

144841

BOOK 224 PAGE 863

## RETURN ADDRESS:

Janet Skaar  
PO Box 51  
Carson WA 98610

FILED FOR RECORD  
SKAMIA COUNTY WASH  
BY Janet Skaar

JUN 3 1 53 PM '02

*Olson*  
RECORDED  
J. MICHAEL GARVISON

Please Print or Type Information.

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

1. Affidavit Lack of Probate
2. Last Will & Testament
3. Death Certificate
- 4.

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

1. Lee, Marie P Estate &
- 2.
- 3.
- 4.

☐ Additional Names on Page \_\_\_\_\_ of Document.

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

1. Skaar, Janet Marie
- 2.
- 3.
- 4.

☐ Additional Names on Page 2 of Document.

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

Lots 4 & 5 Nelson Subdivision

☐ Complete Legal on Page 8 of Document.

## REFERENCE NUMBER(S) Of Document assigned or released:

REAL ESTATE EXCISE TAX

22278

MAY 31 2002

☐ Additional Numbers on Page \_\_\_\_\_ of Document.

## ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

3-8-21-2-1600 5-31-02

☐ Property Tax parcel ID is not yet assigned.

☐ Additional Parcel Numbers on Page \_\_\_\_\_ of Document.

PAID *Olson*  
*OK*  
SKAMIA COUNTY TREASURER

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 SKAMANIA

JANET MARIE SKAAR, being first duly sworn, deposes and says:

1. The undersigned affiant is the DAUGHTER of MARIE R. LEE  
(relationship to decedent) (decedent)  
LEE, who died MAY 11<sup>th</sup>, 2002 at HOOD RIVER, OR.  
(date of death) (year) (city)  
State of OREGON, then being a legal resident of CARSON  
SKAMANIA, WASHINGTON  
(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:

JANET MARIE SKAAR 59 Daughter 141 BARNES RD  
(full name) (age) (relationship) (address)  
Carson, OR 98610



HEIRS AT LAW (continued)

<u>EUGENE RALPH LEE</u> (full name)	<u>56</u> (age)	<u>SON</u> (relationship)	<u>1362 Wild River Hwy</u> <u>Carac (residence) wa 98610</u>
<u>ROSALIE ANN FORMAN</u> (full name)	<u></u> (age)	<u>DAUGHTER</u> (relationship)	<u>2939 SE Hwy 124</u> <u>Bury (residence) OR 97001</u>
<u>RAYMOND HAROLD LEE</u> (full name)	<u>DECEASED</u> (age)	<u></u> (relationship)	<u></u> (residence)
<u></u> (full name)	<u></u> (age)	<u></u> (relationship)	<u></u> (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 ☒ 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 \$ 28,000.00. 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.

JANET MARIE SKAAR  
Affiant's Full Name

5-31-02  
Date

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

\_\_\_\_\_  
Date

STATE OF WASHINGTON, }  
COUNTY OF Spokane } ss.

On this day personally appeared before me Janet Marie Skaar to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 30<sup>th</sup> day of May, 2002



Shirley A. Little  
Notary Public in and for the State of  
Washington, residing at Spokane  
My appointment expires 8-17-03



# Last Will and Testament of

MARIE P. LEE

## KNOW ALL PERSONS BY THESE PRESENTS:

That, I, MARIE P. LEE  
of CARSON, County of SKAMANIA, State of WASHINGTON  
of the age of 69 years, and being of sound and disposing mind and memory, and not acting under duress, menace, fraud or the undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament, hereby revoking all Wills and any Codicils thereto at any time heretofore made by me.

### Article I. Identification of Family.

I declare that my family consists of:  
JANET H. SKAAR - DAUGHTER  
EUGENE R. LEE - SON  
ROSALIE A. FORMAN - DAUGHTER  
RAYMOND H. LEE - SON

LOIS I. MOODY - GRAND DAUGHTER  
WAYNE J. MOODY - GRAND SON  
FRANK L. MOODY - GRAND SON

at the time of the execution of this Will.

### Article II. Payment of Debts.

I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses of my last illness and funeral, be paid by my executor or executrix as soon after my death as is practicable and before any division or distribution of property. Any and all property passing under this Will shall pass subject to all encumbrances.

### Article III. Disposition of Estate.

I give, devise and bequeath unto:

ROSALIE A. FORMAN - DAUGHTER - \$1.00 AND the picture she  
PAINTED for me - SHE has the REBTL of her INHERITENCE ALREADY.  
EUGENE R. LEE - SON - \$1.00 AND pops BELT w/ SILVER DOLLAR 1922 -  
PICTURE OF UNCLE GENE  
RAYMOND H. LEE - SON - \$1.00 - a2 pistol Holster -  
WAYNE J. MOODY - ALL MY TEDDY BEARS in my collection -  
GRAND SON  
FRANK L. MOODY - some of the other STUFFED ANIMALS  
GRAND SON  
LOIS I. MOODY - my Doll collection - small freezer -  
GRAND DAUGHTER  
JANET H. SKAAR - DAUGHTER - Every Thing ELSE that I own.

**Article IV. Nonintervention Clause.**

I further direct that my Executrix act without the intervention of any Court, except as may be required in the case of nonintervention wills. My Executrix shall have full power: to sell, lease, exchange, convey, and encumber, without notice or confirmation, any assets of my estate, real or personal, at such prices and terms as may seem just to her; to mortgage or pledge any estate property; to invest and reinvest any assets of my estate; to advance funds and borrow money, secured or unsecured, from any source; and to select any part of the estate in satisfaction of any partition or distribution thereunder, in kind, in money, or both. Such powers may be exercised whether or not necessary for the administration of my estate.

**Article V. Nominations of Executor and Guardian.**

I hereby nominate and appoint JANET M. SKARR of CARSON WA to act as executrix of this, my Last Will and Testament, to act with out bond. In the event that the aforementioned executrix is for any reason unable or unwilling to act in such capacity, I nominate and appoint LOIS L. MOODY of CARSON, WA to act as executrix with out bond, and without intervention of any court as hereinafter provided.

If it be necessary to appoint a guardian for my children upon my death, I appoint \_\_\_\_\_ of \_\_\_\_\_ and I appoint \_\_\_\_\_ of \_\_\_\_\_ as an alternate guardian.

**Article VI. Residuary Estate.**

Should any of the bequests, gifts or devises in Article III fail due to circumstances that cannot be reconciled with the terms herein or my express wishes, I give, devise and bequeath such, in the alternative, to my residuary estate.

I give my residuary estate to:



BOOK 224 PAGE 869

IN TESTIMONY WHEREOF, I hereunto set my hand and publish and declare this as my Last Will and Testament, on this

31 day of January 1994.

Marie P. Lee  
Testator/Testatrix

State of Washington }  
County of Skamania } ss.

Each of the undersigned, being first duly sworn, on oath, states that on this 31<sup>st</sup> day of January 1994:

- (1) I am over the age of eighteen (18) years and competent to be a Witness to the Will of Marie P. Lee (the Testatrix);
- (2) The Testatrix, in my presence and in the presence of the other Witnesses whose signatures appear below:
  - (a) Declared the foregoing instrument, consisting of 3 pages, of which this is that last to be her Will;
  - (b) Requested me and the other Witnesses to act as Witnesses to her Will and to make this affidavit; and
  - (c) Signed such instrument;
- (3) I believe the Testatrix to be of sound mind, and that in so declaring and signing, she was not acting under any duress, menace, fraud, or undue influence;
- (4) The other Witnesses and I, in the presence of the Testatrix and of each other now affix our signatures as Witnesses to the Will and make this affidavit.

Witness  
Address  
43 Russell Street  
Stevenson, WA 98648

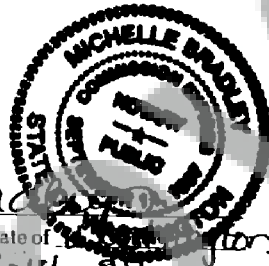
Witness  
Address  
Donna K. Jewell  
43 Russell Street  
Stevenson, WA 98648

Witness

Address

Signed and sworn to before me this 31<sup>st</sup> day of January 1994.

Michelle Braden  
Notary Public in and for the state of Washington  
My appointment expires: 9-14-97



Last Will  
and  
Testament

of

MARIE P. LEE

Date January 31<sup>st</sup> 1994

# CERTIFICATION OF VITAL RECORD

BOOK 224 PAGE 870

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

361601

10 TAG NO.

172-2002

Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME First: Marie Middle: Philindia Last: LEE		2. SEX F	3. DATE OF DEATH (Month, Day, Year) May 11, 2002
4. SOCIAL SECURITY NUMBER 5a. AGE Last Birthday (Month, Day, Year) 78		5b. Under 1 Year 5c. Under 1 Day 5d. Under 1 Hour 5e. Under 1 Minute	6. BIRTHPLACE (City and State or Foreign Country) French Camp, CA
7. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify):		8. DATE OF BIRTH (Month, Day, Year) March 18, 1924	
9. FACILITY NAME (If not institution, give street and number) Providence Hood River Hospital		10. CITY, TOWN, OR LOCATION OF DEATH Hood River	
11. DECEASED'S USUAL OCCUPATION (The kind of work done during most of working life (Do not use retired)) Cook		12. MARRIAGE STATUS (Specify) Married	
13. KIND OF BUSINESS/INDUSTRY Restaurant		14. SPOUSE (If Married, Widowed, Divorced (Specify)) Harold A. Lee	
15. RESIDENCE - STATE Washington		16. COUNTY OF DEATH Hood River	
17. ZIP CODE 98610		18. STREET AND NUMBER 141 Barnes	
19. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		20. PLACE AMERICAN (Specify) Black, White, etc. (Specify) White	
21. FATHER'S NAME (First, Middle, Last) Earnest George Boyd		22. MOTHER'S NAME (First, Middle, Last) Clara M. Edson	
23. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify):		24. NAME AND ADDRESS OF FACILITY Gardner Funeral Home POB 390 White Salmon, WA 98672	
25. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Hood River Memorial Cemetery		26. LOCATION (City or Town, State) Carson, Washington	
27. TIME OF DEATH 9:10 P.M.		28. DATE OF DEATH May 11, 2002	
29. TO THE BEST OF MY KNOWLEDGE, death occurred at the time, date, place and due to the cause(s) and manner stated. Helen K. Bellanca, M.D.		30. DATE SIGNED (Month, Day, Year) 5-13-02	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Helen K. Bellanca, M.D., 849 Pacific Ave., Hood River, OR 97031		32. DATE SIGNED (Month, Day, Year) 5-13-02	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g., Cardiac or Respiratory Arrest.) a. Brain stem herniation b. Cerebral edema c. Ischemic cerebral vascular accident		36. INTERVAL BETWEEN CAUSE AND DEATH a. 7 hours b. 12 hours c. 3 days	
37. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I		38. AUTOPSY a. Did tobacco use contribute to the death? b. Did alcohol use contribute to the death? c. Did drug use contribute to the death? d. Did other factors contribute to the death?	
39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		40. DATE OF INJURY (Month, Day, Year) 5	
41. TIME OF INJURY M		42. INJURY AT WORK? No	
43. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))		44. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL VITAL STATISTICS COPY

15902



THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.

HOOD RIVER

MAY 14 2002

COUNTY OREGON

DATE ISSUED:

Dorothy A. O'Dell  
DOROTHY A. O'DELL  
COUNTY REGISTRAR  
HOOD RIVER COUNTY, OREGON



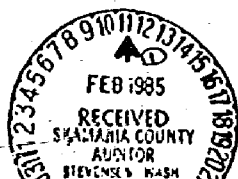
THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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98904  
98951  
SAFECO



Filed for Record at Request of  
MAIL TO:

NAME HAROLD A. and MARIE P. LEE  
ADDRESS P.O. Box 51  
CITY AND STATE CARSON, WA 98610

BOOK 84 PAGE 303  
BOOK 84 PAGE 334

THIS SPACE RESERVED FOR RECORDER'S USE  
STATE OF WASHINGTON  
COUNTY OF SKAMANIA  
I HEREBY CERTIFY THAT THE WITHIN  
INSTRUMENT OF WRITING FILED BY  
JANET M. SKAAR  
OF CARSON, WA  
ON FEB 11 1985  
WAS RECORDED IN BOOK 84  
OF DEEDS PAGE 308  
RECORDS OF SKAMANIA COUNTY WITH

STATUTORY  
WARRANTY DEED

THE GRANTOR HAROLD A. LEE AND MARIE P. LEE HUSBAND AND  
for and in consideration of WIFE. and AFFECTION  
GIFT of LOVE HAROLD A. AND MARIE P. LEE HUSBAND AND WIFE  
in hand paid, conveys and warrants to MARSHALL D. SKAAR AND JANET M. SKAAR  
WIFE  
the following described real estate, situated in the County of SKAMANIA  
Washington:

Lots 4 and 5 of CHESTER R. NELSON SUBDIVISION in  
Section 21, Township 3 North, Range 8 E.W.N.,  
according to the official plat thereof on file  
and of record at page 111 of Book A of Plats,  
Records of Skamania County, Washington.

Gary H. Martin, Skamania County Assessor

Date 5-31-82 Parcel # 0308 21-2-160000

Dated Feb 11 -, 1985

(Individual)  
(Individual)

By  
By

STATE OF WASHINGTON 98951  
COUNTY OF SKAMANIA 98904

STATE  
COUNT

On this day personally appeared before me  
HAROLD A. LEE AND  
MARIE P. LEE  
to me known to be the individuals described in and who  
executed the within and foregoing instrument, and acknowl-  
edged that THEY  
signed the same as THEIR  
free and voluntary act and deed, for the purpose of

On this  
19  
for the  
persons  
and  
to me k

STATE OF WASHINGTON  
COUNTY OF SKAMANIA  
I HEREBY CERTIFY THAT THE WITHIN  
INSTRUMENT OF WRITING FILED BY  
JANET M. SKAAR  
OF CARSON, WA  
ON FEB 11 1985



Notation in compliance with County subdivision ordinance.  
5-8-21-2-1600