

Return to:

Re: CCT 91037DB

Document Title(s):
LACK OF PROBATE AFFIDAVIT

Reference number(s) of Documents assigned or released:

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

1. PETERSON, ALLEN JAMES (deceased)
- 2.
3. ☐ Additional names on page of document.

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

1. PETERSON, DONNA M.
- 2.
3. ☐ Additional names on page of document.

Trustee:

Legal Description (abbreviated: i.e. lot, block, plat or section, township, range):

Lot 4, SP2-144 2-5-30-1513
5-17-04 GDM

☐ Additional legal is on page of document.

Assessor's Property Tax Parcel/Account Number:

02-05-80-0-0-1513-00

☐ Additional legal is on page of document.

REAL ESTATE EXCISE TAX

23886

MAY 17 2004

PAID EXEMPT

Audrey F. Davis
SKAMANIA COUNTY TREASURER

☐ If this box is checked then the following applies:

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature of Requesting Party

**AFFIDAVIT
(Lack of Probate)**

State of Washington

County of Clark

DONNA M. PETERSON, being first duly sworn,
deposes and says:

1. The undersigned affiant is the spouse of
(relationship to decedent)

ALLEN JAMES PETERSON, who died
(decedent)

March 9, 2002, at Washougal, Washington,
(date) (city) (state)

then being a legal resident of Washougal, Skamania,
(city) (county)

Washington.
(state)

NOTE: A Death Certificate of decedent is attached hereto.

2. ☒ Decedent left no last Will; or
() Decedent left a last Will which has not been probated, and a true copy of which is attached hereto, and the same was never revoked; or
() Decedent left a last Will which was probated in _____ County, State of _____, and an authenticated copy of Order admitting Will to probate or Decree of Distribution is attached hereto.

3. The heirs at law of decedent, and their ages, relationship to decedent, and current address are as follows (including spouse, natural or adopted children, issue of any predeceased child, and surviving parents, brothers and sisters of decedent):

HEIRS AT LAW

<u>Donna M. Peterson</u> (full name)	<u>55</u> (age)	<u>spouse</u> (relation)	<u>3305 1st WASHOUGAL WA</u> (address, city, state)
_____ (full name)	_____ (age)	_____ (relation)	_____ (address, city, state)
_____ (full name)	_____ (age)	_____ (relation)	_____ (address, city, state)
_____ (full name)	_____ (age)	_____ (relation)	_____ (address, city, state)
_____ (full name)	_____ (age)	_____ (relation)	_____ (address, city, state)

☐ See back of this paper for additional name(s) ☐ See attached paper for additional name(s)

4. All the debts of the decedent and/or the marital community, including, but not limited to, all Expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession of inheritance taxes, have been fully paid, except as follows:

AFFIDAVIT - Lack of Probate
Page 2

5. The decedent () has ~~has~~ never received assistance from the State of Washington for subsistence or medical care (Medicaid/Welfare) in the past.
6. As of the date of death, the value of all community property of decedent was approximately \$ \$240,000.00, and the value of separate property was approximately \$ \$120,000.00.
7. This affidavit is made to induce CLARK COUNTY TITLE COMPANY to issue its policies of title insurance on real property passing to the surviving heir(s) in reliance upon the representations hereinabove set forth

NOTE: Deeds may be required from heirs and devisees of decedent.

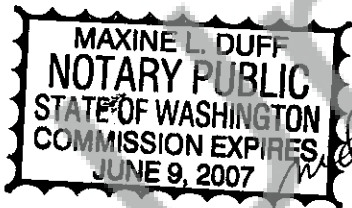
Dated: 5/12/04

Omna M Petersen
Affiant's Full Name

3305 A T Street
Complete Address

835 5122
Phone Number

Subscribed and sworn to before me this 12th day of May 2004.



Maxine L. Duff

Notary in and for the State of Washington
Residing in Vancouver
My commission expires: 6.9.2007

STATE OF WASHINGTON DEPARTMENT OF HEALTH



This is to certify that this is a true and exact copy of the original document.

TYPE OR PRINT IN PERMANENT BLACK INK

9
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146
OFFICER

STATE FILE NUMBER

1. NAME First: Allen Middle: James Last: Peterson				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) 03-09-2002		
4. AGE LAST BIRTH-DAY (Yrs) 58		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		7. BIRTHDATE (Mo, Day, Yr) 02-21-1944		8. BIRTHPLACE (City, State or Foreign Country) Grand Forks, ND		
11. CITY, TOWN OR LOCATION OF DEATH Washougal				12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 101 Taylor Road			13. COUNTY OF DEATH Skamania	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Donna Moon Peterson		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 10 College (1-4 or 5+):		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Paper Maker		19. KIND OF BUSINESS OR INDUSTRY Pulp/Paper Industry		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White		
22. RESIDENCE — NUMBER AND STREET 101 Taylor Road		23. CITY/TOWN, OR LOCATION Washougal		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skamania		
				25B. LENGTH OF RES. IN CO. 17 yrs		26. STATE WA		
						27. ZIP CODE 98671		
28. FATHER'S NAME — FIRST, MIDDLE, LAST Orval Charlie Peterson				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Pearl Marian Eider				
30. INFORMANT — NAME Donna Peterson		31. MAILING ADDRESS STREET OR RFD NO. 101 Taylor Road CITY OR TOWN Washougal, WA STATE WA ZIP 98671						
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 03-13-2002		34. CEMETERY/CREMATORY — NAME Oregon Crematory		35. LOCATION — CITY/TOWN, STATE Portland, Oregon		
36. FUNERAL DIRECTOR SIGNATURE x Richard C. Hansen		37. NAME OF FACILITY Autumn Funerals & Cremations		38. ADDRESS OF FACILITY 12639 SW Winterview Drive Tigard, OR 97224-0701				
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
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 Kathryn S. Kolibaba MD				43. 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				
40. DATE SIGNED (Mo, Day, Yr) 3-12-2002		41. HOUR OF DEATH (24 Hrs) 1831		44. DATE SIGNED (Mo, Day, Yr)		45. HOUR OF DEATH (24 Hrs)		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)		
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Kate Kolibaba, MD 210 SE 136th Avenue Vancouver, WA 98684-6930				49. ME/CORONER FILE NUMBER				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:								
IMMEDIATE CAUSE (Final disease or condition resulting in death). Metastatic osteogenic sarcoma		A. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH 7 months		
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:						52. AUTOPSY? (Yes / No) No		
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No								
54. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:		
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE				
61. RECORD AMENDMENT (Registrar use only) ITEM: DOCUMENTARY EVIDENCE REVIEWED BY: DATE:		62. REGISTRAR SIGNATURE x Kathryn S. Kolibaba MD		63. DATE RECEIVED (Mo, Day, Yr) 3/19/02 DOH 01-003 (5/99)				

Page 4 of 4
DOC # 200415297