

Doc # 2005159575
Page 1 of 6
Date: 11/21/2005 10:37A
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$37.00

AFTER RECORDING MAIL TO:

Name RONNA WALLACE
Address PO BOX 1045
City/State WASHOUGAL, WA 98671
5CTC 28303

Document Title(s): (or transactions contained therein)

1. AFFIDAVIT LACK OF PROBATE
2. DEATH CERTIFICATE
3. COMMUNITY PROPERTY AGREEMENT
- 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. WALLACE, DONALD L.
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. WALLACE, RONNA M., AN UNMARRIED WOMAN
- 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)

The East 660 feet of the North Half of the Southeast Quarter of Section 19, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington.

EXCEPT the East 330 feet thereof.

Gary H. Martin, Skamania County Assessor

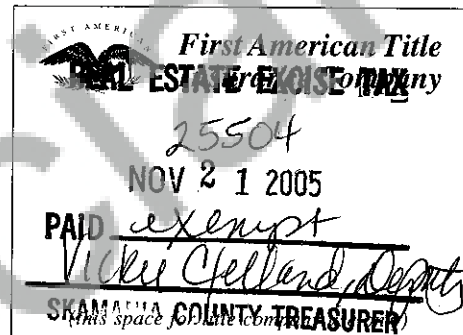
Date 11-21-05 Parcel # 2-5-19-700

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-05-19-0-0-0700-00

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.





First American Title Insurance Company

1014 Main Street • Vancouver, WA 98660
(360) 699-4445 • Fax (360) 694-4860 • Oregon (503) 230-1447

AFFIDAVIT

Lack of Probate

State of Washington

County of Skamania

, being first duly sworn, deposes and says:

1. The undersigned affiant is the spouse of Donald L. WALLACE
(relationship to decedent) (decedent)
who died April 11, 2005, at VANCOUVER State of WASHINGTON,
(date of death) (year) (city) (state)
then being a legal resident of WASHOUGAL, CLATSOP, WASHINGTON
(city) (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 August 29, 1994, 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:

Bonnie M. Wallace 68 spouse 392 NEWQUIST Rd
(full name) (age) (relationship) (residence)
Washougal, WA 98671

HEIRS AT LAW (continued)

_____	_____	_____	_____
(full name)	(age)	(relationship)	(residence)
_____	_____	_____	_____
(full name)	(age)	(relationship)	(residence)
_____	_____	_____	_____
(full name)	(age)	(relationship)	(residence)
_____	_____	_____	_____
(full name)	(age)	(relationship)	(residence)

(attach additional page for additional names)

- 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 follows:
- 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
- As of the date of death, the value of all community property of the decedent was approximately \$ 200,000 . The value of all separate property of the decedent was approximately \$ _____
- Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

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.

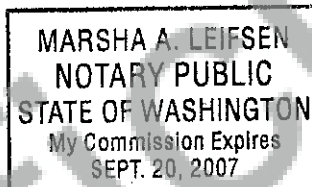
Ronna Wallace
Affiant's Full Name

11-16-05
Date

Affiant's Full Name

Date

STATE OF WASHINGTON }
County of CLARK } SS.



On this day personally appeared before me Ronna M. Wallace to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that (he/she/they) signed the same as (his/her/their) free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 16th day of NOV, 2005

[Signature]

Notary Public in and for the State of
Residing at
My appointment expires 7-20-2007

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 160 Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix 2. Death Date
Donald L. Wallace April 11, 2005

3. Sex (M/F) 4a. Age - Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. Social Security Number 6. County of Death
Male 72 Months Days Hours Minutes [REDACTED] Clark

7. Birthdate 8a. Birthplace (City, Town, or County) 8b. (State or Foreign Country) 9. Decedent's Education
Dec. 28, 1932 Emmett ID Some College no degree

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. 11. Decedent's Race(s) 12. Was Decedent ever in U.S. Armed Forces? Yes
No White Yes

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 13b. City or Town
392 Newquist Rd. Washougal

13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. Inside City Limits?
Skamania - WA 98671 ☐ Yes ☒ No ☐ Unk

14. Estimated length of time at residence. 15. Marital Status at Time of Death 16. Surviving Spouse's Name (Give name prior to first marriage)
36 Years Married Ronna Marie Marston

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name)
Furnace Fireman Paper Mill

19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last)
William A. Wallace Mayme Unknown

21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RFD No. City or Town State Zip
Ronna M. Wallace Wife P.O.B. 1045 Washougal WA 98671

24. Place of Death, if Death Occurred in a Hospital: 25. Facility Name (if not a facility, give number & street or location) 26a. City, Town, or Location of Death 26b. State 27. Zip Code
Inpatient Southwest Washington Medical Center Vancouver WA 98664

28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State
Cremation Young's Crematory Tigard, Oregon

31. Name and Complete Address of Funeral Facility 32. Date of Disposition
Davies Cremation & Burial P.O. Box 61747 Vancouver, WA 98666 4/14/2005

33. Funeral Director Signature X Daniel C. [Signature]

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory Failure Interval between Onset & Death
 Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Extensive Bilateral Aspiration pneumonia Interval between Onset & Death
 Due to (or as a consequence of):

c. Interval between Onset & Death
 Due to (or as a consequence of):

d. Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above 36. Autopsy? 37. Were autopsy findings available to complete the Cause of Death?
☐ Yes ☒ No ☐ Yes ☐ No

38. Manner of Death 39. If female 40. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Yes ☒ Probably
☐ Accident ☐ Undetermined ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ No ☐ Unknown
☐ Suicide ☐ Pending ☐ Unknown if pregnant within the past year ☐ No ☐ Unknown

41. Date of Injury (MM/DD/YYYY) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work?
[REDACTED] [REDACTED] [REDACTED] ☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street: Apt. No.
[REDACTED] [REDACTED] [REDACTED]

46. Describe how Injury occurred 47. If transportation injury, specify:
[REDACTED] ☐ Driver/Operator ☐ Pedestrian
☐ Passenger ☐ Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Nadia Davis [Signature]

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 50. Hour of Death (24hrs)
NADIA DAVIS 400 MOTHER JOSEPH PL VANCOUVER WA 98664 0615 Hrs

51. Name and Title of Attending Physician (if other than Certifier (Type or Print)) 52. Date Signed (MM/DD/YYYY)
[REDACTED] 4/12/05

53. Title of Certifier 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner?
MD [REDACTED] [REDACTED] ☐ Yes ☒ No

57. Registrar Signature 58. Date Received (MM/DD/YYYY)
[Signature] APR 13 2005

59. Amendments

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COMMUNITY PROPERTY AGREEMENT

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 29 day of August, 94, by and between Donald L Wallace and Ronna Marie Wallace, husband and wife, of Shamania County, State of Washington, pursuant to the provisions of §26.16.120RCW, permitting agreements between husband and wife fixing the status and disposition of community property to take effect upon the death of either, Witnesseth: That, in consideration of the love and affection that each of us has for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

II.

That upon the death of either of us, title to all community property as herein defined shall immediately vest in fee simple in the survivor.

IN WITNESS WHEREOF, we Donald L Wallace and Ronna Marie Wallace have hereunto set our hands this 29 day of August, 94.

Mart J. Jure

Witness

Kathy Chappell

Witness

Donald L Wallace

Spouse

Ronna Marie Wallace

Spouse

STATE OF WASHINGTON,

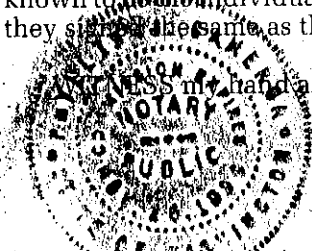
ss.

(Individual Acknowledgement)

County of Clark

This is to certify on this 29 day of August, 94, before me Thyllis J. Cameron a Notary Public in and for the State of Washington duly commissioned and sworn, personally came Donald L. Wallace and Ronna Marie Wallace husband and wife, to me known to ~~both~~ individuals described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.



Thyllis J. Cameron
Notary Public in and for the State of Washington
My appointment expires: 11/26/94

Community Property Agreement

Washington Legal Bank Inc., Issaquah, WA Form No. 63 8/89

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

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