

RETURN ADDRESS:

TOM SMITH
1200 NW SLUMAN ROAD
VANCOUVER, WA 98665

Re: **CCT 00097486WT**

DOCUMENT TITLE(S)
AFFIDAVIT OF LACK OF PROBATE

REFERENCE NUMBER(S) OF RELATED DOCUMENTS:

REAL ESTATE EXCISE TAX

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

1. **SMITH, EWING L. -deceased**
- 2.
3. **Additional Grantors on page**

24703
FEB 28 2005

PAID EXEMPT
Audrey Takami, Deputy
SKAMANIA COUNTY TREASURER

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

1. **SMITH, CHARLES EWING**
2. **ABERNATHY, LOUISE LINDA LOUISE**
3. **SMITH, THOMAS PATRICK**
- 4.



TRUSTEE:

- 1.

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

LOTS 9, 10, & 11 OF PARKER ACRES

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER: **02-05-32-4-0-0700-00**

Gary H. Martin, Skamania County Assessor

Date 2-25-05 Parcel # 02-05-32-4-0-0700-00

☐ **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



700 N.E. 4th Avenue, #201
Camas, WA 98607
Telephone (360) 834-2984 • Fax (360) 834-0374 • www.clarkcountyttitle.com

Title/Escrow No.: 00097486-wt

**AFFIDAVIT
(Lack of Probate)**

State of Washington

County of Clark



LINDA

CHARLES EWING SMITH, LOUISE ABERNATHY and THOMAS PATRICK SMITH, being first duly sworn, deposes and says:

1. The undersigned affiants are the SONS AND DAUGHTER of

EWING L. SMITH, who died March 22, 1984, at VANCOUVER, WA,
(decedent) (date) (city) (state)

then being a legal resident of VANCOUVER, CLARK, WASHINGTON.
(city) (county) (state)

NOTE: A Death Certificate of decedent is attached hereto.

2. ☒ Decedent left no last Will; or
() 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; or
() 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 address are as follows (including spouse, natural or adopted children, issue of any predeceased child, and surviving parents, brothers and sisters of decedent):

"Service Is The Difference"

HEIRS/AT LAW

CHARLES EWING SMITH

62

SON

15574 SORBONNE ST.,
SYLMAR, CA 91342

(full name)

(age)

(relation)

(address, city, state)

*

LOUISE ABERNATHY

62

DAUGHTER

2402 FAIRMOUNT AVE
VANCOUVER, WA 98661

(full name)

(age)

(relation)

(address, city, state)

THOMAS PATRICK SMITH

56

SON

1200 NW SLUMAN RD
VANCOUVER, WA 98665

(full name)

(age)

(relation)

(address, city, state)

(full name)

(age)

(relation)

(address, city, state)

(full name)

(age)

(relation)

(address, city, state)

☐ See back of this paper for additional name(s) ☐ See attached paper for additional name(s)

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:

* LINDA



5. The decedent () has ☒ has never received assistance from the State of Washington for subsistence 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 \$ unknown, and the value of separate property was approximately \$ unknown.
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: 2/21/05
[Signature]
CHARLES EWING SMITH

Linda Louise Abernathy
LINDA LOUISE ABERNATHY

[Signature]
THOMAS PATRICK SMITH

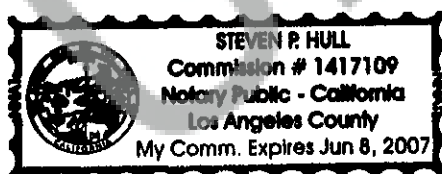


State of California)
County of Los Angeles) ss.

I certify that I ~~know~~ or have satisfactory evidence that CHARLES EWING SMITH is the person(s) who appeared before me, and said person(s) acknowledged that HE signed this instrument and acknowledged it to be HIS free and voluntary act for the uses and purposes mentioned in the instrument.

Dated Feb. 21, 2005

See attached



Notary Public in and for the State of California
Residing at 15981 Laurel St. Sylmar, CA 91342
My commission expires June 8, 2007



700 N.E. 4th Avenue, #201

Camas, WA 98607

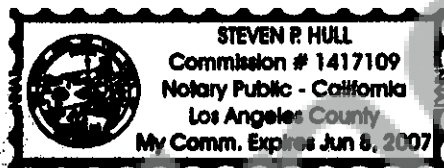
Telephone (360) 834-2984 • Fax (360) 834-0374 • www.clarkcountytile.com

State of California
County of Los Angeles

I certify that I know or have satisfactory evidence that CHARLES EWING SMITH is/are the person(s) who appeared before me, and said person(s) acknowledged that he/~~she/they~~ signed this instrument and acknowledge it to be his/~~her/their~~ free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: February 21, 2005

Notary Public in the State of California
Residing at Sylmar, CA
My commission expires: June 8, 2007

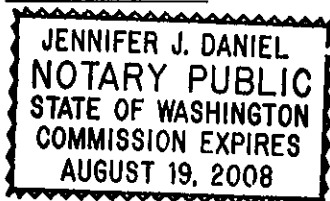


State of WA)
County of Clark) ss.

LINDA

I certify that I know or have satisfactory evidence that LOUISE ABERNATHY is the person(s) who appeared before me, and said person(s) acknowledged that SHE signed this instrument and acknowledged it to be HER free and voluntary act for the uses and purposes mentioned in the instrument.

Dated 2/26/05

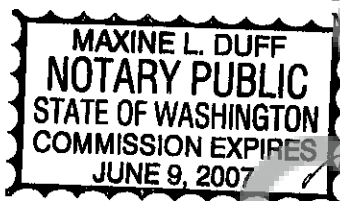


[Signature]
Notary Public in and for the State of WA
Residing at Vancouver
My commission expires 8-19-08

State of WA)
County of Clark) ss.

I certify that I know or have satisfactory evidence that THOMAS PATRICK SMITH is the person(s) who appeared before me, and said person(s) acknowledged that HE signed this instrument and acknowledged it to be HIS free and voluntary act for the uses and purposes mentioned in the instrument.

Dated 2/23/05



[Signature]
Notary Public in and for the State of WA
Residing at Vancouver
My commission expires 6-9-2007

STATE OF WASHINGTON
DEPARTMENT OF HEALTHSTATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

1. NAME - FIRST, MIDDLE, LAST Ewing LeFlore SMITH		2. SEX male	3. DEATH DATE (MO DAY YR) Mar. 22, 1984	146-8 4 05677
4. RACE (WHITE, BLACK, AM IND, ETC. SPECIFY) white	5. AGE - LAST BIRTHDAY (YR) 67	6. UNDER 1 YEAR MO. DAYS HOURS MINS.	7. BIRTHDATE (MO DAY YR) May 19, 1916	8. COUNTY OF DEATH Clark
9. CITY, TOWN OR LOCATION OF DEATH Vancouver		10. PLACE OF DEATH - TO BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Veterans Admin. Medical Center - Vanc.		
11. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) Wash.		12. CITIZEN OF WHAT COUNTRY USA		13. RECEIVED EMERGENCY CARE AMBULANCE, AIRTEL, PHONED no
14. SOCIAL SECURITY NO. 533 10 0568		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		16. SPOUSE (IF WIFE GIVE MAIDEN NAME) Margaret E. Street
17. RESIDENCE - NUMBER AND STREET 513 Santa Fe Drive		18. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.) supervisor		19. WAS DECEDENT EVER IN ARMED FORCES? (YES/NO) yes
20. CITY/TOWN, OR LOCATION Vancouver		21. INSIDE CITY LIMITS? (YES/NO) yes		22. KIND OF BUSINESS OR INDUSTRY State of Wash.
23. FATHER - NAME FIRST, MIDDLE, LAST Charles LeFlore		24. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST Carrie E. Phillips		25. STATE Wash.
26. INFORMANT - NAME Margaret E. Smith		27. MAKING ADDRESS 513 Santa Fe Drive, Vancouver, WA 98661		28. CITY OR TOWN Vancouver, WA
29. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) Burial		30. DATE (MO DAY YR) Mar. 24, 1984		31. CEMETERY/CREMATORY - NAME Evergreen Memorial Gardens Cem.
32. FUNERAL HOME SIGNATURE X [Signature]		33. NAME OF FACILITY Memorial Gard. Funeral Ch.		34. ADDRESS OF FACILITY 1101 NE 111th Ave. Vanc. WA
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				
35. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.				
36. SIGNATURE AND TITLE Dr. Frederick W. Smith				
37. DATE SIGNED (MO DAY YR) 3/23/84				
38. HOUR OF DEATH (24 HR) 2:16 a.m.				
39. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) V.A. Medical Center, P.O. Box 1033 Portland Or. 97207				
40. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER Dr. Fredrick W. Smith - VAMC Vancouver, Wash.				
41. IMMEDIATE CAUSE (A) Hypernephroma, metastatic to the brain				
42. DUE TO, OR AS A CONSEQUENCE OF:				
43. INTERVAL BETWEEN ONSET AND DEATH 4 years				
44. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.				
45. AUTOPSY (YES/NO) no				
46. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (YES/NO) no				
47. ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (SPECIFY)				
48. INJURY AT WORK? (YES/NO)				
49. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ROAD, ETC. (SPECIFY)				
50. LOCATION - STREET OR AFD NO., CITY/TOWN, STATE				
51. REGISTRAR SIGNATURE X [Signature]				
52. DATE RECEIVED (MO DAY YR) MAR 23 1984				
53. DOCUMENTARY EVIDENCE REVIEWED BY: DATE:				

DSHS 9-150 (REV. 1-82)

DOC # 2005156395
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DOH 101-003 (5/83)

Exhibit A

TRACTS

Lots 9, 10 and 11, PARKER ACRES, according to the plat thereof, recorded in Book "M" of ~~lots, page 3,~~ records of Skamania County, Washington, each of said lots of land being 100 feet in width and lying between the center line of the Washougal River and the Southerly line of the existing ~~Salmon River Road~~ in said County and State. The East and West boundary line of each lot is established by existing survey. All being in Section 32, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington.

* WASHOUGAL RIVER ROAD

Unofficial
Copy