

Doc # 2004155440
Page 1 of 8
Date: 11/30/2004 04:46P
Filed by: FIDELITY NATIONAL TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$26.00

RETURN ADDRESS
Fidelity National Title
16500 SE 15th St. #100
Vancouver, WA 98683

Document Title(s):
Lack of Probate Affidavit

Order Number: V42566JH

Reference Number(s) of related documents:

Grantor(s): (Last name, First name and Middle Initial)
Rapheal, Gloria J.

REAL ESTATE EXCISE TAX

24475

NOV 30 2004

Grantee(s): (Last name, First name and Middle Initial)
Taylor, Kimberly
Rapheal, Edward E.
Myers, Julia A.

PAID

EXEMPT

Audrey Taberni, Deputy
SKAMANIA COUNTY TREASURER

Trustee:

Legal Description: (abbreviated form: i.e. lot, block, plat or section township, range, quarter/quarter)
Sec 26, T2N, R6E of the Willamette Meridian, Skamania County

Assessor's Property Tax Parcel/Account Number:
02-06-26-4-0-1200-00 *G.S.*



FIDELITY NATIONAL TITLE COMPANY OF WASHINGTON, INC.

LACK OF PROBATE AFFIDAVIT

State of Washington)
) SS
County of CLARK)

KIMBERLY TAYLOR, being first duly sworn, deposes and says:

That affiant is the lawful surviving Daughter of Gloria Raphael
who died June 04, 2004, at

Hood River, OREGON, then being a resident of
(City) (State)
Stevenson, Skamania, Washington; a copy of
(City) (County) (State)
death certificate is attached hereto.

That affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to his/her children, adopted children and the issue of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

That the heirs at law of decedent are (list all of the heirs of law using the reverse side if necessary).

Edward E. Raphael 36, SON,
(full name) (age) (relationship to decedent)
PO BOX, N. Bonleville, WA 509-427-5303
(complete address and phone number) 98639
Julie A Myers 32, Daughter 360-573-2056
(full name) (age) (relationship to decedent)
4706 NW 109th St. Ridgefield, WA 98642
(complete address and phone number)

THAT the heirs knows of his/her own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of said decedent (including, but not limited to: all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes, installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full, except as follows: (Use reverse side if necessary):

THAT decedent left no Will (or left Will, a copy of which is hereto attached), nor during his/her lifetime did decedent execute, with affiant, a community property survivorship agreement. Affiant states that the total community property of decedent and affiant (if applicable) approximates \$ 225,000 in current market value, and that the total of decedent's separate property approximates \$ 225,000

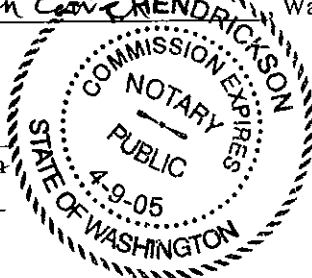
THAT this affidavit is made solely to induce FIDELITY NATIONAL TITLE COMPANY OF WASHINGTON, INC., hereinafter called "Company", to insure title to real property covered by the Company's order number set forth above, in which decedent held an interest at the time of his/her death. Affiant urges Company to issue its policy of title insurance in full reliance upon the herein representations.

DATED 11.24.04,

[Signature]
(Affiant's full name)
(Complete address and phone number)

SUBSCRIBED AND SWORN to before me, Kimberly Taylor, a Notary in and for the
State of Washington, residing in Van Couver Hendrickson Washington, this 24 day of
Nov, 2004.

[Signature]
Notary Public for the State of Washington
My Commission expires: 4-9-05



CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

399616

ID TAG NO.

087-2004
Local File Number

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

136-

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

RESERVED FOR REGISTRAR'S USE

10

11

CERTIFIER

12

13

14

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

CAUSE OF
DEATH

15

16

17

CAUSE OF DEATH
INSTRUCTIONS
ON REVERSE SIDE
OF GREEN AND
PINK COPY

1. DECEDENT'S NAME First: Gloria, Middle: Jean, Last: RAPHAEL		2. SEX F	3. DATE OF DEATH (Month, Day, Year) June 4, 2004
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE-Last Birthday (Years) 64	5b. Under 1 Year Mos: Days: Hours: Mins:	5c. Under 1 Day Hours: Mins:
6. BIRTHPLACE (City and State or Foreign Country) Bellingham, WA		7. DATE OF BIRTH (Month, Day, Year) May 14, 1940	
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):			
9b. FACILITY NAME (If not institution, give street and number) Providence Hood River Memorial Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Hood River	
9d. COUNTY OF DEATH Hood River			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Donald C. Raphael	
13a. RESIDENCE - STATE Washington	13b. COUNTY Skamania	13c. CITY, TOWN OR LOCATION Skamania	13d. STREET AND NUMBER 62 Little Road
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE 98648	14. 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	15. RACE American Indian, Black, White, etc. (Specify) White
16. MOTHER - NAME (First, middle, last) Nathaniel L. Creemer		17. FATHER - NAME (First, middle, last) Julia A. Sullivan	
18. INFORMANT - NAME and relationship to decedent Kimberly Taylor - Daughter			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Columbia River Crematory	
20c. LOCATION - City or Town, State White Salmon, Washington			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON AT TIME OF DEATH [Signature]		21b. OREGON LICENSE NO. [REDACTED]	
22. NAME, ADDRESS AND ZIP OF FACILITY Gardner Funeral Home POB 390 White Salmon, WA 98672			
23. DATE FILED (Month, Day, Year) June 8, 2004		24. REGISTRAR'S SIGNATURE [Signature]	
RESERVED FOR REGISTRAR'S USE			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 9:00 PM		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [Signature]			
30. DATE SIGNED (Month, Day, Year) 6-7-04		31. DATE SIGNED (Month, Day, Year) [REDACTED]	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Gary Regalbuto, M.D. 1410 May St Hood River, OR 97031		33. DATE SIGNED (Month, Day, Year) [REDACTED]	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of death, e.g. Cardiac or Respiratory Arrest)			
(a) <u>Acute Myocardial Infarction</u>		Interval between onset and death	
(b) <u>As a consequence of</u>		Interval between onset and death	
(c) <u>As a consequence of</u>		Interval between onset and death	
36. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <u>Adenocarcinoma of Abdomen</u>			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

45-2-Riv (3/00)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR,

DATE ISSUED:

JUN 08 2004

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

Dorothy A. O'Dell
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

Page 3 of 8
DOC # 2004155440

**LAST WILL AND TESTAMENT
OF
GLORIA J. RAPHAEL**

I, GLORIA J. RAPHAEL, a resident of Skamania County, Washington, do hereby make, publish and declare this my Last Will and Testament.

FIRST: I hereby revoke any and all Wills and Codicils by me heretofore made.

SECOND: I declare that I am a widow and that my immediate family now consists of my son, EDWARD RAPHAEL, and my two daughters, KIMBERLY TAYLOR and JULIE MEYERS, all of whom are emancipated. I have no deceased or adopted children. Except as provided herein below, 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.

THIRD: The following general provisions apply to this Will:

(a) Reference to children and issue shall include adopted persons and persons hereafter born unless the context requires otherwise.

(b) For all beneficiaries a condition of survivorship shall mean surviving by at least thirty (30) days.

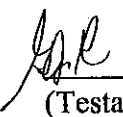
(c) A per stirpes class gift shall be divided initially at the first generational level within the class where someone is living.

(d) Unless the context requires otherwise, masculine, feminine and neuter gender may be used interchangeably, and plural or singular usage shall include the other.

(e) No provision of this Will is intended to exercise any power of appointment I may have unless the power of appointment is identified therein.

(f) Unless expressly provided otherwise, I intend the provisions of this Will to dispose only of such property as I may own, and I do not intend to require any beneficiary to make an election in order to receive such property. Further, this Will is freely revocable by me and is not the result of a contract with any person.

FOURTH: At my death, I may have prepared a handwritten and/or signed list defining the persons to whom I wish certain items of tangible personal property to pass. I intend that list to conform to R.C.W. 11.12.260 as a consequence of which the property listed thereon shall pass in

 Last Will and Testament of GLORIA J. RAPHAEL
(Testatrix's Initials)

Page 1 of 4 Pages

accordance with such list.

FIFTH: Subject to paragraph four, I make the following specific bequests:

5.1 I give, devise and bequeath unto my son, EDWARD RAPHAEL, my 1970 pickup truck and Regulator clock;


5.2 Unto my daughters, KIMBERLY TAYLOR and JULIE MEYERS, I give, devise and bequeath my household furniture, furnishings, jewelry, and personal effects. They shall have thirty (30) days to agree as to the appropriate division of such bequests, and if they cannot agree, I give my Executrix the authority to make an equitable division thereof.

SIXTH: I give, devise and bequeath all of the rest, residue and remainder of my estate to my children in equal shares, per stirpes, provided, however, that assets passing outside of probate are to be considered by my Executrix as an advancement toward the receiving child's ultimate share so as to proportionately reduce the amount the receiving child inherits under this Will.

SEVENTH: I direct that all costs of administration, and all taxes or duties (including interest thereon) imposed by any jurisdiction on or in relation to any property includable in my estate because of my death, whether or not such property passes under the provisions of this Will, be paid out of the residue of my estate. The personal representative shall have authority to prepay or defer any taxes attributable to remainder interests created under this Will. To the extent such taxes cannot be satisfied from my residuary estate, they shall be prorated among the beneficiaries of property passing under the provisions of this Will, or outside the provisions of this Will, as if there were no provisions for such taxes herein.

EIGHTH: I hereby appoint my daughter, KIMBERLY TAYLOR, the personal representative of my estate to act without bond; but if she is deceased, unable or unwilling to serve, resigns, dies, or becomes incapacitated after qualifying, I appoint my daughter, JULIE MEYERS, as alternate personal representative, likewise to act without bond.

NINTH: I direct that my estate be settled in the manner provided for herein. I give my personal representative full power to administer this Will and my estate without the intervention of the court, it being my intention to avail myself of the provisions of the non-intervention Will statutes of the State of Washington. My personal representative shall have full power after the entry of an order of solvency to alienate, mortgage, pledge, lease, sell, exchange, manage and convey the real and personal property disposed of by this Will, and to borrow money, with or without security, without an order of the court for that purpose, and without notice, approval or confirmation and whether or not the same is necessary for the administration of my estate. These non-intervention powers shall be unrestricted.

 Last Will and Testament of GLORIA J. RAPHAEL
(Testatrix's Initials)
Page 2 of 4 Pages

IN WITNESS WHEREOF, I have hereunto set my hand and published and declared this as my Last Will and Testament at Stevenson, Skamania County, Washington, this 3rd day of July, 1996.

Gloria J. Raphael
GLORIA J. RAPHAEL, Testatrix

The foregoing instrument, consisting of three (3) typewritten pages, including this page, was on the 3rd day of July, 1996, signed by the said Testatrix and published and declared to be her Last Will and Testament in the presence of us and each of us who, at her request and in her presence and in the presence of each other, now sign our names as witnesses thereto.

Robert K. Leick
Witness

ROBERT K. LEICK

Residing at Stevenson, WA

Claudia J. Leick
Witness

CLAUDIA J. LEICK

Residing at Stevenson, WA

**AFFIDAVIT OF ATTESTING WITNESSES
TO THE WILL OF GLORIA J. RAPHAEL**

STATE OF WASHINGTON)

ss

COUNTY OF SKAMANIA)

Each of the undersigned attesting witnesses, after being sworn, on oath states:

1. Request of Testatrix. The Testatrix herein, requested that all the attesting witnesses make this affidavit.
2. Execution. The Will to which this affidavit is attached was executed by the above-named Testatrix on the 3rd day of July, 1996, at Stevenson, Washington.
3. Declarations. Immediately prior to execution, the Testatrix declared the document to be her Last Will and Testament and requested the undersigned witnesses to subscribe their names.
4. Signatures. The Testatrix signed the document in the presence of all the witnesses, and

GJR Last Will and Testament of GLORIA J. RAPHAEL
(Testatrix's Initials)

Page 3 of 4 Pages

the witnesses attested the execution by subscribing their names in the presence of the Testatrix and of each other.

5. Competency. At the time of execution of the Will: (a) the Testatrix appeared to be of sound mind, of legal age, and acted freely without any duress or undue influence; and (b) the witnesses were each competent and of legal age.

Ruth K. Lett
Witness

Residing at

Stevenson, Washington

Clairin G. Reid
Witness

Residing at

Stevenson, Washington

SUBSCRIBED AND SWORN TO before me on this 3rd day of July, 1996.

Henrietta B. Larnadan
Notary Public in and for the State of Washington

Residing at White Salmon, therein.

My commission expires: April 23, 2000.

DOC # 2004155440
Page 7 of 8

GR Last Will and Testament of GLORIA J. RAPHAEL
(Testatrix's Initials)

Page 4 of 4 Pages

Exhibit A

PARCEL I

A tract of land located in Section 26, Township 2 North Range 6 East of the Willamette Meridian, Skamania County, Washington, described as follows:

BEGINNING at a point 967.27 feet North and 205.75 feet East of the Southwest corner of the Southeast quarter of the Southeast quarter of said Section 26; thence North 70°40' East 200 feet to the initial point of the tract hereby described, said point being on the Northerly right of way line of the County Road known and designated as Little Street; thence North 19°20' West 240 feet; thence North 70°40' East 100 feet; thence South 19°20' East 240 feet to the Northerly right of way line of said County Road; thence South 70°40' West 100 feet to the initial point.

PARCEL II

A tract of land located in Section 26, Township 2 North Range 6 East of the Willamette Meridian, Skamania County, Washington, described as follows:

BEGINNING at a point 967.27 feet North and 205.75 feet East of the Southwest corner of the Southeast quarter of the Southeast quarter of said Section 26; thence North 70°40' East 100 feet, said point being on the Northerly right of way line of the County Road known and designated as Little Street; thence North 19°20' West 240 feet to the initial point of the tract hereby described; thence North 19°20' West 133 feet, more or less, to intersection with the Southerly line of a tract conveyed to Carl Lund by deed recorded at page 215 of Book 28 of Deeds, records of Skamania County, Washington; thence North 69°30' East along the Southerly line of said Lund Tract to the center of Little Creek; thence Southerly following the center of Little Creek to a point North 70°40' East from the initial point; thence South 70°40' West to the initial point.

Gary H. Martin, Skamania County Assessor

Date 11/30/04 Parcel # 2-6-26-4-1200
65.