

**AFTER RECORDING MAIL TO:**

Name Marilyn Curtis  
Address 10211 E. Hummingbird Meadow Way  
City/State Tucson AZ 85747  
SR 27702

**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. Lynn H. Curtis, deceased
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. Marilyn Y. Curtis
- 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 153 Northwoods

☒ Complete legal description is on page Page 8 of document

**Assessor's Property Tax Parcel / Account Number(s):** 96-000153

4-19-05  
Garvison

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.

**REAL ESTATE EXCISE TAX**

24851

APR 19 2005

PAID

W. Kie Gelland, Agent

SKAMANIA COUNTY TREASURER

(this space for title company use only)

**AFFIDAVIT  
Lack of Probate**

State of ~~Washington~~

ARIZONA

County of

PIMA

Marilyn Y. Curtis

, being first duly sworn, deposes and says:

1. The undersigned affiant is the wife of Lynn H. Curtis  
(relationship to decedent) (decedent)  
who died March 14, 2002, at Hammondsport  
(date of death) (year) (city)  
State of New York, then being a legal resident of New York  
(county) (state) (city)  
Steuben New York  
(county) (state)

**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:

MARILYN Y. CURTIS 69 spouse 10211 E. Hummingbird Rd Wky  
(full name) (age) (relationship) (residence)  
Tucson AZ 85747

DOC # 2005156999  
Page 2 of 9

# HEIRS AT LAW (continued)

<u>Nancy L. Curtis</u> (full name)	<u>49</u> (age)	<u>daughter</u> (relationship)	<u>903 Catactin Cir NE Leesburg VA 20176</u> (residence)
<u>Patrick W. Curtis</u> (full name)	<u>47</u> (age)	<u>son</u> (relationship)	<u>PO Box Hammondsport NY 14840</u> (residence)
<u>Jennifer L. Rogers</u> (full name)	<u>42</u> (age)	<u>daughter</u> (relationship)	<u>22811 E. Via del Rancho Queen Creek AZ 85242</u> (residence)
<u>Casey W. Curtis</u> (full name)	<u>39</u> (age)	<u>son</u> (relationship)	<u>10211 E. Hummingbird Tucson AZ 85747</u> (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 may follow.
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 \$ 175,000.00. 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:  

All property, real and/or personal, held in joint tenancy with right of survivorship or as community property.

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.

Marilyn G. Curtis  
Affiant's Full Name

4-14-05  
Date

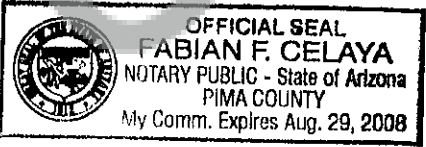
\_\_\_\_\_  
Affiant's Full Name

\_\_\_\_\_  
Date

STATE OF Arizona <sup>FFC</sup> ~~WASHINGTON~~ )  
COUNTY OF Pima ) ss.

On this day personally appeared before me Marilyn G. Curtis 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 14th day of April, 2005



Adrian F. Celaya  
Notary Public in and for the State of Arizona <sup>FFC</sup> ~~Washington~~, residing at Pyramid Credit Union  
My appointment expires 8/29/2008

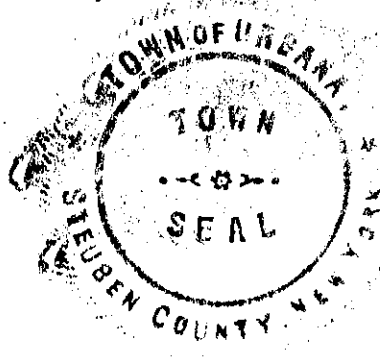
NEW YORK STATE  
DEPARTMENT OF HEALTH

STATE FILE NUMBER

CERTIFICATE  
OF DEATHDOC # 2005156999  
Page 5 of 9

RECORDED DISTRICT 5028		REGISTER NUMBER 2	
RESIDENCE		NCHS	
1. NAME: FIRST MIDDLE LAST Lynn H. Curtis		2. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	
3A. DATE OF DEATH: MONTH DAY YEAR Mar 14 2002		3B. HOUR: 9:40 p m	
4A. PLACE OF DEATH: (Check only one) HOSPITAL DOA <input type="checkbox"/> ER <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input checked="" type="checkbox"/> OTHER (Specify) <input type="checkbox"/>		4B. IF FACILITY: DATE ADMITTED: MONTH DAY YEAR	
4C. NAME OF FACILITY: (if not facility give address) 21 Liberty Street		4D. LOCALITY: (Check one and specify) CITY OF <input type="checkbox"/> VILLAGE OF <input checked="" type="checkbox"/> TOWN OF <input type="checkbox"/>	
4E. COUNTY OF DEATH: Steuben		4F. MEDICAL RECORD NO.	
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		5. DATE OF BIRTH: MONTH DAY YEAR March 17 1933	
6. AGE: 68 yrs.		7A. CITY AND STATE OF BIRTH: (Country if not U.S.A.) Rapid City, S.D.	
8. SERVED IN U.S. ARMED FORCES? NO <input type="checkbox"/> YES <input type="checkbox"/> (Specify years)		9. RACE: (Black, White, etc.) White	
10. HISPANIC ORIGIN? (If yes, specify) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		11. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/> 5+	
12. SOCIAL SECURITY NUMBER: 544-32-3870		13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> MARRIED OR SEPARATED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
14. SURVIVING SPOUSE (If wife, provide maiden name) Marilyn Jones		15A. USUAL OCCUPATION: (Do not enter retired) Chemistry Teacher	
15B. KIND OF BUSINESS OR INDUSTRY: High School		15C. NAME AND LOCALITY OF COMPANY OR FIRM: Arcadia High School	
16A. RESIDENCE, STATE: N.Y.		16B. COUNTY: Steuben	
16C. LOCALITY: (Check one and specify) CITY OF <input type="checkbox"/> VILLAGE OF <input checked="" type="checkbox"/> TOWN OF <input type="checkbox"/>		16D. STREET AND NUMBER OF RESIDENCE: 21 Liberty Street	
16E. ZIP CODE: 14840		16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF NO, SPECIFY TOWN:	
17. NAME OF FATHER: FIRST MI LAST Albert Curtis		18. MAIDEN NAME OF MOTHER: FIRST MI LAST Mildred Carroll	
19A. NAME OF INFORMANT: Marilyn V. Curtis		19B. MAILING ADDRESS: (Include zip code) 21 Liberty St. Hammondsport N.Y. 14840	
20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) Cremation		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Southport Crematorium	
20C. LOCATION: (City or town and state) Pine City, N.Y.		21A. NAME AND ADDRESS OF FUNERAL HOME: LaMarche Funeral Home	
21B. REGISTRATION NUMBER: 01088		22A. NAME OF FUNERAL DIRECTOR: Dennis R. LaMarche	
22B. SIGNATURE OF FUNERAL DIRECTOR: [Signature]		22C. REGISTRATION NUMBER: 02817	
23A. SIGNATURE OF REGISTRAR: [Signature]		23B. DATE FILED: MONTH DAY YEAR 3 15 02	
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: [Signature]		24B. DATE ISSUED: MONTH DAY YEAR 3 15 02	
ITEMS 25-33 COMPLETED BY CERTIFYING PHYSICIAN OR — OR — ITEMS 25-33 COMPLETED BY CORONER OR MEDICAL EXAMINER			
25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE: [Signature]		25A. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS, AS I FELT NECESSARY, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE AND TITLE: [Signature]	
25B. THE PHYSICIAN ATTENDED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR 5 1 01 TO 3 14 02		25B. PRONOUNCED DEAD ON MONTH DAY YEAR 3 15 02	
25C. LAST SEEN ALIVE BY ATTENDANT: MONTH DAY YEAR 2 25 02		25C. HOUR: 25D. DATE SIGNED: MONTH DAY YEAR	
25D. NAME OF ATTENDING PHYSICIAN: D O'CONNOR		25E. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER: [Signature]	
25F. ME/COR. PHYS. LICENSE NUMBER 149768		25F. ME/COR. PHYS. LICENSE NUMBER	
26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A. D O'CONNOR ST. RT 54 BATH NY 14810			
27. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/>			
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>			
29A. AUTOPSY? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> REFUSED <input type="checkbox"/>			
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO <input type="checkbox"/> YES <input type="checkbox"/>			
CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL			
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART I. IMMEDIATE CAUSE: Metastatic Carcinoma of Esophagus 5 months (A) DUE TO OR AS A CONSEQUENCE OF: (B) DUE TO OR AS A CONSEQUENCE OF: (C) DUE TO OR AS A CONSEQUENCE OF: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): Cerebral Vascular Accident			
31A. IF INJURY, DATE: MONTH DAY YEAR 31B. LOCALITY: (City or town and county and state) 31C. DESCRIBE HOW INJURY OCCURRED:			
31D. PLACE OF INJURY: 31E. INJURY AT WORK? NO <input type="checkbox"/> YES <input type="checkbox"/>			
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>			
33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO <input type="checkbox"/> YES <input type="checkbox"/>			
33B. DATE OF DELIVERY: MONTH DAY YEAR			

2002 DEC 19 P 3:36  
STEUBEN COUNTY  
CLERK'S OFFICE



I hereby certify this to be a true and exact  
copy of the original document.

Dated this 15 day of May 2002

Deborah Perie  
Registrar of Vital Statistics

# LAST WILL AND TESTAMENT OF

## Lynn Harley Curtis

BE IT KNOWN, that I, Lynn Harley Curtis of the Village of Hammondsport, in the County of Steuben, in the State of New York being of sound mind, do hereby revoke any and all wills and testamentary dispositions heretofore made by me and hereby make, publish and declare this as and for my Last Will and Testament.

- I. I nominate and appoint my wife, Marilyn Yvonne Jones Curtis of Hammondsport, New York, as the Executrix of this my Last Will and Testament.

If she shall predecease me, fail to qualify or cease to act as Executrix for any reason, I nominate and appoint Nancy Lynn Curtis Jefferson, of Leesburg, Virginia, as successor.

I direct that no bond or other security shall be required of my said Executrix for the faithful performance of her duties in any jurisdiction in which she may be called upon to act.

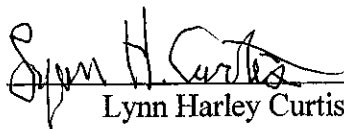
- II. I direct that all of my just debts and funeral expenses be paid as soon after my death as shall be practicable.

I direct my Executrix to pay from my residuary estate all administrative expenses and death taxes imposed on my estate.

- III. I give, devise, and bequeath my estate in its entirety, both real and personal, to which I may be entitled or which I may have power to dispose of at my death, to my wife, Marilyn Yvonne Jones Curtis, absolutely, if she shall be living at my death.

- IV. In the event my said wife shall not survive me, then I give, devise and bequeath all of my said estate to my children, Nancy Lynn Curtis Jefferson, Patrick Ward Curtis, Jennifer Lee Curtis Rogers, and Casey Wade Curtis, in equal shares.

In witness whereof, I have hereunto subscribed my name and caused this my Last Will and Testament, consisting of two pages, including the attestation clause, to be executed, declared, and published at Hammondsport, New York, this 14th date of January, 2000.

  
Lynn Harley Curtis

Subscribed by Lynn Harley Curtis in the presence of each of us, the undersigned, and at the same time declared by him to us to be his Last Will and Testament, and we thereupon, at the

request of Lynn Harley Curtis, in his presence and in the presence of each other sign our names  
hereto as witnesses this 14th day of January, 2000.

WITNESS:

Kelly L. Bussmann

Dorothy J. Wagon

Kelly A. Jones

ADDRESS:

81 Shethar St; Hammondsport, NY 14840

7724 Main Street, Kanona NY 14856

7630 Telegraph Rd. Bath NY 14810

Unofficial Copy



EXHIBIT 'A'

Lot 153, as shown on the Plat entitled Record of Survey for Water Front Recreation, Inc., dated May 16, 1974, on file and of 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 on said Plat, for the joint use of the areas shown as roadway on the Plat. Subject to reservations by the United State of America in approved selection list number 259 dated March 4, 1953, and recorded September 4, 1953, at Page 23, of Book 52 of Deed, 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 Untied States, its licenses and permittees to use for power purposes that part withing Power Project No. 2071, 2111 and 264."

- Last Page -