

AFTER RECORDING MAIL TO:

Name Barbara P Deming
Address 9015 St. John Rd
City/State Vancouver WA 98685
SR 27297

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. Deming, James
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. Deming, Barbara
- 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)

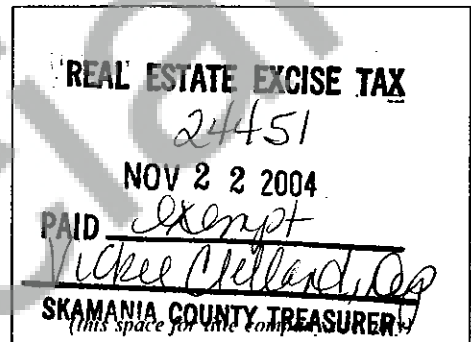
Lot 90 Northwoods

☒ Complete legal description is on page 6 of document

Assessor's Property Tax Parcel / Account Number(s): 96-000090

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.



**AFFIDAVIT
Lack of Probate**

State of Washington

County of CLARK

Barbara P. Deming, being first duly sworn, deposes and says:

1. The undersigned affiant is the wife of James L. Deming
(relationship to decedent) (decedent)
who died 10/30/88, at SEASIDE
(date of death) (year) (city)
State of WASHINGTON, then being a legal resident of VANCOUVER
CLARK 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:

BARBARA P. DEMING 75 WIFE VANCOUVER, WA.
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

N/A			
(full name)	(age)	(relationship)	(residence)
N/A			
(full name)	(age)	(relationship)	(residence)
N/A			
(full name)	(age)	(relationship)	(residence)
N/A			
(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:

NONE

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 \$ 100,000. 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: N/A

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.

BARBARA P. DEMING
Affiant's Full Name

11/18/04
Date

Barbara P. Deming
Affiant's Full Name

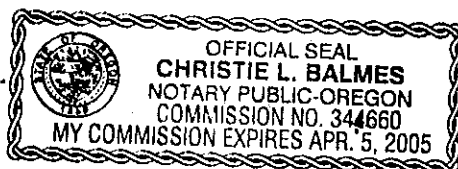
11/18/04
Date

Oregon
STATE OF WASHINGTON,)
COUNTY OF Multnomah ss.

On this day personally appeared before me Barbara P. Deming 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 18th day of November, 2004

Christie L. Balmes
Notary Public in and for the State of
Oregon Washington, residing at Portland, Oregon
My appointment expires 4/5/05



STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER		1. NAME—FIRST, MIDDLE, LAST James Leon DEMING		2. SEX M	3. DEATH DATE (Mo., Day, Yr.) Oct. 20, 1988	146-8		STATE FILE NUMBER
4. AGE—LAST BIRTHDAY (Yrs.) 58	5. UNDER 1 YEAR MOS. DAYS	6. UNDER 1 DAY HOURS MINS.	7. BIRTHDATE (Mo., Day, Yr.) April 5, 1930	8. COUNTY OF DEATH Skamania				
9. CITY, TOWN OR LOCATION OF DEATH 30 M from Cougar			10. PLACE OF DEATH — PG BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 10 Mile Rd. 9.5 M from Eagle Creek Store			11. BIRTH STATE (If not in USA give country) Oklahoma		
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		13. SPOUSE (If Wife give Maiden Surname) Barbara P. Goheen		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) no		15. SOCIAL SECURITY NO. [REDACTED]		16. HIGH SCHOOL GRADUATE (Yes/No) no
17. USUAL OCCUPATION (Give kind of work done during most of working life even if retired.) manager			18. KIND OF BUSINESS OR INDUSTRY grocery store		19. RACE (White, Black, Am. Ind., etc. Specify) white		20. Was Decedent of Hispanic Origin? (specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No (specify)	
21. SMOKING IN LAST 15 YEARS (Yes/No) no	22. RESIDENCE—NUMBER AND STREET 415 NE 95th St.		23. CITY/TOWN OR LOCATION Vancouver		24. INSIDE CITY LIMITS? (Yes/No) no	25. COUNTY Clark	26. STATE WA	27. ZIP CODE 98665
28. FATHER'S NAME—FIRST, MIDDLE, LAST Lucas Leon Deming				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Ruth Cook				
30. INFORMANT—NAME Barbara P Deming			31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 5405 NE 95th St. Vancouver, Wash. 98665					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) burial		33. DATE (Mo., Day, Yr.) Oct. 25, 1988		34. CEMETERY/CREMATORY—NAME Lewisville Cemetery		35. LOCATION—CITY/TOWN, STATE Battle Ground, Wash.		
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Memorial Gardens Mort.		38. ADDRESS OF FACILITY 1101 NE 112th Ave. Vanc. WA		39. ADDRESS OF FACILITY 98684		
39. PART I. COMPLETE ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
39. ON THE BASIS OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				
SIGNATURE AND TITLE KD Rutherford M.D.				SIGNATURE AND TITLE X				
40. DATE SIGNED (Mo., Day, Yr.) 10/24/88		41. HOUR OF DEATH (24 Hrs.) 1648		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) Dr. Rutherford 2211 E. Mill Plain Blvd. Vancouver, Wash.								
49. PART II. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.								
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated sequence resulting in death).		(A) Probable Myocardial Infarction w/ Pulm Embolus		(B) Insulin DM		(C) Cig Smoker		INTERVAL BETWEEN ONSET AND DEATH
50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE Obesity		51. AUTOPSY? (Yes, No) no		52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) YES				
53. ACC. SURGICAL, HON., UNCL., OR PENDING INVEST. (Specify)	54. INJURY DATE (Mo., Day, Yr.)	55. HOUR OF INJURY (24 Hrs.)	56. DESCRIBE HOW INJURY OCCURRED					
57. INJURY AT WORK? (Yes/No)	58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Specify)	59. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE						
60. REGISTRAR SIGNATURE X		61. DATE RECEIVED (Mo., Day, Yr.)						
62. ITEM		DOCUMENTARY EVIDENCE		REVIEWED BY:		DATE:		63. ITEM

FOR STATE REGISTRAR USE ONLY

EXHIBIT 'A'

PARCEL I

Lot 90, as shown on the Plat and Survey entitled Recorded of Survey for Water Front Recreation, Inc., dated May 16, 1974, on file and record under Auditor File No. 77523, at Page 449, of Book 'J' of Miscellaneous Records of Skamania County, Washington; TOGETHER WITH an appurtenant easement as established in writing in said plat, for the joint use of the areas shown as roadways on the plat.

SUBJECT TO reservation by the United States of American in approved selection list number 259 dated March 4, 1953, and recorded September 4, 1953, at Page 23 of Book 52 of Deeds, under Auditor File No. 62114, records of Skamania County as follows:

"...the provisions, reservations, conditions, and limitations of Section 24, Federal Power Act of JUNE 10, 1920, as amended...and the prior right of the United States, its licensees and permittees to use for power purposes that part within Power Projects no. 2071, 2111 and 264."

Gary H. Martin, Skamania County Assessor

Date 11-22-04 Parcel # 96-0000 90

SHO