## Return Address:

Valerie Kirkendall, Attorney at Law 9250 SW Tigard Street Tigard, Oregon 97223 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. NICHAEL GARVISON

AUDITOR

Fee: \$37.00

Document Title(s) or transcctions contained herein:	
Lack of Probate Affidavit	REAL ESTATE EXCISE TAX
	25416
	OCT 2 6 2005
GRANTOR(S) (Last name, first name, middle initial)	PAID exen st
Lang, Guenter H.	Vicker Clellanding grely
	SKAR COURTY TOFASURER
[ ] Additional names on page of document.	
GRANTÉE(S) (Last name, first name, middle initial)	
Lang, Ronald	
[ ] Additional names on page of document.	
LEGAL DESCRIPTION (At breviated: i.e., Lot, Block Plat of Lots 1, 2 and 3 of MAPLE HILL TRAC	T NO. 3, according to the official
plat thereof on file and of record at pa	ige 144 of Book A of Plats, Records
of Skamania County, Washington  [ ] Complete legal on page _ 3 of document.	
REFERENCE NUMBER(S) of Documents assigned or	released:
Additional numbers on page of document.	
ASSESSOR'S PROPERTY TAX PARCELIACCOUNT N	<i>IUMBER</i>
03 07 25 2 0 0303 00 <sup>6,5</sup>	·
[ ] Property Tax Parcel ID is not yet assigned	
Additional parcel numbers on page of docum	
The Auditor/Recorder will rely on the information pro-	
the document to verify the accuracy or complet	eness of the indexing information.

Guenter H. Lang, Grantor		FOR RECORDING	PURPOSES
Ronald Lang, Grantee			•
After Recording, return to:	Valerie I. Kirkendall, Esq. 9250 S.W. Tigard St. Tigard, Oregon 97223		
Until requested otherwise, ser Ronald Lang 18405 SW Deloris Lane Beaverton, Oregon 97007-464			

# LACK OF PROBATE AFFIDAVIT REGARDING HEIRSHIP INHERITANCE AND OWNERSHIP (For TITLE INSURANCE COMPANY)

STATE OF WASHINGTON	)	
	)	SS
COUNTY OF SKAMANIA	)	

Ronald Lang, being first duly sworn, declares as follows:

- 1. <u>Status</u>. I am the sole heir of Guenter Horst Lang who died on July 30, 2004, then a resident of Beaverton, Washington County, Oregon. A certified copy of his Death Certificate is attached to this Affidavit.
- 2. <u>Deceased Spouse</u>. Edeltraut R. Lang, then a resident of Beaverton, Washington County, Oregon, who died on December 23, 2003, was the wife of the decedent. A certified copy of her Death Certificate is also attached to this Affidavit. Edeltraut R. Lang left no will.
- 3. Real Property. Decedent left a separate interest in the real property described in the attachment to this Affidavit. Guenter H. Lang and Edeltraut R. Lang acquired the real property as community property by Deed dated May 19, 1978 and recorded under Skamania County Recording No. 86422. The property interest of Edeltraut R. Lang passed to her spouse at her death.
- 4. Decedent's Will & Probate. Decedent left no Will.
- 5. <u>Decedent's Heirs-at-Law</u>. The decedent's only heir-at-law (including any natural or adopted children or issue, parents, and siblings) is:

Name Address Relationship
Ronald Lang 18405 SW Deloris Lane Son
Beaverton, Oregon 97007

6. <u>Character and Value of Decedent's Estate</u>. The approximate value of Decedent's Washington estate at death is as follows:

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

- 7. <u>Decedent's Debts & Expenses</u>. 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. <u>Washington Assistance</u>. 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

18405 SW Deloris Lane Beaverton, Oregon 97007

STATE OF OREGON

)ss.

County of Washington

This instrument was SUBSCRIBED & SWORN TO before me on <u>UC+ober 5</u>, 2005 by Ronald Lang.

OFFICIAL SEAL

VALERIE KIRKENDALL

NOTARY PUBLIC - OREGON

COMMISSION NO. 361032

MY COMMISSION EXPIRES SEPTEMBER 22, 2006

NOTARY PUBLIC FOR OREGON
My commission expires 9-22-

#### 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 10/19/65 Parcel # 3-7-25-2-363

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TYPE OR PRINT IN	H48053 OREGON DEPARTMENT OF CENTER FOR HEALT	
PERMANENT BLACK INK,	0 09 9 CERTIFICATE O	F DEATH State Elle Number
	1. DECEDENT'S First Middle La	st 2 SEX 3 DATE OF DEATH (Month, Day, Year) Female December 23, 2003
محققه ا	4. SOCIAL SECURITY NUMBER 5a. AGE-Last Birthdey 5b. Under 1 Year 5c. Under 1 Day (Years) Mos Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign 7. DATE OF BIRTH (Month, Day, Year)
DECEMBERI	293-46-7074 70  8: WAS DECEDENT EVER   Se. PLACE OF DEATH (Check one only)	Germany Jan. 30, 1933
1. [20]	9b. FACILITY NAME (It not an institution, give streat and number.) 9c.	Nursing Home
2	16025 SW Nora Road  10n. DECEDENTS USUAL COCUPATION (December of the december	Aloha Washington  11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. (Specify)
,	Homenaker Own home	Married Guenter
5	Oregon Washington Aloha  13th MB/DE CITY 137 ZIP CODE 17, MAS DECENSATION HISRARIA SHEEK PORTOR HISRARIA SHEEK	16025 SW. Nora. Road  16. RACE American Indian, 16. DECEDENT'S EDUCATION (Specify and highest goals enripted at the control of
6	LIMITS? (Specify No or Yes) If yes, specify Cuben, Maxican, Puerto Rican, etc.	White
PARINTS		Middle Malden 19. INFORMANTS NAME and relationship to deceased Guenter Lang, Husband
กระอรสเดท	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of camelary, are)	ON 20c. LOCATION (City or Town, State)
7. <u>0</u>	□ Donallon □ Other (Specify) Young's Cre	
8. <u>/()</u>	216. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR 2 b. OREGON LICENSE (Of Licensee) (Of Licensee) 1783	American Burtal & Cremation 11825 SW Pacific Hwy Tigard, OR 97223
9. 55	23. DATE FILED (Month, Day, Year)	24. REDISTRADAS SIGNATURE
93°43		Home Affidavit, 8-18-04 #Z29753,
37.7	J.A. Woodward, State Reg.,	
);		
10	TO BE COMPLETED BY CERTIFYING PHYSICIAN  27. TIME OF DEATH 28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner)	TO BE COMPLETED ONLY BY MEDICAL EXAMINER 316. TIME OF DEATH 316. DATE PROYOUNCED DEAD (Month, Dec. Year, Hour)
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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 1 8 2004

JENNIFER A. WOODWARD, Ph.D. STATE REGISTRAR

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4. SOCIAL SECURIT	Y NUMBER 51 AGE-LA	Browny In Under 1	feer 6s, Under 1 De	6. BURTHPLAC	E (City and State or For	op 7. DATE OF BIRT	H (Month, Ca
min	1 /2	DEATH (Check one only.)	`		Germany	May 30	1929
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- 9:15 a	M Must be notife	id of all injury and polsonir	ig desths.)				
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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

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 2 0 2004

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D. STATE REGISTRAR