

**AFTER RECORDING MAIL TO:**

Name Nancy Druckemiller  
Address 2572 Belle Center Rd  
City/State Washougal WA 98671  
SR 27377

**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. Druckemiller, Raymond L.
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. Druckemiller, Nancy C.
- 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 3 Ward Acres Annex, according to the  
recorded plat thereof, recorded in BA of plat, page  
152, SC Records.

☐ Complete legal description is on page \_\_\_\_\_ of document

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

01-05-06-4-0-0705-00

WA-1

Gary H. Martin, Skamania County Assessor  
Date 11-30-04 1-5-6-4-705  
SRM Parcel # \_\_\_\_\_

**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 Skamania

Nancy C Druckenmiller, being first duly sworn, deposes and says:

1. The undersigned affiant is the spouse of Raymond L  
Druckenmiller, who died 02/08/2001, 2001, at Washougal  
(relationship to decedent) (date of death) (year) (city)  
State of Washington, then being a legal resident of Washougal,  
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 9-4-1990, 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:

NANCY C. DRUCKENMILLER 52 spouse same  
(full name) (age) (relationship) (residence)

# **HEIRS AT LAW (continued)**

(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(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:
  
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 \$ 144,900<sup>00</sup>. The value of all separate property of the decedent was approximately \$ 00.
  
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

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.

Nancy C Druckenmiller  
Affiant's Full Name

11/24/04  
Date

\_\_\_\_\_  
Affiant's Full Name

MARSHA A. LEIFSEN  
NOTARY PUBLIC  
STATE OF WASHINGTON  
My Commission Expires  
SEPT. 20, 2007

\_\_\_\_\_  
Date

STATE OF WASHINGTON, }  
COUNTY OF Clark } ss.

On this day personally appeared before me NANCY C DRUCKENMILLER 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 24 day of November, 2004.

Marsha A. Leifsen  
Notary Public in and for the State of  
Washington, residing at Lacombe, WA  
My appointment expires 9-20-2007

## COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is executed between RAYMOND L. DRUCKENMILLER and NANCY C. NUTSCH DRUCKENMILLER, husband and wife, residing at Washougal, Washington.

### 1. DECLARATIONS

1.1 Marital Status. The parties hereto are husband and wife and are residents of the State of Washington.

1.2 Children The parties have no children either adopted or born of this marriage. RAYMOND L. DRUCKENMILLER has two (2) children from a prior marriage, namely: Michelle Lee Druckenmiller and Daniel Lee Druckenmiller.

### 2. CONSIDERATION

FOR AND IN CONSIDERATION of the love and affection they each bear toward the other, and in consideration of the mutual help each will be to the other in the future, and for the consideration of the commingling of their joint efforts and earnings and property, it is agreed as herein provided.

### 3. AMENDMENTS, ETC.

3.1 Amendments. This agreement may be amended or revoked by written instrument executed and acknowledged by the spouses. No such amendment or revocation by mutual consent of the spouses shall become effective except by written revocation or amendment.

3.2 Effect of Incompetency. If, prior to the death of either spouse, a legal guardian is appointed over the property of one of the spouses on account of incompetency, the legal guardian may join with the competent spouse in a petition to the court

having jurisdiction over the guardianship proceedings for permission to enter into a modification or revocation of this agreement. Hearing on the petition shall be held after giving such notice to all interested parties as may be ordered by the court. If, after the hearing, the court deems the proposed modification or revocation to be fair and equitable and affords reasonable protection towards all parties concerned, it may authorize the guardian to execute such modification or revocation on behalf of the incompetent spouse.

3.3 Effect of Domicile Change. Unless otherwise revoked or modified, this agreement shall remain in full force and effect regardless of the state of residence and/or domicile of the spouses at the time of the death of either or both.

#### 4. VESTING OWNERSHIP ON DEATH

Upon the death of the first spouse, all community property shall become the sole and separate property of the surviving spouse. Immediately upon the death of the one spouse, the survivor shall have the full power to sell, will, or otherwise to dispose of all property subject to this Community Property Agreement.

#### 5. COMMUNITY PROPERTY

All property, real or personal, now owned or hereafter acquired, whether separate or community, is hereby conveyed and

DATED this 7 day of Sept, 1990.

NANCY C. NUTSCH DRUCKENMILLER

On this day, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared RAYMOND L. DRUCKENMILLER and NANCY C. NUTSCH DRUCKENMILLER, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and each acknowledged to me that they severally signed said instrument for their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal this 4th day of Sept, 1990.

19 William L. Miles  
Notary Public in and for the State  
of Washington, residing at: Jamez  
Commission Expires: 9.293

# Last Will and Testament

RAYMOND L. DRUCKENMILLER

I, RAYMOND L. DRUCKENMILLER, of Washougal, Washington, being of legal age, do make, publish and declare this my Last Will and Testament as follows, hereby revoking all Wills and Codicils previously by me made, that is to say:

## 1. DECLARATIONS

1.1 Family Status. I declare that my wife is NANCY C. NUTSCH DRUCKENMILLER. We have no children born or adopted of this marriage.

I have two children by a prior marriage, namely: MICHELLE LEE DRUCKENMILLER of Santa Rosa, California, and DANIEL LEE DRUCKENMILLER of Ohio.

1.2 Revocation. My wife is executing a Will contemporaneously with this Will. It is not our intention, however, to create thereby a binding contract between the two of us, each of us reserving the full right of revocation, cancellation, or amendment whether exercised prior to or subsequent to the death of the other.

1.3 Obligations. I hereby direct and order that all just debts for which proper claim is filed against my estate and expenses of my last illness and funeral be paid by my Personal Representative out of the assets of my estate, 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 except at a normal time in the reasonable handling of my estate.

1.4 Children. Whenever the word "child" or "children" are used in the following paragraphs, it is intended to encompass both natural, adopted and step-children.

1.5 Taxes. I direct that all state or federal estate, inheritance or succession taxes shall be paid as an expense of administration of my estate to the end that all distributions made shall be net to the recipient.

## 2. PROBATE ADMINISTRATION

2.1 Personal Representative. I hereby appoint my wife, NANCY C. NUTSCH DRUCKENMILLER, to be my personal representative to administer my Will and to act without bond and with the nonintervention powers granted in paragraph 2.4.

2.2 Alternate Personal Representative. If my wife, NANCY C. NUTSCH DRUCKENMILLER, is unable to unwilling to serve as personal representative, or has predeceased me, then my brother-in-law, MICHAEL JAMES NUTSCH, of Nampa, Idaho, is designated alternate personal representative to act without bond and with the same nonintervention powers granted in paragraph 2.4.

2.3 Second Alternate Personal Representative. In the event MICHAEL JAMES NUTSCH is unable to unwilling to serve as alternate personal representative, or has predeceased me, then my sister-in-law, ROSE MARIE NUTSCH, of Nampa, Idaho, is designated second

alternate personal representative to act without bond and with the same nonintervention powers granted in paragraph 2.4.

2.4 Nonintervention Powers. I direct that my personal representative act without the intervention of any court, except as may be required under the laws of the state where probated. My personal representative shall have full power: to sell, convey, and encumber, without notice or confirmation, any assets of my estate, real or personal, at such prices and terms as may seem just to my personal representative; to mortgage or pledge any estate property; to continue any or all of my business operations, to invest and reinvest any assets of my estate; to advance funds and borrow money, secured or unsecured, from any source; and to select any part of the estate in satisfaction of any partition or distribution thereunder, in kind, in money or both. Such powers may be exercised whether or not necessary for the administration of my estate.

### 3. PRIMARY BENEFICIARIES

In the event my wife, NANCY C. NUTSCH DRUCKENMILLER, survives me, I give, devise and bequeath all of my estate to my wife, NANCY C. NUTSCH DRUCKENMILLER.

### 4. SECONDARY BENEFICIARIES

In the event that neither my wife, NANCY C. NUTSCH DRUCKENMILLER, does not survive me, I give, devise and bequeath all of my estate to PAUL G. NUTSCH of Nampa, Idaho, and MICHELLE L.



it bears.

The Testator declared the document to be his Last Will and Testament and requests us to sign the same as witnesses. At the request of and in the presence of the Testator and in the presence of the Notary Public and each other, the other witness and I subscribed our names as witnesses hereto.

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 not acting under duress, menace, fraud, undue influence or misrepresentation.

151 Kirsten A. Samuel  
Subscribing Witness

161 Marley A. Pool  
Subscribing Witness

Subscribed and sworn to before me this 4 day of Sept., 1990.

151 William L. Miles  
Notary Public in and for the State of Washington.  
Residing at Vanc. Commission Expires: 9-7-93

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



TYPE OR PRINT IN PERMANENT BLACK INK

08

LOCAL FILE NUMBER

146

STATE FILE NUMBER

## CERTIFICATE OF DEATH

1. NAME First: <b>Raymond</b> Middle: <b>L.</b> Last: <b>Druckenmiller</b>				2. SEX (M / F) <b>M</b>		3. DEATH DATE (Mo, Day, Yr) <b>February 8, 2001</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>68</b>		5. UNDER 1 YEAR MOS:      DAYS:      HOURS:      MINS:		6. UNDER 1 DAY HOURS:      MINS:		7. BIRTHDATE (Mo, Day, Yr) <b>8/8/32</b>	
8. BIRTHPLACE (City, State or Foreign Country) <b>Fremont, Ohio</b>				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>		13. COUNTY OF DEATH <b>Skamania</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Washougal</b>				12. PLACE OF DEATH — <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE <b>2572 Belle Center Rd.</b>			
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Married</b>				15. SURVIVING SPOUSE (If wife, give maiden name) <b>Nancy C. Nutsch</b>		16. SOCIAL SECURITY NO. <b>278-26-0370</b>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Machinist</b>				19. KIND OF BUSINESS OR INDUSTRY <b>Computer</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12):      College (1-4 or 5+): <b>2</b>	
22. RESIDENCE — NUMBER AND STREET <b>2572 Belle Center Rd.</b>				23. CITY/TOWN OR LOCATION <b>Washougal</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>No</b>	
25A. COUNTY <b>Skamania</b>				25B. LENGTH OF RES. IN CO. <b>11Yrs</b>		26. STATE <b>WA</b>	
27. ZIP CODE <b>98671</b>				28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Robert Druckenmiller</b>			
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Pauline Crossett</b>				30. INFORMANT — NAME <b>Nancy Druckenmiller</b>			
31. MAILING ADDRESS <b>2572 Belle Center Rd.</b>				32. LOCATION — CITY/TOWN, STATE <b>Washougal WA 99671</b>			
33. DATE (Mo, Day, Yr) <b>2/13/2001</b>				34. CEMETERY/CREMATORY — NAME <b>Columbia Crematory</b>			
35. LOCATION — CITY/TOWN, STATE <b>Gresham, Oregon</b>				36. ADDRESS OF FACILITY <b>P.O. Box 61747</b>			
37. NAME OF FACILITY <b>Davies Cremation &amp; Burial Serv.</b>				38. ADDRESS OF FACILITY <b>Vancouver, WA 98666</b>			
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 <b>James B. Reuler</b>				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 <b>X</b>			
40. DATE SIGNED (Mo, Day, Yr) <b>Feb. 9, 2001</b>				41. HOUR OF DEATH (24 Hrs) <b>0245</b>			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				44. DATE SIGNED (Mo, Day, Yr)			
45. HOUR OF DEATH (24 Hrs)				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) <b>James B. Reuler M.D., VA Medical Center P.O. Box 1034 Portland, OR</b>			
49. ME/CORONER FILE NUMBER <b>97207</b>				50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: <b>Metastatic adenocarcinoma of the esophagus</b>			
51. IMMEDIATE CAUSE (Final disease or condition resulting in 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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. <b>3 weeks</b>				52. INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>			
53. DUE TO, OR AS A CONSEQUENCE OF:				54. INTERVAL BETWEEN ONSET AND DEATH			
55. DUE TO, OR AS A CONSEQUENCE OF:				56. INTERVAL BETWEEN ONSET AND DEATH			
57. DUE TO, OR AS A CONSEQUENCE OF:				58. INTERVAL BETWEEN ONSET AND DEATH			
59. DUE TO, OR AS A CONSEQUENCE OF:				60. INTERVAL BETWEEN ONSET AND DEATH			
61. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				62. AUTOPSY? (Yes / No) <b>No</b>			
63. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>				64. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			
65. INJURY DATE (Mo, Day, Yr)				66. HOUR OF INJURY (24 Hrs)			
67. PLACE OF INJURY — AT HOME, FARM, STREET, BLDG., ETC. (Specify)				68. DESCRIBE HOW INJURY OCCURRED:			
69. INJURY AT WORK? (Yes / No)				70. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
71. RECORD AMENDMENT (Register use only) ITEM:      DOCUMENTARY EVIDENCE:      REVIEWED BY:      DATE: <b>X</b>				72. REGISTERED SIGNATURE <b>James R. Steingart, MD</b>			
73. DATE RECEIVED (Mo, Day, Yr) <b>FEB 09 2001</b>				74. DOH 04-003 (5/98)			

DOC # 2004155398  
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