

Doc # 2004153851
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Date: 07/27/2004 11:20A
Filed by: ROBIN ORTEGA
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$27.00

360-735-7171

Return Address:

Robin Ortega
2909 Q Street
Vancouver, WA. 98663

Document Title(s) or transactions contained herein: Affidavit (Lack of Probate)	
GRANTOR(S) (Last name, first name, middle initial) Hollenbeck, Leonard Leonard R	REAL ESTATE EXCISE TAX 24087 JUL 27 2004 PAID <u>CLLHP</u> Vicki Clelland SKAMANIA COUNTY TREASURER
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial) Hollenbeck, Terrence	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) Northwoods, Cabin # 76	
<input type="checkbox"/> Complete legal on page _____ of document.	
REFERENCE NUMBER(S) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 96-000076 280 7-27-04	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel numbers on page _____ of document.	
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.	

TERRY

Escrow Number:

**AFFIDAVIT
(Lack of Probate)**

State of Washington

County of SKAMANIA

)
) ss.
)

Leonard Hellenbeck

, being first duly sworn, deposes and says:

SON OF LEONARD HELLENBECK

1. The undersigned affiant is the son of, who died 12/12/1995 at, then being a legal resident of BATTLE GROUND WA, County of CLATSOP.
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

Leonard Hellenbeck Brother 14 Northman
(Full Name) (Age) (Relationship) (Full Address)
COUGAN WA 98616

(Full Name)	(Age)	(Relationship)	(Full Address)

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 or inheritance taxes, have been fully paid, except as follows:
5. As of the date of death, the value of all community property of decedent was approximately \$ _____, and the value of separate property was approximately \$ 20,000.
6. This affidavit is made to induce STEWART TITLE OF WESTERN WASHINGTON hereinafter called "STEWART", to insure title to real property described under the above order number, in which decedent had an interest at the time of his or her death, and STEWART may issue its policy or policies in full reliance on the representations herein made. Affiant does hereby indemnify and agree to hold STEWART harmless by reason of so insuring in reliance on these representations.

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page 1

NOTE: A request to so insure must come from an attorney, and deeds may be required from heirs or devisees of decedent.

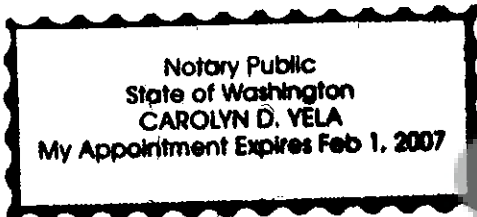
Dated: May

Witness 7/1/04

14 Northwood
(Address)
360-269-8380
(Phone Number)

Subscribed and sworn to before me this 11th day of May, 2004.

Name: Carolyn D. Yela
Notary Public in and for the State of Washington
Residing in: Skamania County
My appointment expires: 2/01/07



Gary H. Martin, Skamania County Assessor

Date 2-22-04 Parcel # 96-000074

COUNTY OF ORANGE

HEALTH CARE AGENCY

1719 W. 17TH STREET • SANTA ANA, CALIFORNIA 92706

CERTIFICATE OF DEATH

3-95-30-014294

STATE FILE NUMBER		USE BLACK INK ONLY/NO BRUSHES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 7/83)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST KEYING LEONARD		2. MIDDLE J.		3. LAST (FAMILY) HOLLENBECK			
4. DATE OF BIRTH MM/DD/CCYY 08/28/1927		5. AGE YRS. 68		6. SEX MALE		7. DATE OF DEATH MM/DD/CCYY 12/10/1995	
8. STATE OF BIRTH KS		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE 19 [REDACTED] TO 19 [REDACTED]		12. MARITAL STATUS MARRIED	
14. RACE WHITE		15. EMPLOYER—SPOUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER OREGON STEEL MILLS		13. EDUCATION—YEARS COMPLETED 16	
17. OCCUPATION MAINTENANCE SUPERVISOR		18. KIND OF BUSINESS STEEL MFG.		19. YEARS IN OCCUPATION 22			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 27120 N.E. 105TH AVE.							
21. CITY BATTLE GROUND		22. COUNTY CLARK		23. ZIP CODE 98604		24. TRS IN COUNTY 2	
25. STATE OR FOREIGN COUNTRY WA							
26. NAME, RELATIONSHIP TERRY HOLLENBECK, SON							
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 27120 N.E. 105TH AVE. BATTLE GROUND, WA 98604							
28. NAME OF SURVIVING SPOUSE—FIRST JULIA		29. MIDDLE [REDACTED]		30. LAST (MARRIED NAME) CUNNINGHAM			
31. NAME OF FATHER—FIRST LEONARD		32. MIDDLE R.		33. LAST HOLLENBECK		34. BIRTH STATE KS	
35. NAME OF MOTHER—FIRST CARRIE		36. MIDDLE ELLEN		37. LAST (MARRIED) ILES		38. BIRTH STATE UNK	
39. DATE MM/DD/CCYY 12/12/1995		40. PLACE OF FINAL DISPOSITION TERRY HOLLENBECK RESIDENCE 27120 N.E. 105TH AVE. BATTLE GROUND, WA 98604					
41. TYPE OF DISPOSITION TR/CR/RES		42. SIGNATURE OF REGISTRAR <i>[Signature]</i>				43. LICENSE NO. EMB 7903	
44. NAME OF FUNERAL DIRECTOR FERRARA COLONIAL MORTUARY		45. LICENSE NO. FD 1164		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE MM/DD/CCYY 12/12/1995	
101. PLACE OF DEATH UCI MEDICAL CENTER		102. HOSPITAL, SPECIFY ONE <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> NURS. <input type="checkbox"/> HOME <input type="checkbox"/> OTHER		104. COUNTY ORANGE	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 101 CITY DRIVE SOUTH		106. CITY ORANGE					
107. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) CARDIOPULMONARY ARREST		TIME INTERVAL BETWEEN ONSET AND DEATH MINUTES		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
OUR TO (B) CORONARY ARTERY DISEASE		YEARS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
OUR TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
OUR TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SPACE DECEDENT LAST SEEN ALIVE MM/DD/CCYY MM/DD/CCYY 12/10/1995 12/10/1995		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. 1048051		117. DATE MM/DD/CCYY 12/11/1995	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS • ZIP MUSTAFA SULEIMAN, M.D. 101 CITY DRIVE SOUTH, ORANGE, CA 92668		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS • ZIP [REDACTED]					
120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY [REDACTED]		122. HOUR [REDACTED]		123. PLACE OF INJURY [REDACTED]	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) [REDACTED]							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) [REDACTED]							
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		127. DATE MM/DD/CCYY [REDACTED]		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER [REDACTED]			
STATE REGISTRAR		A		B		C	
		D		E		F	
		G		H		FAX AUTH. #	
						CENSUS TRACT	

88520

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF ORANGE

DATE ISSUED

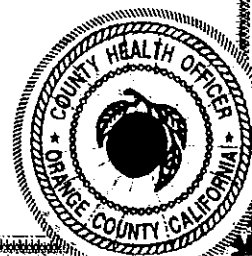
12/12/1995

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

[Signature]
HUGH F. STALLWORTH, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

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**LAST WILL AND TESTAMENT
OF**

LEONARD J. HOLLENBECK

I, LEONARD J. HOLLENBECK, of Clark County, Washington, currently residing at 27120 NE 105th Avenue, Battle Ground, 98604, being over the age of majority, of sound and disposing mind and memory, and not acting under any duress, menace, fraud or undue influence, do make, publish and declare this to be my Last Will and Testament, hereby annulling, canceling and revoking any and all former wills and codicils thereto made by me at any time.

ARTICLE I. GENERAL MATTERS AND INFORMATION

Section 1. Family. I am a married man and my family consists of my wife, Julia E. Hollenbeck, and our two children, Timothy D. Hollenbeck and Terrance H. Hollenbeck, both of whom are over the age of majority. I have no other children, either natural or adopted. My wife is suffering from Alzheimer's Disease and I have been appointed guardian of her person and estate. Except as provided herein, I make no provision in this will for any child who survives me, whether named herein or hereafter born or adopted, nor for the descendants of any child who does not survive me.

Section 2. Payment of Debts and Taxes.

A. 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 personal representative as soon after my death as is practicable; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

B. My personal representative shall pay all estate, inheritance and succession taxes assessed by reason of my death, whether attributable to property passing under this will or outside it, from the residue of my estate disposed of by this will. I waive for my estate all rights of reimbursement from the beneficiaries for any such payments.

C. All fees, expenses, costs, charges and other amounts payable in connection with the administration of my estate shall be paid from the residue of my estate.

Section 3. Social Security Number. My Social Security number is 515-12-2018.

Testator's Initials LH

1

Date 7-11-95

ARTICLE II. PERSONAL REPRESENTATIVE

Section 1. Appointment. I hereby appoint my son, Terrance H. Hollenbeck, as my personal representative to administer this my Last Will and Testament, if he survives me. In the event Terrance H. Hollenbeck fails to survive me, I hereby appoint my son, Timothy D. Hollenbeck to act as my personal representative.

Section 2. Court Intervention. I direct that my estate be settled in the manner provided for in this will without the intervention of any court or courts insofar as may be conformable to law.

Section 3. Powers. Without limiting the generality of the foregoing, my personal representative or the successor or substitute shall, in carrying out the provisions of this will, and in otherwise administering my estate, have full and plenary power, authority and discretion without court authorization, confirmation or intervention to do all that may to him seem necessary or desirable in managing, conserving and distributing the assets of my estate during the administration thereof.

Section 4. Bond. I direct that no bond be required of my personal representative or the successor or substitute in this or in any other jurisdiction.

ARTICLE III. DISPOSITION OF PROPERTY

Section 1. Specific Bequests.

A. Pursuant to the provisions of RCW 11.12.260, I may in the future execute a writing disposing of part or all of my tangible personal property. In the event I do execute such a writing, I intend the provisions of such writing, and any amendments thereto, to govern the disposition of the personal property described in such writing, notwithstanding that I may have provided for the disposition of my estate otherwise herein.

B. I hereby acknowledge that at the time of the execution of this, my Last Will and Testament, the title to my home located in Battle Ground, Clark County, Washington, is held jointly in my name, individually and as guardian for Julia A. Hollenbeck, and Terrance H. Hollenbeck and Eunice M. Hollenbeck, husband and wife, with the right of survivorship. I further give, devise and bequeath my interest in said real property to Terrance H. Hollenbeck and Eunice M. Hollenbeck, in equal shares, share and share alike. If either Terrance or Eunice fails to survive me, then my entire interest shall be distributed to the survivor thereof.

Testator's Initials John

Date 7-11-95

C. I hereby give, devise and bequeath any and all interest I may have at the time of my death in and to that certain property known as the "Northwoods Cabin" to Leo Harrington and Loretta Harrington, jointly, or to the survivor of them.

Section 2. Residuary Bequests.

A. In the event my wife survives me by sixty (60) days, I hereby give, devise and bequeath all of the property (except that property disposed of under the provisions of Section 1 of this Article III) which I may own, in whole or in part, or to which I may be entitled at the time of my death, real, personal and mixed, and wherever situated, including therein all property with respect to which I may then have any power of appointment, to the Trustee of The Julia E. Hollenbeck Trust dated April 15, 1988, to be added to and merged with the trust property and held, administered and distributed by my Trustee subject to and in accordance with the terms and provisions of said Trust Agreement.

B. In the event my wife fails to survive me by sixty (60) days, I hereby give, devise and bequeath all of the property (except that property disposed of under the provisions of Section 1 of this Article III) which I may own, in whole or in part, or to which I may be entitled at the time of my death, real, personal and mixed, and wherever situated, including therein all property with respect to which I may then have any power of appointment, to the Trustee of The Leonard J. Hollenbeck Trust dated April 15, 1988, to be added to and merged with the trust property and held, administered and distributed by my Trustee subject to and in accordance with the terms and provisions of said Trust Agreement.

ARTICLE IV. DEFINITIONS

A. All references to "children" shall include adopted children and shall also include children born or adopted hereafter.

B. Unless some other meaning and intent is apparent from the context, the plurals shall include the singular and vice versa, and masculine, feminine and neuter words shall be used interchangeably.

C. Where a distribution is to be made to a person's issue by right of representation, the person's descendants in the nearest generation having representatives living at the time of the distribution shall be treated as the original stocks, and a further subdivision shall be made at each succeeding generation.

ARTICLE V. SEVERABILITY

If a court of competent jurisdiction rules invalid or

Testator's Initials LSH

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Date 2-11-95

unenforceable any of the provisions hereof, such provisions shall be disregarded, but the remainder of this instrument shall nevertheless be given full force and effect.

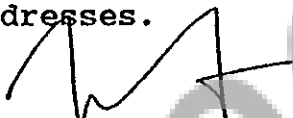
ARTICLE VI. GOVERNING LAW

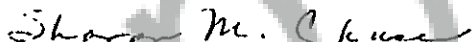
Any questions of law regarding the execution of this Will or its effect shall be determined in accordance with the laws of the State of Washington.

IN WITNESS WHEREOF, I have hereto set my hand this 11 day of July, 1995.


Leonard J. Hollenbeck, Testator

The foregoing instrument, consisting of five (5) pages, including the attached Request of Testator and Affidavit for Proof of Will, was on this 11 day of July, 1995, signed by Leonard J. Hollenbeck, and declared by him to be his Last Will and Testament, in the presence of us, the undersigned, who, at his request and in his presence and in the presence of each other, and believing him to be of sound and disposing mind and memory, and not acting under any duress, menace, fraud or undue influence, have subscribed our names as witnesses to such Last Will and Testament, together with our addresses.


Address: 1010 Washington Street
Vancouver, WA


Address: 1010 Washington Street
Vancouver, WA

REQUEST OF TESTATOR FOR AFFIDAVIT FOR PROOF OF WILL

I, the testator named above, on this date hereby request that the attesting witnesses to my Last Will and Testament make an affidavit before a Notary Public stating such facts as they would be required to testify to in court in order to prove my will and have it admitted to probate.


Leonard J. Hollenbeck

AFFIDAVIT OF ATTESTING WITNESSES

STATE OF WASHINGTON)
 : ss.
County of Clark)

The undersigned, of lawful age and competent to testify, being

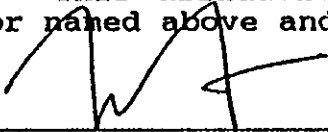
first duly and separately sworn, state as follows:

1. The above Last Will and Testament of Leonard J. Hollenbeck, and his request for Affidavit for Proof of Will were signed and executed by the testator in our presence.

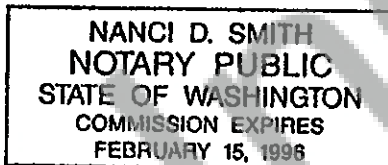
2. The testator published the instrument as, and declared it to be his Last Will and Testament and requested us to sign the same as witnesses. At the request and in the presence of the testator and in the presence of each other, the other witness and I subscribed our names as witnesses thereto.

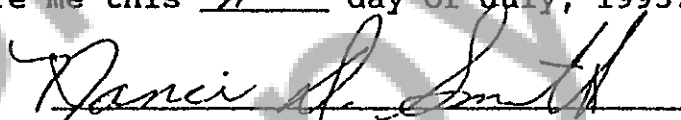
3. At the time of executing the document, testator and witnesses were of the age of majority, and the testator appeared to be of sound and disposing mind and memory and not acting under any duress, menace, fraud, undue influence or misrepresentation.

4. This affidavit is made pursuant to the request of the testator named above and is made to comply with RCW 11.20.020.

 Sharon M. Chase

Signed and sworn to before me this 11th day of July, 1995.




Nanci D. Smith
Notary Public
My appointment expires 2-15-96

FOLEY & HAGENSEN

THOMAS J. FOLEY

Attorney at Law

1010 Washington Street, Suite 220

Post Office Box 609

Vancouver, Washington 98666-0609

Telephone: (360) 696-8990

(503) 223-9006

Fax: (360) 696-9641

Testator's Initials LFH

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Date 11 July