

149581

BOOK 247 PAGE 3

SKAMANIA CO. TITLE

11/25/03
U. Jermann

AFTER RECORDING MAIL TO:

Name Donna Green
Address P.O. Box 63
City/State Carson, WA 98610
SR 2570

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

1. AFFIDAVIT LACK OF PROBATE
- 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. HENRY MARTIN BERNYS
2. KATHRYN M. BERNYS
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. DONNA GREEN
- 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)
NW 1 SEC 20 T3N R8E

☒ Complete legal description is on page 7 of document

Assessor's Property Tax Parcel / Account Number(s): 310-35-03 03-08-20-2-0-0201-00

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

(this space for title company use only)

REAL ESTATE EXCISE TAX

23148

JUL 25 2003

PAID Wicklund
SKAMANIA COUNTY TREASURER

AFFIDAVIT **Lack of Probate**

State of Washington

County of SKAMANIA

Donna Lee Hazard Green being first duly sworn, deposes and says:

1. The undersigned affiant is the Daughter of Kathryn Bernys
(relationship to decedent) (decedent)
 who died July 3, 2002 at Mesa
(date of death) (city)
 State of Arizona, then being a legal resident of Mesa
(county) Maricopa, Arizona (city)
(state) (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:

Donna Lee Hazard Green 69 yrs Daughter Mesa AZ 85208
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

<u>James Wainwright Bernys</u> (full name)	<u>53</u> (age)	<u>Son</u> (relationship)	<u>Buckley WA</u> (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: all debts have been paid.

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 \$ 50,000. The value of all separate property of the decedent was approximately \$ 0.

7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction: There is none

BOOK 247 PAGE 4

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.

Orville Casarck, Jr.
Affiant's Full Name
5-15-2003
Date

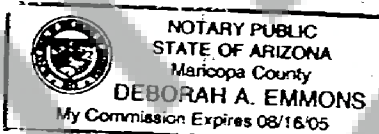
Affiant's Full Name

Date

AZ
STATE OF WASHINGTON,)
COUNTY OF Maricopa) ss.

On this day personally appeared before me Deborah A. Emmons 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 15 day of May, 2003.



Deborah A. Emmons
Notary Public in and for the State of
Washington, residing at Maricopa County
My appointment expires 8-16-2005

CERTIFICATION OF VITAL RECORD

BOOK 247 PAGE 7

STATE OF ARIZONA

ORIGINAL
STATE
COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH IN
D. 102-

TIME OF DECEASED		A FIRST		B MIDDLE		C LAST		SEX		DATE OF DEATH		MAY 1		YEAR	
1 KATHRYN		M.		BERNYS				2 FEMALE		3 JULY 3, 2002					
4 RACE AND COLOR WHITE		5 PLACE OF BIRTH MARICOPA, ARIZONA		6 PLACE OF DEATH NO		7 YES, BECAUSE MEXICAN SPANISH PUERTO RICAN CUBAN ETC.		8 AND DECEASED'S PERMANENT ADDRESS (SPECIFY YES OR NO)		9 NO		10 NO		11 NO	
12 MARICOPA		13 MESA		14 9727 E. FRITO AVE.		15 WIDOWED		16 BEAUTICIAN		17 BEAUTY		18 2 YEARS		19 12	
20 AUGUST 21, 1911		21 30		22 90		23 42		24 542-09-0370		25 85208		26 2 YEARS		27 12	
28 PORTLAND, OREGON		29 U.S.A.		30 542-09-0370		31 BEAUTICIAN		32 BEAUTY		33 2 YEARS		34 12		35 12	
36 ARIZONA		37 MARICOPA		38 MESA		39 85208		40 2 YEARS		41 12		42 12		43 12	
44 9727 E. FRITO AVE.		45 YES		46 NO		47 WASHINGTON		48 12		49 12		50 12		51 12	
52 EARL		53 MONROE		54 HANN		55 ALICE		56 WAINWRIGHT		57 MACKAY		58 901 S. 98TH ST., MESA, ARIZONA 85208		59 85208	
60 DONNA GREEN		61 3/10/2002		62 ARIZONA CREMATION SERVICES		63 MESA, AZ		64 NOT EMBALMED		65 901 S. 98TH ST., MESA, ARIZONA 85208		66 85208		67 85208	
68 PARADISE CHAPEL 3934 E. INDIAN SCHOOL RD., PHX., AZ		69 3/10/2002		70 ARIZONA CREMATION SERVICES		71 MESA, AZ		72 NOT EMBALMED		73 901 S. 98TH ST., MESA, ARIZONA 85208		74 85208		75 85208	
76 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND NO TO THE CAUSE STATED		77 SIGNATURE AND TITLE		78 DATE SIGNED		79 HOUR OF DEATH		80 APPROX 1430		81 NAME OF ATTENDING PHYSICIAN		82 NAME OF DEATH		83 PREDECEASED (DEATH DATE)	
84 NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR FUNERAL HOME EMPLOYMENT AUTHORITY		85 AUTHORIZED FOR CREMATION (SPECIFY)		86 MEDICAL EXAMINER'S SIGNATURE		87 NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR FUNERAL HOME EMPLOYMENT AUTHORITY		88 AUTHORIZED FOR CREMATION (SPECIFY)		89 MEDICAL EXAMINER'S SIGNATURE		90 NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR FUNERAL HOME EMPLOYMENT AUTHORITY		91 AUTHORIZED FOR CREMATION (SPECIFY)	
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180 NAME AND ADDRESS OF CERTIFIER, PHYS															

CERTIFIED COPY OF VITAL RECORDS August 2, 2002

STATE OF ARIZONA }
COUNTY OF MARICOPA } SS

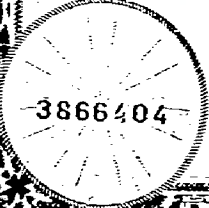
DATE ISSUED _____

This is a true and exact reproduction of the document of legally registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA, issued under the authority of A.R.S. 36-341, and by direct order of _____.

1962
for *William B. Leonard*
Jonathan B. Leonard, M.D.
County Registrar
Director, Maricopa County Department
of Public Health

This copy not valid unless prepared on engraved border displaying country seal in color and raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CERTIFICATION OF VITAL RECORD

BOOK 247 PAGE 8
STATE OF ARIZONA

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

NAME OF DECEASED HENRY MARTIN BERNYS		SEX MALE	DATE OF DEATH NOVEMBER 5, 2001
RACE WHITE	WAS DECEASED EVER IN U.S. ARMED FORCES? NO	WAS DECEASED EVER IN U.S. ARMED FORCES? YES	
PLACE OF BIRTH MARICOPA	CITY OF BIRTH PHOENIX	VA MEDICAL CENTER	
DATE OF BIRTH JANUARY 24, 1913	AGE 88	MARRIED MARRIED	SURVIVING SPOUSE KATHRYN MANN
CITY OF BIRTH POLAND	COUNTRY OF BIRTH U.S.A.	SOCIAL SECURITY NO. 069 14 3493	U.S. OCCUPATION ENGINEER
STATE OF RESIDENCE ARIZONA	COUNTY OF RESIDENCE MARICOPA	CITY OF RESIDENCE MESA	ZIP CODE 85208
STREET ADDRESS 9727 E. FRITO AVE.	PREVIOUS STATE OF RESIDENCE WASHINGTON	EDUCATION COLLEGE	HIGHEST GRADE COMPLETED 11
FATHER'S NAME JOSEPH	MOTHER'S NAME JOSEPHINE	UNKN	
VA MEDICAL CENTER RECORDS		650 E. INDIAN SCHOOL RD., PHOENIX, AZ 85012	
CREMATION		NOT EMBALMED	
PARADISE CHAPEL 3934 E. INDIAN SCHOOL RD., PHX., AZ		FEDERAL DIRECTOR OF PUBLIC HEALTH (SIGNATURE)	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE, AS STATED.		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE, AS STATED.	
DATE SIGNED NOVEMBER 6, 2001		DATE SIGNED NOV 6 2001	
NAME OF ATTENDING PHYSICIAN BRIAN LIPSON, MD		MEDICAL EXAMINER'S SIGNATURE John B. Medich, M.D.	
ANOXIC BRAIN INJURY		3 DAYS	
REMOVAL OF SUPPORTIVE CARE (AS PER WISHES OF THE FAMILY)		10 MINUTES	
MYOCARDIAL INFARCTION		UNKNOWN	
ART. 1. Cause of death (disease or condition) leading to death, but not resulting in the underlying cause, given in Part I.		ART. 2. Cause of death (disease or condition) leading to death, but not resulting in the underlying cause, given in Part I.	
MANNER OF DEATH ☐ NATURAL CAUSE ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED		WAS CASE REFERRED TO MEDICAL EXAMINER? YES	

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA
COUNTY OF MARICOPA

DATE ISSUED

December 5, 2001

3710359

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA, issued under the authority of ARS 36-341 and by direction of

John B. Medich, M.D.
County Registrar
Director, Maricopa County Department of Public Health Services



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

BOOK 247 PAGE 9

EXHIBIT "A"

A tract of land in the Northwest Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

The North 160 feet of the West 88.5 feet of the following described property:

Beginning at a point 20 feet South of the Northeast corner of the Northwest Quarter of the Northwest Quarter of said Section 20; thence West 104.5 feet; thence South 418 feet; thence East 104.5 feet, more or less, to the intersection with the East line of the Northwest Quarter of the Northwest Quarter of said Section 20; thence North 418 feet, more or less, to the point of beginning.

Gary H. Martin, Skamania County Assessor

Date 7-15-03 Parcel # 03081020020100

880