of degler of degl	Spanned ourty Statust Ma.
Assessor's Property Tax Parcel / Account Number(s):	
02 01 20 3 4 0800 00	
WA-1	
NOTE: The auditor/recorder will rely on the information on the form. 1 accuracy or completeness of the indexing information provided.	he staff will not read the document to verify the
L. John Markette as of the that this information provided	Merein.

## AFFIDAVIT Lack of Probate

State of Washington	
County of Abanyania	. "
James W. Johnson being first duly sworn, deposes and says:	X
1. The undersigned affiant is the Husband	
Mysna a phonon who died (2-17 (200 at 1)	
1. The undersigned affiant is the freshman of with the freshman who died 12-17 (date of death) (very)  State of Manhanton (date of death) (very)  The undersigned affiant is the freshman who died (relationship to decedent)  (date of death) (very)  (city)  The undersigned affiant is the freshman who died (very)  (date of death) (very)  (city)  (city)	
(county) (state)	
AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT	
2. Check the appropriate box below:	1
[ ] Decedent and surviving spouse executed a Community Property Agreement dated a copy of which is attached hereto.	$\sim 1$
[ ] Decedent left no last Will.	-
Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.	( ۱
[ ] 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:	
as follows:	
(full painte) (age) (relationship) (residence) 98	raville gra.
U (residence) 98	639

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Pamah Collins	EIRS AT L	AW (continued)	a cod a de como de <del>l'or</del> e
Mike Johnson		Daighly Son	vancover
Ronell Johnson	(age)	(relationship)	(residence)
Config Collins	(age)	(relationship)	(residence)
Ling Runk	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	Mon Bonnavla Ma,

(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
- 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
- 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. Jahnson. Affiant Full Name	2-12-2001 Date
Affiant's Full Name	Date
STATE OF WASHINGTON,	
COUNTY OF Sk-n-1/h	
On this day personally appeared before me known to be the individual described instrument, and acknowledged that house and purely act and deed, for the use and purely act and deed, for the use and purely act and deed, and accordingly the second se	and who executed the within and foregoing
GIVEN under my hand and official scal to	his 12 day of <u>February</u> 2001.
Notary Public State of Washington JAMES R COPELAND, JR MY COMMISSION EXPIRES September 13,2003	Notaty Public in and for the State of Washington, residing at My appointment expires  9.17-63

,	TYPE CALFTUNT IN FERNANENT BLACK INK  45  LOCAL FLE NUMBER	-7	M	Health		PAGV 636	Wis.
-	F NAME Frat	Vjrfg	CERTIF	ICATE OF DEA	TH '	STATE FILE NUMBER	
41	Myrna	Anita		INTRON	2 SEX (M/F)	3 DEATH DATE (NO Day VI)	7
Ш	4 AGE LAST BURTH S LACER EVERH DAY (Y-S) WOS CA-S	#OURS MINS	PIRTHDATE (No Dwy	YO BIRTHELACE (Chy. State or Foreign Country)	Female  WASTECETE  NOS ARMED  (Yes 'No)	December 17,1999	-
a	11 CITY, TOWN OR LOCATION OF DEATH	·	2/24/29	Buffalo WY BROKFORFLACE HEN GIVE ADDRESS WOODER BURNESS WOODERN A TURN	(Yes The)	loSkamania	
_	North Bonnevill		808 പ	iilo	S S II WITH HOME & III OTHER	TPLACE 13 SMUNING IN LAST 15 YEARS? (Yes IN	1.9
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