

Doc # 2004153785

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Date: 07/21/2004 04:38P

Filed by: CLARK COUNTY TITLE

Filed & Recorded in Official Records
of SKAMANIA COUNTY

J. MICHAEL GARVISON

AUDITOR

Fee: \$23.00

RETURN ADDRESS

Clark County Title
700 NE 4th Ave #201
Camas, WA 98607

REAL ESTATE EXCISE TAX

24075

JUL 21 2004

PAID

EXEMPT

Shirley F. Smith

SKAMANIA COUNTY TREASURER

95420-WT
Please print neatly or type information
Document Title(s)

Affidavit of Lack of Probate

Reference Numbers(s) of related documents:

Additional Reference #'s on page ____

Grantor(s) (Last, First and Middle Initial)

Madden, Myrna A

Additional grantors on page ____

Grantee(s) (Last, First and Middle Initial)

Madden, Olive E

Additional grantees on page ____

Legal Description (abbreviated form; i.e. lot, block, plat or section, township, range, quarter/quarter)

Abb. #900, Sec 27, Twn 2 N, Rng 5E

Additional legal is on page ____

Assessor's Property Tax Parcel/Account Number

02-05-27-0-0-0900-00

Additional parcel #'s on page ____

The Auditor/Recorder will rely on the information provided on this 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 Clark

Olive E. Madden, being first duly sworn,
deposes and says:

1. The undersigned affiant is the wife of
(relationship to decedent)
Myrno A. Madden, who died
(decedent)
May 23, 1999, at Washougal, WA
(date) (city) (state)
then being a legal resident of Washougal, Clark
(city) (county)
WA
(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>Jerry Myrno Madden</u> (full name)	<u>8/18/42</u> (age)	<u>son</u> (relation)	_____ (address, city, state)
<u>Daryl Edward Madden</u> (full name)	<u>10/8/47</u> (age)	<u>son</u> (relation)	_____ (address, city, state)
<u>Ronald D. Madden</u> (full name)	<u>3/10/50</u> (age)	<u>son</u> (relation)	_____ (address, city, state)
<u>Janette Gayle Cejka</u> (full name)	<u>1/15/55</u> (age)	<u>daughter</u> (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
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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 \$ _____, and the value of separate property was approximately \$ _____.
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: June 17th 2004

Olive E. Madden
Affiant's Full Name Olive E. Madden
3400 SE 34th St., Washougal, WA 98671
Complete Address
360-835-2020
Phone Number

Subscribed and sworn to before me this 17th day of June 2004.



Wendy Sattler
Wendy Sattler
Notary in and for the State of Washington
Residing in St. Helens, OR
My commission expires: 8/18/07

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health
CERTIFICATE OF DEATH

LOCAL FILE NUMBER: **827** STATE FILE NUMBER: **146**

1. NAME Myrno Arthur MADDEN		2. SEX (M/F) Male	3. DEATH DATE (Mo, Day, Yr) May 23, 1999
4. AGE LAST BIRTHDAY 80	5. UNDER 1 YEAR 80	6. BIRTHPLACE (City, State or Foreign Country) Lone Rock, OR	7. BIRTH DATE (Mo, Day, Yr) 8/20/1918
8. PLACE OF DEATH—IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 34004 SE 34th St.		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes	
10. CITY, TOWN OR LOCATION OF DEATH Washougal		11. ZIP CODE 98671	
12. SURVIVORS (Spouse if any, give name and age) Married Olive Elizabeth Bartram		13. SOCIAL SECURITY NO. 544-10-6795	
14. MARRIAGE STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. OCCIDENTAL EDUCATION (Specify may include grade completed) College (1-4 or 5+)	
16. KIND OF BUSINESS OR INDUSTRY Chemist		17. RACE (Specify) White	
18. CITY/TOWN OR LOCATION Washougal		19. COUNTY Clark	
20. LENGTH OF RES. IN CO. 50 Yrs		21. STATE WA	
22. ZIP CODE 98671		23. FATHER'S NAME—FIRST, MIDDLE, LAST John Madden	
24. MOTHER'S NAME—FIRST, MIDDLE, LAST Alcy Jane Robinson		25. ADDRESS—CITY/TOWN, STATE, ZIP Washougal WA 98671	
26. DATE OF DEATH (Mo, Day, Yr) 5/23/1999		27. TIME OF DEATH (Mo, Day, Yr) 1030	
28. NAME AND ADDRESS OF CERTIFIED PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) David Smith, M.D. 8614 Hill Plain Blvd Suite 300, Vancouver, WA 98664		29. MEDICORNER FILE NUMBER	
30. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
31. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		32. AUTOPSY? (Yes/No) No	
33. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes		34. DATE RECEIVED (Mo, Day, Yr) MAY 25 1999	

TO BE USED ONLY IN CONNECTION WITH CLAIM PENDING BEFORE THE VETERAN'S ADMINISTRATION

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Exhibit A

The Northerly 110 feet of the East half of the East half of the Southeast Quarter of Section 27, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington, and that portion of the East half of the East half of the Northeast quarter of said Section, described as follows, that lies West of the old Washougal River Road.

BEGINNING at a point 20 feet South of the quarter corner common to Sections 26 and 27, Township 2 North, Range 5 East, Willamette Meridian, Skamania County, Washington; thence North along said Section line a distance of 162.3 feet; thence North $51^{\circ}21'$ West a distance of 119.8 feet; thence North $62^{\circ}20'$ West a distance of 180.2 feet; thence North $32^{\circ}18'$ East a distance of 170.0 feet; thence North $00^{\circ}16'$ East a distance of 210.5 feet; thence North $12^{\circ}02'$ West a distance of 199.8 feet; thence North $00^{\circ}32'$ West a distance of 201.0 feet; thence North $21^{\circ}06'$ East a distance of 200.0 feet; thence North $10^{\circ}05'$ East a distance of 1110.3 feet; thence North $04^{\circ}16'$ West a distance of 144.3 feet; thence North $30^{\circ}03'$ East a distance of 170.0 feet; thence North $20^{\circ}01'$ East a distance of 134.3 feet; thence due North a distance of 343.0 feet; thence North $40^{\circ}06'$ West a distance of 245.1 feet; thence North $22^{\circ}16'$ East a distance of 150.6 feet; thence North $15^{\circ}16'$ West a distance of 90.6 feet, more or less, said point being the intersection of the West right of way line of the Washougal River Road and the North Section line of Section 27, Township 2 North, Range 5 East Willamette Meridian, and is 118.2 feet West of the Northeast corner of the above Section; thence due West a distance of 541.8 feet; thence due South a distance of 2660.0 feet; thence due East a distance of 660 feet to the True Point of Beginning.

EXCEPT any portion lying Westerly or within the new Washougal River Road.

Gary H. Martin, Skamania County Assessor

Date 7/21/04 Parcel # 02 07 27 000 900 00

SLD