

145006

BOOK 225 PAGE 416

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. 1114

JUN 18 10 15 AM '02

J. Michael Garvison
AUDITOR

J. MICHAEL GARVISON

AFTER RECORDING MAIL TO:

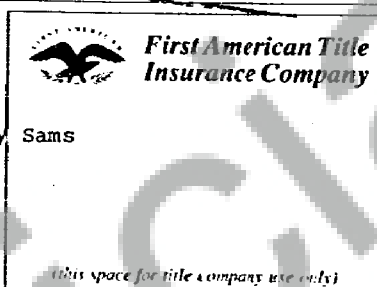
Name John M. Reese
Reese, Baffney, Schrag & Frol, P.S.

Address 216 South Palouse Street

City/State Walla Walla, WA 99362

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

1. Affidavit Lack of Probate
 2. Affidavit of Susan Cripe
 3. Last Will and Testament of Arch M. Sams
 4. Community Property Agreement of Arch & Dorothy Sams
 5. Certificate of Death of Dorothy Sams
 6. Certificate of Payment of Inheritance Tax
- Reference Number(s) of Documents assigned or released:
8404845



☐ Additional numbers on page _____ of document

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

1. SAMS, ARCH M
2. SAMS, DOROTHY A
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. CRIFE, SUSAN ANN
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX

22315

JUN 18 2002

PAID *empt*
by deputy
SKAMANIA COUNTY TREASURER

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

SE 1/4 Sec 34, T2N, R6E

☒ Complete legal description is on page *11* of document *40613-02*

Assessor's Property Tax Parcel / Account Number(s): 02-06-34-1-4-5802-00

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.

AFFIDAVIT **Lack of Probate**

State of Washington

County of Walla Walla

SUSAN ANN CRIPE, being first duly sworn, deposes and says:

1. The undersigned affiant is the daughter of Dorothy A. Sams
(relationship to decedent) (decedent)
January 6, 1987, at Walla Walla
(date of death) (year) (city)
 State of Washington, then being a legal resident of Walla Walla
(city)
Walla Walla, 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:

| | | | |
|-----------------|-------|----------------|-----------------|
| SUSAN ANN CRIPE | 69 | Daughter | Walla Walla, WA |
| (full name) | (age) | (relationship) | (residence) |

HEIRS AT LAW (continued)

There are no other children living or deceased children.

| | | | |
|-------------|-------|----------------|-------------|
| (full name) | (age) | (relationship) | (residence) |
| (full name) | (age) | (relationship) | (residence) |
| (full name) | (age) | (relationship) | (residence) |
| (full name) | (age) | (relationship) | (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:
- No exceptions.
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 \$ Under \$5,000.00.
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.

Susan Ann Cripe
Affiant's Full Name
Susan Ann Cripe

6-6-02
Date

Affiant's Full Name

Date

STATE OF WASHINGTON, }
COUNTY OF Walla Walla } ss.

On this day personally appeared before me SUSAN ANN CRIPE to me known to be the individual she 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 6th day of June, 2002.

Elaine L. Montgomery
Notary Public in and for the State of
Washington, residing at Walla Walla
My appointment expires 2-8-03



AFFIDAVIT

STATE OF WASHINGTON)

County of Walla Walla)

) ss.

SUSAN CRIPE, being first duly sworn, on oath deposes and says:

1. I declare that I am the only child of Arch M. Sams and Dorothy A. Sams, husband and wife, both now deceased.
2. Arch M. Sams died February 11, 1970, and a Certificate of Payment of Inheritance Tax was filed in Skamania County approximately July 31, 1984. All interest in property from Arch M. Sams went to my mother, Dorothy A. Sams pursuant to the Last Will and Testament of Arch M. Sams filed in Skamania County.
3. Dorothy A. Sams intended to deed all of her interest in all real property in Skamania County to me, and a title report was received from Skamania County Title and the description used in a Quitclaim Deed dated September 8, 1983 wherein Dorothy A. Sams purported to transfer all of her interest in the property in Skamania County to me.
4. Dorothy A. Sams died January 6, 1987.
5. The assets owned by Dorothy A. Sams at the time of her death were inadequate to require a payment of death taxes.

DATED this 16th day of May, 2002.

Susan Cripe
Susan Cripe

SUBSCRIBED AND SWORN to before me this 16th day of May, 2002.



Elaine L. Montgomery
Notary Public in and for the State of
Washington, residing at Walla Walla

LAST WILL AND TESTAMENT

KNOW ALL MEN BY THESE PRESENTS, That I, ARCH M. SAMS, being of legal age and of sound and disposing mind and memory, and not acting under duress, menace, fraud, or the undue influence of any person whomsoever, and having in mind the natural objects of my bounty, do make, publish and declare this to be my LAST WILL AND TESTAMENT:

FIRST: I hereby direct that my executrix hereinafter named, as soon as she shall have sufficient funds on hand, pay all of the just indebtedness against my estate.

SECOND: I hereby declare that I have one child, namely, Susan Ann Cripe; and that there are no descendants of any deceased child of mine.

THIRD: To my daughter, Susan Ann Cripe, I hereby give and bequeath the sum of One Dollar.

FOURTH: After payment of the costs of administration and death and inheritance taxes, if any, I hereby give, devise and bequeath all the residue and remainder of my estate, whether real, personal or mixed, community or separate, and wheresoever situate, to my wife, Dorothy A. Sams.

FIFTH: I hereby nominate and appoint my wife, Dorothy A. Sams, as executrix of this, my Last Will and Testament, to act as such without bond or security of any kind.

SIXTH: I direct that my estate be settled in the manner provided by the laws of the State of Washington relating to non-intervention wills and that the same shall be managed and settled, insofar as by such laws allowed, without the intervention of any court whatsoever.

SEVENTH: If my wife, Dorothy A. Sams, shall predecease me, or shall die simultaneously with me, then and in that event, after the payment of the costs of administration and death and inheritance taxes, if any, I hereby give, devise and bequeath all the residue and remainder of my estate, whether real, personal or mixed, and wheresoever situate, to my daughter, Susan Ann Cripe; and in such event I hereby nominate

Last Will and Testament - Page One.

Arch M. Sams

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

LAST WILL AND TESTAMENT - Arch M. Sams - Page Two.

and appoint my daughter, Susan Ann Cripe, as executrix of this, my Last Will and Testament, to act as such without bond or security of any kind, and I further direct that my estate be settled without the intervention of any court whatsoever, as aforesaid.

EIGHTH: I hereby revoke any and all former wills by me made.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15th day of April, 1964, at Stevenson in Skamania County, State of Washington, and publish and declare this as my Last Will and Testament.

Arch M. Sams

The foregoing instrument, consisting of one page besides this one, was on the 15th day of April, 1964, signed and sealed and published by ARCH M. SAMS as, and declared to be, his Last Will and Testament, in the presence of us who at his request and in his presence and in the presence of each other, have subscribed our names as witnesses thereto.

Robert J. Salmon

Residing at STEVENSON, WASHINGTON

Rae M. Gillard

Residing at Stevenson, Washington

COMMUNITY PROPERTY AGREEMENT

This COMMUNITY PROPERTY AGREEMENT entered into this 15th day of April, 1964, by and between ARCH M. SAMS and DOROTHY A. SAMS, husband and wife, of Skamania in Skamania County, State of Washington:

WITNESSETH:

WHEREAS, the parties hereto are the owners of certain real and personal property situate in the State of Washington; and

WHEREAS, it is contemplated by the parties hereto that in the future they may acquire additional property situated in the State of Washington; and

WHEREAS, it is the desire hereto that all of their property situated in the State of Washington shall pass to the survivor without delay or expense in the event of the death of either party;

NOW, THEREFORE, we, Arch M. Sams and Dorothy A. Sams, for and in consideration of the love and affection which we have one for the other, do hereby mutually agree that all of the property which we now own separately, jointly or otherwise, and whether real, personal or otherwise, and situated in the State of Washington, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement does hereby convey and transfer to the other party and to the community, all property owned by them in the State of Washington, even though the same be held in his or her separate estate; and

We hereby mutually agree that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature and situated in the State of Washington, shall be and it is hereby declared to be community property, and each of the parties does hereby convey and transfer to the other and to the community all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate; and

IT IS FURTHER AGREED that the whole of the community now owned by us or hereafter acquired by us in the State of Washington, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of Arch M. Sams while the said Dorothy A. Sams survives, be vested in Dorothy A. Sams absolutely and in fee simple as her sole and separate property; and in the event

COMMUNITY PROPERTY AGREEMENT - Page Two.

of the death of the said Dorothy A. Sams while the said Arch M. Sams survives, then the whole of the community property now owned by us or hereafter acquired by us in the State of Washington, including all property the status of which is changed or created by this agreement, shall at once, vest in the said Arch M. Sams absolutely and in fee simple as his sole and separate property.

IT IS FURTHER AGREED that this community property agreement shall pertain only to real and personal property situated in the State of Washington.

IN WITNESS WHEREOF the parties have executed this agreement this 15th day of April, 1964.

Arch. M. Lewis (SEAL)

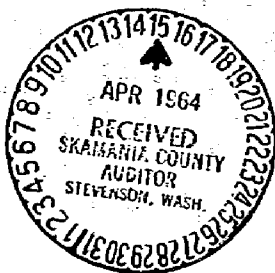
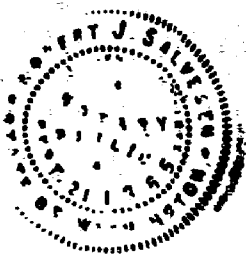
Dorothy G. Sams (SEAL)

STATE OF WASHINGTON)
County of Skamania) ss.

I, the undersigned, a notary public in and for the State of Washington, hereby certify that on this 15th day of April, 1964, personally appeared before me ARCH M. SAMS and DOROTHY A. SAMS, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.

Notary Public in and for the State of Wash-
ington, residing at Stevenson therein.



STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF HEALTH

| CERTIFICATE OF DEATH | | | | | | | | | |
|---|--|---|--|--|--|---|--|------------------------|--|
| LOCAL FILE NUMBER | | NAME FIRST, MIDDLE, LAST | | SEX | | DEATH DATE (MO DAY YR) | | BOOK PAGE | |
| | | Dorothy A. Sams | | Female | | Jan 6, 1987 | | 146-8 225 PAGE 425 | |
| RACE (WHITE, BLACK, AM IND, ETC SPECIFY) | | AGE, LAST BIRTH DATE (YR) | | UNDER 1 YEAR | | UNDER 1 DAY | | BIRTH DATE (MO DAY YR) | |
| White | | 85 | | | | | | Oct 20, 1901 | |
| CITY, TOWN OR LOCATION OF DEATH | | PLACE OF DEATH | | COUNTY OF DEATH | | STATE FILE NUMBER | | | |
| Walla Walla | | Smith Nursing Home | | Walla Walla | | | | | |
| CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED | | SPOUSE OF WIFE (GIVE MARRIAGE NAME) | | RECEIVED EMERGENCY CARE (AMBULANCE, FIRST AID, NURSE) | | YES/NO | |
| U.S.A. | | Widowed | | Arch M. Sams | | No | | YES/NO | |
| SOCIAL SECURITY NO | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) | | KIND OF BUSINESS OR INDUSTRY | | WAS OCCIDENT EVER IN U.S. ARMED FORCES (YES/NO) | | | |
| 533-20-2329 - B | | Teacher | | School | | No | | | |
| RESIDENCE - NUMBER AND STREET | | CITY, TOWN OR LOCATION | | INSIDE CITY LIMITS (YES/NO) | | COUNTY | | STATE | |
| 534 Boyer Avenue | | Walla Walla | | Yes | | Walla Walla | | WA | |
| FATHER - NAME FIRST, MIDDLE, LAST | | MOTHER - NAME FIRST, MIDDLE, LAST | | MARRIAGE ADDRESS | | STREET OR RFD NO | | CITY OR TOWN | |
| Artie E. Jones | | Eva Arvilla | | | | | | | |
| INFORMANT NAME | | DATE (MO DAY YR) | | CEMETERY CEMETARY NAME | | LOCATION CITY, TOWN, STATE | | | |
| Susan Cripe | | Jan 10, 1987 | | Washougal Cemetery | | Washougal, Washington | | | |
| BUTIAL CREMATION OR REMOVAL OTHER (SPECIFY) | | FURNERAL DIRECTOR SIGNATURE AND TITLE | | NAME OF FACILITY | | ADDRESS OF FACILITY | | | |
| Burial | | GROSECLOSE GARDEN CHAPEL | | 34 Boyer, Walla Walla, WA | | 99362 | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <p>TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN</p> <p>37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED</p> <p>SIGNATURE AND TITLE</p> <p><i>John P. Conder</i></p> <p>DATE SIGNED (MO DAY YR)</p> <p>1-7-87</p> </div> <div> <p>TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER</p> <p>41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED</p> <p>SIGNATURE AND TITLE</p> <p><i>John P. Conder</i></p> <p>DATE SIGNED (MO DAY YR)</p> <p>1-7-87</p> </div> </div> | | | | | | | | | |
| NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) | | HOUR OF DEATH (24 HRS) | | DATE SIGNED (MO DAY YR) | | HOUR OF DEATH (24 HRS) | | | |
| John P. Conder, M.D. | | 1020 | | 1-7-87 | | 1020 | | | |
| NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) | | | | | | | | | |
| John P. Conder, M.D. Walla Walla Clinic - 55 W. Tietan - Walla Walla, WA. 99362 | | | | | | | | | |
| IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE OR LINE FOR ALL) | | | | | | | | | |
| (A) Sudden Death - Prob. CVA | | | | | | | | | |
| (B) Cerebral Vasc. Arteriosclerosis | | | | | | | | | |
| (C) Diabetes mellitus type II | | | | | | | | | |
| OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE(S) GIVEN ABOVE | | | | | | | | | |
| Hypertension | | | | | | | | | |
| ACC. SUICIDE, HOMICIDE OR PENDING INVESTIGATION | | INJURY DATE (MO DAY YR) | | HOUR OF INJURY (24 HRS) | | DESCRIBE HOW INJURY OCCURRED | | | |
| No | | | | | | No | | | |
| INJURY AT WORK (YES/NO) | | PLACE OF INJURY (HOME, FARM, STREET, FACTORY, OFFICE, ETC. SPECIFY) | | LOCATION - STREET OR RFD NO, CITY, TOWN, STATE | | DATE RECEIVED (MO DAY YR) | | | |
| No | | None | | | | 01-07-1987 | | | |
| REGISTRAR SIGNATURE | | ITEM | | DOCUMENTARY EVIDENCE | | REVIEWED BY | | DATE | |
| <i>Dorothy S. Gell</i> | | | | | | | | | |

DSHS 9-150 (REV. 1-82)

George B. Stiles
Health Officer and Registrar

Dorothy S. Gell
Deputy Registrar
Walla Walla, WA. 1-7-1987

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

DSHS 9-641A (11/85)



State of Washington
Department of Revenue
Inheritance Tax Division
Olympia, Washington 98504

EXC 83 PAGE 775

BOOK 225 PAGE 426

2-6-34-1500
1600

2-7-21-AD-200

For SKAMANIA County

Estate of

ARCH M. SAMS

Deceased

NO PROBATE

CERTIFICATE OF PAYMENT
OF INHERITANCE TAX

The property listed on the schedules attached hereto has been reported to this Division by affidavit, without probate, pursuant to RCW 83.24.010, and the inheritance tax obligation thereon arising from the death of the above-named decedent has been discharged.

This certificate constitutes consent to transfer all assets described herein.

Dated at Olympia, Washington this 6th day of July, 1984.



CAB:mr

Clarence A. Borley
Director Inheritance Tax Division

THE ORIGINAL RELEASE AND ATTACHED INVENTORY OF ASSETS SHOULD BE RECORDED IMMEDIATELY WITH THE COUNTY AUDITOR, FROM WHOM CERTIFIED COPIES MAY THEN BE OBTAINED, WHICH WILL ENABLE YOU TO PROVE THAT THE INHERITANCE TAX OBLIGATION HAS BEEN SATISFIED. (EXCEPTION: IN KING COUNTY, RECORD THE RELEASE AND INVENTORY WITH THE RECORDS SECTION, KING COUNTY ADMINISTRATION BLDG., FROM WHOM CERTIFIED COPIES MAY BE OBTAINED.)

John M. Reese, Attorney
REESE, BAFFNEY, SCHRAG & SIEGEL
707 Baker Building
Walla Walla WA 99362

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

VOL 144 PAGE 2086

BOOK 225 PAGE 427

A tract of land in the Northeast Quarter of the Southeast Quarter of Section 34, Township 2 North, Range 6 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as following:

Beginning at a point on the West line of said Government Lot 1 marked by the Northeast corner of Government Lot 2 of said Section 34; thence South 313 feet; thence North 79° East 142 feet; thence North 313 feet; thence South 79° West 142 feet to the point of beginning.

EXCEPT THE EAST 100 FEET THEREOF

Gary H. Martin, Skamania County Assessor

Date 6-18-02 Parcel # 02063414580200
HID