

Return Address:

Valerie Kirkendall, Attorney at Law
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Doc # 2005159258
Page 1 of 6
Date: 10/26/2005 03:39P
Filed by: VALERIE KIRKENDALL
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$37.00

Document Title(s) or transactions contained herein:	
Lack of Probate Affidavit	REAL ESTATE EXCISE TAX 25416 OCT 26 2005
GRANTOR(S) (Last name, first name, middle initial) Lang, Guenter H.	PAID <u>exempt</u> <u>Vicki Chelland</u> SKAMANIA COUNTY TREASURER
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial) Lang, Ronald	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) Lots 1, 2 and 3 of MAPLE HILL TRACT NO. 3, according to the official plat thereof on file and of record at page 144 of Book A of Plats, Records of Skamania County, Washington	
<input type="checkbox"/> Complete legal on page 3 of document.	
REFERENCE NUMBER(S) of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 03 07 25 2 0 0303 00 6.5	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel numbers on page _____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	

Property	Approximate Value
One-half share of community	\$ 0.00
Separate property	\$100.00
Total	\$ 100.00

7. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full. There are no debts or encumbrances remaining unpaid which are or may become a lien on said property; all claims against the estate have been paid; a Federal Estate Tax Return has been filed, and if taxes are owing have been paid. Decedent's estate was not liable for Washington estate tax.
8. Washington Assistance. Decedent was not liable for repayment for subsistence or medical care to the state of Washington.
9. Purpose of Affidavit. I am making this Affidavit for the purpose of inducing a title company to issue one or more policies of title insurance on the real property passing to me. In consideration of the issuance of said policy(ies), the undersigned agrees to hold the title company free and clear of all liability and responsibility for any loss, damage or expense that may arise or it may suffer by reason of the issuance of such policy(ies) without requiring a probate of the estate of the Decedent.

Dated: 10-5-05

Ronald Lang
 Ronald Lang
 18405 SW Deloris Lane
 Beaverton, Oregon 97007

STATE OF OREGON)
)ss.
 County of Washington)

This instrument was SUBSCRIBED & SWORN TO before me on October 5, 2005
 by Ronald Lang.



Valerie Kirkendall
 NOTARY PUBLIC FOR OREGON
 My commission expires 9-22-06

Attachment to
LACK OF PROBATE AFFIDAVIT

Description of Real Property

Lots 1, 2 and 3 of MAPLE HILL TRACT NO. 3, according to the official plat thereof on file and of record at page 144 of Book A of Plats, Records of Skamania County, Washington.

SUBJECT TO restrictive covenants as set forth in agreement dated May 1, 1969, and recorded May 7, 1969, at page 389 of Book 60 of Deeds, under Auditor's File Number 70998, Records of Skamania County, Washington, relating to building limitations, restriction on the use of the premises, and the keeping of animals;

SUBJECT TO the further condition that grantee, his heirs and assigns, is entitled to a full and equal membership in the Maple Hill Water Company and is entitled to an adequate share of water for servicing the needs of one dwelling house only (Lots 1 & 2). Grantee will not be entitled to water service from Maple Hill Water Company for the aforesaid Lot 3.

Gary H. Martin, Skamania County Assessor

Date 10/19/05 ^{CS} Parcel # 3-7-25-2-303

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

H48053

I.D. TAG NO.

0099

Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

03-030552

CERTIFICATE OF DEATH

136-

State File Number

DECEASED

1. 10

2. _____

3. _____

4. _____

5. _____

6. _____

PARENTS

DISPOSITION

7. 01

8. 16

9. 351

REGISTRAR

10. 1

11. 1

CERTIFIER

12. _____

13. _____

14. _____

DESIGNATE

CONDITIONS,

IF ANY,

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE,

STATING THE

UNDERLYING

CAUSE LAST

CAUSE OF

DEATH

15. _____

16. _____

CAUSE OF

DEATH

INSTRUCTIONS

ARE

ON REVERSE

SIDE

OF GREEN

AND

PINK COPY

1. DECEASED'S NAME Edeltraut Ruth LANG			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) December 23, 2003
4. SOCIAL SECURITY NUMBER 293-46-7074		5a. AGE-Last Birthday (Years) 70	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) Germany		7. DATE OF BIRTH (Month, Day, Year) Jan. 30, 1933		
8. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9a. PLACE OF DEATH (Check one only) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not an institution, give street and number.) 16025 SW Nora Road			9c. CITY, TOWN, OR LOCATION OF DEATH Aloha	9d. COUNTY OF DEATH Washington
10a. DECEASED'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) Married
12. SPOUSE (If Married, Widowed, Divorced, (Specify) Guenter		13a. RESIDENCE - STATE Oregon		
13b. COUNTY Washington		13c. CITY, TOWN OR LOCATION Aloha		
13d. STREET AND NUMBER 16025 SW Nora Road		14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes) if yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) College (1-4 or 5+) 4		
17. FATHER'S NAME First Middle Last		18. MOTHER'S NAME First Middle Maiden		19. INFORMANT'S NAME and relationship to deceased Guenter Lang, Husband
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <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) Young's Crematory Tigard, Oregon		
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Aue M. Reggleman		21b. OREGON LICENSE NO. (Or Licensee) 1783		
22. NAME, ADDRESS AND ZIP CODE OF FACILITY American Burial & Cremation 11625 SW Pacific Hwy Tigard, OR 97223		23. DATE FILED (Month, Day, Year) JAN 15 2004		
24. REGISTRAR'S SIGNATURE G. Pulech		RESERVED FOR REGISTRAR'S USE Item 7, corrected by Funeral Home Affidavit, 8-18-04 #229753, J.A. Woodward, State Reg., klc		

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 1:48 PM	28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
29. To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature) John N. Bakke M.D.		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature)	
30. DATE SIGNED (Month, Day, Year) January 2, 2004		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Dr. John N. Bakke M.D. 9205 SW Barnes Rd. Portland, Oregon 97225			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g., Cardiac or Respiratory Arrest). PART I (a) Sepsis DUE TO, OR AS A CONSEQUENCE OF (b) Infected gangrenous toe bilaterally DUE TO, OR AS A CONSEQUENCE OF (c) Peripheral vascular disease		Interval between onset and death days Interval between onset and death weeks Interval between onset and death months	
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I. CREST syndrome		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	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	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

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

AUG 18 2004

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

DC # 2005159258
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CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

409580
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

Local File Number		State File Number	
1. DECEDENT'S NAME Guenter Horst LANG		2. SEX Male	
4. SOCIAL SECURITY NUMBER 270-40-0285		3. DATE OF DEATH (Month, Day, Year) July 30, 2004	
5a. AGE Last Birthday (Year) 75		6. BIRTHPLACE (City and State or Foreign Country) Berlin, Germany	
5b. Under 1 Year Days: 75		7. DATE OF BIRTH (Month, Day, Year) May 30, 1929	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check one only) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <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 an institution, give street and number) 16025 Nora Road		9c. CITY, TOWN, OR LOCATION OF DEATH Beaverton	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Tool and Die maker		10b. KIND OF BUSINESS/INDUSTRY Manufacturing	
11a. RESIDENCE - STATE Oregon		11b. COUNTY OF DEATH Washington	
12a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12b. ZIP CODE 97007	
13. CITY, TOWN OR LOCATION Beaverton		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
17. FATHER'S NAME First Middle Last Ernest Lang		18. MOTHER'S NAME First Middle Last Pikora Lang-Ron	
19. MARRITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		20. SPOUSE (If Married, Widowed, Divorced) (Specify) Eldeltraut Lang	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Young's Crematory	
22a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>John W. ...</i>		22b. OREGON LICENSE NO. (If Licensee) 3043	
23. DATE SIGNED (Month, Day, Year) AUG 20 2004		24. NAME, ADDRESS AND ZIP CODE OF FACILITY American Burial & Cremation 97223 31825 SW Pacific Hwy, Tigard, OR	
25. REGISTRAR'S SIGNATURE <i>Jennifer A. Woodward</i>		26. REGISTRAR'S SIGNATURE	
RESERVED FOR REGISTRAR'S USE			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 9:15		28. WERE MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. To the best of your knowledge, death occurred at the time, date, place, and due to the cause(s) stated. <i>Robert Saldívar MD.</i>		30. DATE SIGNED (Month, Day, Year) 8/6/04	
31. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert Saldívar MD., 4855 SW Western Ave., Beaverton, OR 97005		32. DATE SIGNED (Month, Day, Year) COUNTY	
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g., Cardiac or Respiratory Arrest). Boval obstruction		Interval between onset and death 1d	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		35. TOXICOLOGIC USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. DATE OF INJURY (Month, Day, Year)		39. TIME OF INJURY	
40. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)		41. DESCRIBE HOW INJURY OCCURRED	
42. LOCATION (Street and Number or Rural Route Number, City or Town, State)		43. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

45-2 (08/03)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

AUG 20 2004

DATE ISSUED:

Jennifer A. Woodward
JENNIFER A. WOODWARD, PH.D.
STATE REGISTRAR

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