

RETURN ADDRESS:

LAWRENCE JAMES CONRAD
845 17TH ST.
WASHOUGAL, WA 98671

Re: CCT 00098881WT

DOCUMENT TITLE(S)
AFFIDAVIT OF LACK OF PROBATE

REFERENCE NUMBER(S) OF RELATED DOCUMENTS:

GRANTOR(S) (Last, First and Middle Initial)

1. RENGSTORFF, CAROL ANN
- 2.
3. Additional Grantors on page

REAL ESTATE EXCISE TAX

24594
JAN 19 2005

GRANTEE(S) (Last, First and Middle Initial)

1. THE PUBLIC
- 2.
3. Additional Grantors on page

PAID EXEMPT

Audrey Tabuni Deputy
SKAMANIA COUNTY TREASURER

TRUSTEE: Gary H. Martin, Skamania County Assessor

1. Date 1-18-05 Parcel # 2-5-20-312
GTM 1-18-05
GTM

LEGAL DESCRIPTION: (Abbreviated form: i.e. lot, block, plat or section, township, range quarter/quarter)

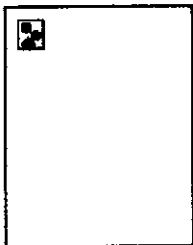
Lot(s) 3, of SP2-160

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER: 02 05 20 0 0 0212 00

☐ If this box is checked then the following applies:

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature of Requesting Party



Title Company
700 NE 4th Ave., Suite 201
Camas, WA 98607
Telephone (360) 834-2984 • FAX 834-0374

AFFIDAVIT OF LACK OF PROBATE

State of Washington
County of Clark

LAWRENCE JAMES CONRAD, being first duly sworn, deposes and says:

1. The undersigned affiant is the HUSBAND of CAROL ANN RENGSTORFF, who died on March 22, 2002 at 2720 CHATSWORTH BLVD, SAN DIEGO, CA 92106, then being a legal resident of SAN DIEGO, CA.

Please complete the following:

2. ☐ Decedent left no last Will
☒ 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
☐ 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 addresses 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			
(FULL NAME)	(AGE)	(RELATION)	(ADDRESS)
VIVIAN RENGSTORFF	80	MOTHER	6 MEDITERRANEAN BL SE PTLAND FL 34952
VIVIAN ALICE RENGSTORFF	57	SISTER	210 W GRANT ST # 713 MINNEAPOLIS MN 55403
JILL UERA RENGSTORFF	50	SISTER	7 STEVENS ST NASHUA NH 03060
ROBIN SUE RENGSTORFF	47	SISTER	68 BISSEL RD FRENCHTON NJ 08822

"Service Is The Difference"

(FULL NAME) (AGE) (RELATION) (ADDRESS)

(FULL NAME) (AGE) (RELATION) (ADDRESS)

(FULL NAME) (AGE) (RELATION) (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 of inheritance taxes, have been fully paid, except as follows:

No Exceptions

5. The decedent has ☐ has not ☒ received assistance from the State of Washington for substance or medical care (Medicaid/Welfare) in the past.

6. As of the date of death, the value of all community property of decedent was approximately \$ 800,000, and the value of separate property was approximately \$ 0

7. This affidavit is made to induce CLARK COUNTY TITLE COMPANY to issue its policies of title insurance on real property passing to the surviving heir(s) in reliance upon the representations hereinabove set forth.

NOTE: Deeds may be required from heirs and devisees of decedent.

Dated: 3 January 2005 Lawrence James Conrad

Affiant's Full name: LAWRENCE JAMES CONRAD
Complete Address: 845 17th St, Washougal, WA 98671
Phone #360-607-6312

Subscribed and sworn before me this 3 day of January, 2005



Irene Brubaker
Notary in and for the State of WA
Residing at KENT, WA
My Commission expires 10/29/06

CERTIFICATION OF VITAL RECORD
COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 200237.00465

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
Carol		Ann		Rengstorff	
4. DATE OF BIRTH MM/DD/YYYY		5. AGE YRS.		6. SEX	
01/16/1952		50		F	
7. DATE OF DEATH MM/DD/YYYY		8. HOUR		9. YEAR	
03/25/2002		1948			
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARRIAGE STATUS	
NEW JERSEY 152-463945		X YES [] NO [] UNK []		MARRIED	
13. RACE		14. ETHNIC SPECIFY		15. USUAL EMPLOYER	
CAUCASIAN		[] YES [] NO []		U.S. NAVY	
16. OCCUPATION		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION	
CAPTAIN		DEFENSE		22	
19. RESIDENCE—STREET AND NUMBER OR LOCATION					
2720 CHATSWORTH BLVD.					
20. CITY		21. COUNTY		22. STATE OR FOREIGN COUNTRY	
SAN DIEGO		SAN DIEGO		CALIFORNIA	
23. MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS, GIVE FULL ADDRESS, CITY OR TOWN, STATE, ZIP)					
2720 CHATSWORTH BLVD., SAN DIEGO, CA 92106					
24. NAME, RELATIONSHIP					
LAWRENCE J. CONRAD -- HUSBAND					
25. NAME OF SURVIVING SPOUSE—FIRST					
LAWRENCE					
26. MIDDLE					
J.					
27. LAST					
CONRAD					
28. NAME OF FATHER—FIRST					
GEORGE					
29. MIDDLE					
H.					
30. NAME OF MOTHER—FIRST					
VIVIANNE					
31. MIDDLE					
A.					
32. LAST					
SALZMANN					
33. DATE MM/DD/YYYY					
03/26/2002					
34. PLACE OF FINAL DISPOSITION					
AT SEA OFF THE COAST OF SAN DIEGO COUNTY					
35. TYPE OF DISPOSITION					
CR/SEA					
36. NAME OF FUNERAL DIRECTOR					
BEARDSLEY-MITCHELL FUNERAL HOME					
37. LICENSE NO.					
FD-816					
38. SIGNATURE OF LOCAL REGISTRAR					
[Signature]					
39. DATE MM/DD/YYYY					
03/26/2002					
40. COUNTY					
San Diego					
41. CITY					
San Diego					
42. PLACE OF DEATH					
Own Residence					
43. STREET ADDRESS—STREET AND NUMBER OR LOCATION					
2720 Chatsworth Blvd.					
44. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE (A) Metastatic Primary Peritoneal Cancer					
DUE TO (B)					
DUE TO (C)					
DUE TO (D)					
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					
Laparotomy and Tumor Debulking 06/04/1999					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED DECEDENT ATTENDED SINCE [] OR DECEDENT WAS NOT ALIVE WHEN I RECEIVED []					
05/04/2000 02/20/2002					
115. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.					
116. MANNER OF DEATH					
[] NATURAL [] SUICIDE [] HOMICIDE [] UNKNOWN [] OTHER					
117. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
118. SIGNATURE OF CORONER OR DEPUTY CORONER					
119. DATE MM/DD/YYYY					
120. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
121. FAX AUTH. #					
122. CENSUS TRAC					
123. STATE					
124. COUNTY					
125. CITY					
126. ZIP					
127. FAX AUTH. #					
128. CENSUS TRAC					

County of San Diego Department of Health Services - 3851 La Jolla Village Drive, San Diego, CA 92161. This is to certify that the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY and their DEPARTMENT OF HEALTH SERVICES EMBOSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

100-443887-100

GEORGE R. FLORES, M.D.
REGISTRAR OF VITAL RECORDS

...and a receipt of the enclosed order displaying seal and signature of Registrar

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LAST WILL AND TESTAMENT

OF

CAROL ANN RENGSTORFF

I, CAROL ANN RENGSTORFF, a resident of the State of Florida, make, publish and declare this to be my Last Will and Testament, revoking all wills and codicils at any time heretofore made by me. I am in the military service of the United States, currently stationed in USS MOUNT HOOD (AE-29).

FIRST: I direct that the expenses of my last illness and funeral, the expenses of the administration of my estate, and all estate, inheritance and similar taxes payable with respect to property included in my estate, whether or not passing under this will, and any interest or penalties thereon, shall be paid out of my residuary estate, without apportionment.

SECOND: I give all my real estate to my husband LAWRENCE JAMES CONRAD, if he survives me.

THIRD: I give all tangible personal property owned by me at the time of my death (except cash), including without limitation personal effects, clothing, jewelry, furniture, furnishings, household goods, automobiles and other vehicles, together with all insurance policies relating thereto, to my husband LAWRENCE JAMES CONRAD, if he survives me.

FOURTH: I give all the rest, residue and remainder of my property and estate, both real and personal, of every kind and wherever located, to which I shall be in any manner entitled at the time of my death (collectively referred to as my "residuary estate"), as follows:

(a) If my husband LAWRENCE JAMES CONRAD survives me, to my husband outright.

(b) If my husband does not survive me, my residuary estate shall be paid and distributed to those of my sister JILL VERA RENGSTORFF, my sister ROBIN SUE RENGSTORFF and my sister VIVIAN ALICE RENGSTORFF who survive me, in equal shares.

(c) If none of the beneficiaries described in clauses (a) and (b) above shall survive me, then I give my residuary estate to those who would take from me as if I were then to die without a will, unmarried and the absolute owner of my residuary estate, and a resident of the State of Florida.

FIFTH: If any property of my estate vests in absolute ownership in a minor or incompetent, my personal representative, at any time and without court authorization, may: distribute the whole or any part of such property to the beneficiary; or use the whole or any part for the health, education, maintenance and support of the beneficiary; or distribute the whole or any part to a guardian, committee or other legal representative of the beneficiary, or to a custodian for the beneficiary under any gifts to minors or transfers to minors act, or to the person or persons with whom the beneficiary resides to use for the beneficiary. The receipt of the person to whom the distribution is so made shall release my personal representative from any liability with respect thereto, even though my personal representative may be such person. If such beneficiary is a minor, my personal representative may defer the distribution of the whole or any part of such property until the beneficiary attains the age of eighteen (18) years, and may hold the same as a separate fund for the beneficiary with all of the powers described in Article SEVENTH hereof. If the beneficiary dies before attaining said age, any balance shall be paid and distributed to the estate of the beneficiary.

October 1993
Carol Ann Rengstorff
my wife

SIXTH: I appoint my husband LAWRENCE JAMES CONRAD to be my personal representative. If my husband does not survive me, or shall fail to qualify for any reason as my personal representative, or having qualified shall die, resign or cease to act for any reason as my personal representative, I appoint my brother-in-law RICHARD ALLEN CONRAD of Glendale Arizona as my personal representative. I direct that no personal representative shall be required to file or furnish any bond, surety or other security in any jurisdiction.

SEVENTH: I grant to my personal representative all powers conferred upon personal representatives and executors wherever my personal representative may act. I also grant to my personal representative power to retain, sell at public or private sale, exchange, grant options on, invest and reinvest, and otherwise deal with any kind of property for cash or on credit; to borrow money and encumber or pledge any property to secure loans; to divide and distribute property in cash or in kind; to exercise all powers of an absolute owner of property; to compromise and release claims with or without consideration; and to employ attorneys, accountants and other persons for services or advice. The term "personal representative" wherever used herein shall mean the personal representatives, executors, executor, executrix or administrator in office from time to time.

EIGHTH: I direct that for purposes of this will a beneficiary shall be deemed to predecease me unless such beneficiary survives me by more than thirty days.

NINTH: I have served in the Armed Forces of the United States. I therefor request that my personal representative make appropriate inquiries to ascertain whether there are any benefits to which I, my dependents or my heirs may be entitled by virtue of any military affiliation. I specifically request that my personal representative consult with a retired affairs officer at the nearest military installation, the Department of Veterans Affairs, and the Social Security Administration.

IN WITNESS WHEREOF, I, CAROL ANN RENGSTORFF, sign my name and publish and declare this instrument as my last will and testament this 8TH day of October, 1993. I also have affixed my signature on the bottom of each of the preceding pages hereof.


CAROL ANN RENGSTORFF

The foregoing instrument was signed, published and declared by CAROL ANN RENGSTORFF, the above named Testatrix, to be her last will and testament in our presence, all being present at the same time, and we, at her request and in her presence and in the presence of each other, have subscribed our names as witnesses on the date above written.


M. L. CERVANTES

residing at

ALAMEDA, CALIFORNIA


NANCY NOVAK GAWRYSZEWSKI

residing at

PITTSBURGH, CALIFORNIA

AFFIDAVIT

WITH THE UNITED STATES ARMED FORCES
IN THE STATE OF CALIFORNIA
ALAMEDA COUNTY

We, CAROL ANN RENGSTORFF and M. L. CERVANTES, AND NANCY NOVAK GAWRYSZEWSKI, the Testatrix and the witnesses respectively, whose names are signed to the attached or foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the Testatrix, CAROL ANN RENGSTORFF, signed and executed said instrument in the presence of the witnesses as her last will and testament and that she signed willingly, and that she executed it as her free and voluntary act and deed for the purposes therein expressed, and that each of the witnesses at the request of the Testatrix, in the hearing and presence of the Testatrix and each other, signed the will as witness, and that to the best of his or her knowledge the Testatrix was at the time at least eighteen years of age, of sound mind and under no constraint, duress, fraud or undue influence.


CAROL ANN RENGSTORFF
Testatrix



M. L. CERVANTES
Witness


NANCY NOVAK GAWRYSZEWSKI:
Witness

Subscribed, sworn to and acknowledged before me by the said CAROL ANN RENGSTORFF, Testatrix, and subscribed and sworn to before me by the said M. L. CERVANTES AND NANCY NOVAK GAWRYSZEWSKI as witnesses, this 8TH day of October, 1993.


A. W. SHUNNESON

I, the undersigned officer, do hereby certify that I am, on the date of this certificate, a person with the power described in Title 10 U.S.C. 1044a of the grade, branch of service, and organization stated below in the active service of the United States Armed Forces, and that by statute no seal is required on this certificate, under authority granted to me by Title 10 U.S.C. 1044a.


(Signature of Officer)
A. W. SHUNNESON
Legal Assistance Attorney,
LIEUTENANT, USNR.