

Doc # 2004155196
Page 1 of 12
Date: 11/15/2004 01:45P
Filed by: RICHARD HUGH MILLER
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$30.00

AFTER RECORDING MAIL TO:

Name Richard Hugh Miller
Address 131 Sooter Rd.
City / State Cle Elum, WA 98659

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. Miller Marie A
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. Miller Richard H.
- 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)

Sec 22, T3N, R10E
LOT 4 Sooter Tracts

☒ Complete legal description is on page 12 of document

Assessor's Property Tax Parcel / Account Number(s):

03-10-22-14-11006.5.
11/15/04

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.



REAL ESTATE EXCISE TAX

24436

NOV 15 2004

PAID

exempt

Vickie Chelland
SKAMANIA COUNTY TREASURER

**AFFIDAVIT
Lack of Probate**

State of Washington

County of _____

Richard Hugh Miller, being first duly sworn, deposes and says:

1. The undersigned affiant is the Husband of Marcie Ann
Miller, who died July 14, 04, at Portland
State of Oregon, then being a legal resident of Underwood
Skamania, Washington
(county) (state) (city)

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:

Richard H. Miller 64 Husband 131 Soter Rd.
(full name) (age) (relationship) (residence)
Underwood, WA 99611

HEIRS AT LAW (continued)

<u>Michele Ann Miller</u> (full name)	<u>34</u> (age)	<u>daughter</u> (relationship)	<u>706 N 12 116th Ave Renton WA 98050</u> (residence)
<u>Amy Nicole Miller</u> (full name)	<u>30</u> (age)	<u>daughter</u> (relationship)	<u>1441 W 8th Childs Rd White Salmon WA 98672</u> (residence)
_____ (full name)	_____ (age)	_____ (relationship)	_____ (residence)
_____ (full name)	_____ (age)	_____ (relationship)	_____ (residence)

(attach additional page for additional names)

- 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:
None
- 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.
- As of the date of death, the value of all community property of the decedent was approximately \$ 187,100.00. The value of all separate property of the decedent was approximately \$ 187,000.00.
- Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:
None

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.

Richard H Miller
Affiant's Full Name

11-15-04
Date

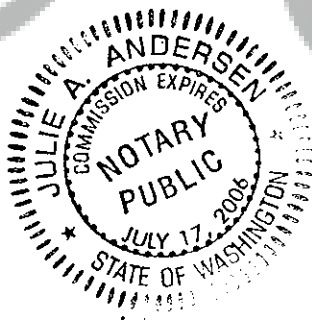
Affiant's Full Name

Date

STATE OF WASHINGTON, }
COUNTY OF Skamania } ss.

On this day personally appeared before me Richard H Miller to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that He signed the same as His free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 15 day of November, 2004



Julie A Andersen
Notary Public in and for the State of WA
Washington, residing at Carson
My appointment expires 7-17-2006

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

399622
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

Local File Number

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

15

16

17

CAUSE OF
DEATH

18

19

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21

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34

1. DECEDENT'S NAME Marcie Ann MILLER		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) July 14, 2004
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE-Last Birthday (Years) 59	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Pine City, MN		7. DATE OF BIRTH (Month, Day, Year) Sept. 21, 1944	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
10. FACILITY NAME (If not institution, give street and number) Providence Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Portland	
12. COUNTY OF DEATH Multnomah		13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Reservationist	
14. KIND OF BUSINESS/INDUSTRY Airlines		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
16. SPOUSE (If Married, Widowed, Divorced) Richard H. Miller		17. STREET AND NUMBER 131 Sooter Road	
18a. RESIDENCE - STATE Washington	18b. COUNTY Skamania	18c. CITY, TOWN OR LOCATION Underwood	18d. STREET AND NUMBER 131 Sooter Road
19. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20. ZIP CODE 98651	21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
22. RACE American Indian, Black, White, etc. (Specify) White		23. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5) 2	
24. FATHER - NAME first middle last Guy Eccles		25. MOTHER - NAME first middle maiden Dora Ellison	
26. INFORMANT - NAME and relationship to decedent Richard Miller - Husband		27. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State	
28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Columbia River Crematory		29. LOCATION - City or Town, State White Salmon, WA	
30. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		31. OREGON LICENSE NO. (CV License) 3490	32. NAME, ADDRESS AND ZIP OF FACILITY Gardner Funeral Home POB 390 White Salmon, WA 98672
33. DATE FILED (Month, Day, Year) JUL 20 2004		34. REGISTRAR SIGNATURE <i>[Signature]</i>	
RESERVED FOR REGISTRAR'S USE			
35. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
36. TIME OF DEATH 9:44 A.M.		37. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		39. DATE SIGNED (Month, Day, Year) 7, 19, 2004	
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Charles E. Chambers, M.D. 810 13th St. Hood River, OR 97031		41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
42. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.			
PART (a) Ischemic ventriculoseptal defect		Interval between onset and death Days	
PART (b) Myocardial infarction		Interval between onset and death Days	
PART (c) Ischemic heart disease		Interval between onset and death Months	
43. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
44. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		45. AUTOPSY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
46. If YES new findings contrib. in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		47. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Manner <input type="checkbox"/> Homicide <input type="checkbox"/> Legal intervention <input type="checkbox"/> Other	
48a. DATE OF INJURY (Month, Day, Year)	48b. TIME OF INJURY	48c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
48d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		48e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
RESERVED FOR REGISTRAR'S USE			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED:

JUL 20 2004

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Lila Wickham RN MS
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

DOC # 2004155196
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LAST WILL AND TESTAMENT

OF

MARCIE A. MILLER

KNOW ALL MEN BY THESE PRESENTS:

That I, Marcie A. Miller, of Underwood, Skamania County, Washington, being of sound and disposing mind and memory and not acting under menace, fraud, duress or the undue influence of any person or persons, but realizing the uncertainties of life, do make, publish and declare this to be my Last Will and Testament, revoking all other Wills and Codicils thereto by me at any time made.

ARTICLE I

I declare that Richard H. Miller is my husband and that we have as issue of our marriage two children, namely: Michele A. Miller, born December 30, 1969; and Amy N. Miller, born March 13, 1973, of whom I speak when I speak of my children.

ARTICLE II

I direct that all my just debts for which proper claims are filed against my estate and the expense of my last illness and funeral be paid by my executor/executrix hereinafter named as soon after my death as convenient; provided, however, that this direction shall not authorize the payment of any debt or obligation prior to its maturity in due course.

ARTICLE III

For the purpose of this Will, no person shall be deemed to have survived me if he or she dies within sixty (60) days of my death.

ARTICLE IV

I make no bequest, gift or devise to my children named in paragraph FIRST, or to any other child or children hereafter born to or adopted by me or to children of deceased children except as hereinafter stated, knowing their father will amply provide for them.

ARTICLE V

I give, devise and bequeath to my husband, Richar H. Miller, if he survives me, all of my estate of whatever nature and wheresoever situated.

ARTICLE VI

In the event I am not survived by my said husband, Richard H. Miller, and only in that event, I give and devise all the rest, residue and remainder of my estate, of whatsoever nature, and wheresoever situated, to my Trustee hereinafter named, IN TRUST, to hold, manage, invest and reinvest on the following terms:

A. Until such time as my youngest child then surviving shall have reached the age of twenty-five (25) years, my Trustee shall administer this Trust Estate as a single trust, and shall make to each of my surviving children such distribution out of the income from this Trust Estate as my Trustee, in his or her sole judgment and discretion, deems necessary to accomplish the primary uses and purposes hereof.

Without otherwise limiting the generality of the foregoing, my Trustee shall be guided by the following directions in making distributions during this period:

- (1) Without in any way limiting the discretions here invested in my Trustee, I record my intention that my surviving children shall be supported in as reasonable comfort as may be permitted by the resources at their disposal, and insofar as possible, providing them with physical needs, education, travel, automobiles, a good wedding, and, if appropriate, a down payment on a house, with physical needs and an education for each of my children having first priority.
- (2) My Trustee shall have unrestricted discretionary power to use, expend or apply for the direct or indirect benefit of any beneficiary hereunder part or parts or all of the principal and interest of the entire trust fund which he in his sole and uncontrolled discretion shall deem wise and safely consistent with the future protection of the beneficiaries hereunder.

(3) In effecting the primary purposes of this Trust, my Trustee is authorized to pay more to one beneficiary than to another or others during any given period in order to meet an emergency, for educational purposes, or for any other purpose which my Trustee in his sole judgement and discretion shall deem proper and justifiable. In exercising his judgement and discretion under this subparagraph (3), my Trustee shall give due consideration to the age, condition of health, talents and probable future needs of all beneficiaries having an interest in this Trust.

(4) When my youngest child, who shall live to do so, shall have reached the age of twenty-five (25) years, my Trustee shall divide the assets of this Trust as they then exist into equal shares for the benefit of each of my children who is then living, or children of deceased children, per stirpes, and shall forthwith distribute the assets of this trust, share and share alike, to each of said children or children of deceased children.

B. Trustee's Powers. In addition to and not in limitation of the powers elsewhere set forth in this instrument, the Trustee shall have full power: to hold and operate so long as the Trustee deems advisable any property, including the family residence, solely at the risk of the Trust Estate; to determine what is income and principal; to pay such expenses, costs and taxes, if any, deemed by him to be lawfully chargeable to the Trust Estate, as well as to reimburse himself for reasonable compensation for expenses incurred in administering this Trust Estate; to apportion all such charges between income and principal as he deems appropriate; to exercise all powers granted by law; and without limiting the generality of the foregoing, to invest and reinvest in accordance with the Prudent Man Rule as set forth at this date in the laws of the State of Washington, and to have all the rights and powers established by the Washington Trust Act and all future amendments to such Act and notwithstanding any subsequent repeal of said Act.

C. Trustee's Discretion. Unless specifically limited, all judgements, decisions, action and discretions conferred hereunder upon the Trustee shall be absolute and conclusive on all persons.

ARTICLE VII

In the event I am not survived by my husband or any children or their issue, and only in that event, I leave my estate to my nieces and nephews, and my husband's nieces and nephews who survive me, share and share alike. My husband's nieces and nephews are the

surviving children of my husband's sister, Carma Swaney of Ocean Shores, Washington, and my nieces and nephews are the surviving children of my brothers, Ronnie Eccles, of Underwood, Washington; Jerry Eccles, of Bingen, Washington; and Stanley Eccles, of Underwood, Washington.

ARTICLE VIII

I hereby nominate and appoint my husband, Richard H. Miller, as executor of this my Last Will and Testament and I direct that he shall serve as such without bond or other undertaking being required of him and without the intervention of any court. In the event my said husband fails or refuses or for any reason is incapable of acting in such trust, then I nominate and appoint Michele A. Miller, my daughter, or if she be unwilling or unable to serve then I appoint my daughter Amy N. Miller, also without bond and without court intervention.

ARTICLE IX

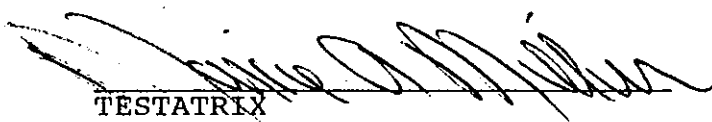
I further direct that my estate be settled without the intervention of any court, except to the extent required by law, and that my executor settle my estate in such manner as he shall deem best and most convenient; and I hereby empower my executor to mortgage, lease, sell, exchange and convey the personal and real property in my estate without an order of court for that purpose, and without notice, approval or confirmation, and in all other respects to administer and settle my estate without the intervention of court.

ARTICLE X

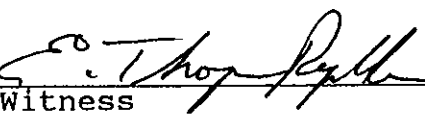
I hereby nominate and appoint Michele Miller as Trustee under the Trust for which provisions are made in this, my Last Will and Testament.


Whenever the word "Trustee" or any reference thereto is used in the singular in Article VI hereto, it means the Trustee or Trustees as may be acting from time to time whether singular or plural.

In Witness Whereof, I have hereunto set my hand to the five pages constituting this my Last Will and Testament this 7th day of December 1994.


TESTATRIX

The foregoing instrument, consisting of five pages, including this, was at the date thereof by Marcie A. Miller, the testatrix named therein, signed, sealed and published as and declared by her to be her Last Will and Testament, in the presence of us, who at her request and in her presence, and in the presence of each other, and who being of the opinion that she at the time of executing this Will was of sound and disposing mind and memory and was not acting under duress, menace, fraud or the undue influence of any person or persons, have subscribed our names as witnesses thereto.

 Residing at Trout Lake, WA
Witness

 Residing at White Salmon, WA
Witness

Unofficial Copy

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AFFIDAVIT OF WITNESS TO WILL

STATE OF WASHINGTON) ss.
County of Klickitat)

E. Thompson Reynolds and Sharon R. Podlozny each
being first duly sworn on oath, depose and say:

I reside in Klickitat County, Washington, and am of the age of majority. I am one of the subscribing witnesses to the above and foregoing instrument entitled Last Will and Testament signed and executed by the said Marcie A. Miller at White Salmon, Klickitat County, Washington, on the date appearing thereon, in my presence and in the presence of the other subscribing witness, and the said Marcie A. Miller thereupon published said instrument as her Last Will and Testament by declaring the same to be such and requesting me in attestation thereof to subscribe my name as a witness to said Last Will and Testament.

That to the best of my knowledge and belief on the date of said Last Will and Testament and at the time of executing said instrument the said testatrix was of sound and disposing mind and not acting under duress, menace, fraud, undue influence or misrepresentation.

Subscribed and sworn to before me this 7th day of December, 1994.

Bonnie White
Notary public for Washington,
residing at *1715 Belmont* therein.
My commission expires *2/22/78*

EXHIBIT 'A'

Lot 4 of SOOTER TRACTS, according to the official Plat thereof, on file and of record at Page 138 of Book 'A' of Plats, in the County of Skamania, State of Washington.

Gary H. Martin, Skamania County Assessor

Date 11/15/04 Parcel # 3-10-22-1-4-1800
C.S.

Unofficial Copy