

BOOK 209 PAGE 970

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SKILLMAN CO. WASH
BY *Angela Morrill*

MAY 18 11 27 AM '01
Olson
AUDITOR
GARY H. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Affidavit Lack of Probate

GRANTOR(S) (Last name, first, then first name and initials)

1. Green, Thomas

- 2.
- 3.
- 4.

☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Green, Steven T.

- 2.
- 3.
- 4.

☐ Additional Names on Page _____ of Document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)

W2 NW4 SW4 Sect 11 T3N R9EWM

☐ Complete Legal on Page 3 of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

Additional Numbers on Page of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax parcel ID is not yet assigned.

☐ 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 Washington
County of King

Steven T. Green, being first duly sworn, deposes and says:

1. The undersigned affiant is the son of Thomas Green, who died February 24, 2001, at Appleton, State of Washington, then being a legal resident of Appleton, Klickitat County, Washington.

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:

Steven T. Green, 32, Son, 6900 South 123rd Street #198, Seattle, Washington
(full name) (age) (relationship) (residence)

Mary R. Woods, 41, Daughter, residing at 12210 NE 37th Street, Vancouver, Washington
(full name) (age) (relationship) (residence)

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: NONE

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 \$0. The value of all separate property of the decedent was approximately \$75,000.
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction: NONE

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.

Signature: Steven T. Green

Steven T. Green

Date

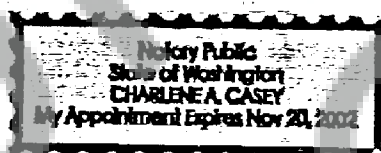
5/10/01

STATE OF WASHINGTON)

COUNTY OF King) ss.

On this day personally appeared before me Steven T. Green, 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 10th day of May, 2001.



Charlene A. Casey
Notary Public in and for the
State of Washington

Residing at Sea Wa.

My appointment expires 11/20/2002

BOOK 209 PAGE 973

The West Half of the Northwest Quarter of the Southwest Quarter (E2NW4SW4) of Section Eleven (11), in Township Three (3) North of Range Nine (9) East of A. M.

RESERVING unto the grantors a life estate in each of them and in the survivor of either of said grantors.

STATE OF WASHINGTON DEPARTMENT OF HEALTH



BOOK 209 PAGE 974

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

001-1010
LOCAL FILE NUMBER

1 DISTRICT

2 CITIES

3 HOSPITAL

4 OCCUPATION

5 RESIDENCE

6 TRACT

7 OCCUPATION

1 NAME First Middle Last Thomas Duane Green				2 SEX (M/F) M		3 DEATH DATE (Mo, Day, Yr) February 24, 2001	
4 AGE LAST BIRTHDAY (Yr, Mos, Days) 64		5 UNDER 1 YEAR MOS DAYS HOURS MINS		7 BIRTH DATE (Mo, Day, Yr) 07-19-1936		8 BIRTH PLACE (City, State or Foreign Country) Gravely, Iowa	
11 CITY, TOWN OR LOCATION OF DEATH Appleton				12 PLACE OF DEATH — IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 12 Frontier Road Appleton, WA			
14 MARITAL STATUS — Married, Never-married, Widowed, Divorced (Specify) Widowed		15 SURVIVING SPOUSE (If wife give maiden name)		16 SOCIAL SECURITY NO. 537-30-5772		17 DECEASED'S EDUCATION (Specify only highest grade completed) 10	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)		19 KIND OF BUSINESS OR INDUSTRY Logging		20 Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21 RACE (Specify) White	
22 RESIDENCE — NUMBER AND STREET 12 Frontier Road		23 CITY/TOWN OR LOCATION Appleton		24 INSIDE CITY LIMITS (Yes/No) No		25A COUNTY Klickitat	
25B LENGTH OF RES. IN CO. 25 yrs.		26 STATE Wa.		27 ZIP CODE 98620			
28 FATHER'S NAME — FIRST, MIDDLE, LAST James Carl Green				29 MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Hazel Irene Sextant			
30 INFORMANT — NAME Mary R. Woods				31 MAILING ADDRESS — STREET OR RD NO. CITY OR TOWN STATE ZIP 12210 NE 37th Street, Vancouver, Washington 98682			
32 BURIAL, CREMATION, REMOVAL OF CORPSE Cremation		33 DATE (Mo, Day, Yr) 3/7/2001		34 CEMETERY/CREMATORY — NAME Columbia Crematory		35 LOCATION — CITY/TOWN, STATE Gresham, Oregon	
36 FUNERAL HOME'S SIGNATURE <i>[Signature]</i>		37 NAME OF FACILITY Davies Cremation & Burial Svc.		38 ADDRESS OF FACILITY PO Box 61747		39 VANDERBILT COUNTY FILE NUMBER 2001-C-0008	
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 X 43 DATE SIGNED (Mo, Day, Yr) 3/6/01				40 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 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 X 44 DATE SIGNED (Mo, Day, Yr) February 24, 2001			
41 HOUR OF DEATH (24 Hrs) 1655				45 HOUR OF DEATH (24 Hrs) 1655			
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) James Hagarty, Coroner				46 PROMOUNCED DEAD (Mo, Day, Yr) February 24, 2001			
48 NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) James Hagarty, Coroner 205 S Columbus Goldendale WA 98620				49 MEDICORNER FILE NUMBER 2001-C-0008			
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A Occlusive Atherosclerotic Cardiovascular Disease				INTERVAL BETWEEN ONSET AND DEATH unknown	
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.		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 GIVEN ABOVE							
54 ACC. SLOC, HCM, UNDET. OR PENDING INVEST (Specify) Natural		55 INJURY DATE (Mo, Day, Yr) 02-24-01		56 HOUR OF INJURY unknown		57 DESCRIBE HOW INJURY OCCURRED HEART ATTACK	
58 INJURY AT WORK? (Yes/No) NO		59 PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) HOME		60 LOCATION — STREET OR RD NO., CITY/TOWN, STATE 12 FRONTIER RD APPLETON, WA			
61 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVEALED BY DATE				62 REGISTRAR'S SIGNATURE <i>[Signature]</i>		63 DATE RECEIVED (Mo, Day, Yr) 03/06/01	

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE AN ORIGINAL FILE NUMBER.