

Return Address: Lee A. Uhlar

P.O. Box 1054

Washougal, WA. 98671

Document Title(s) or transactions contained herein: Affidavit Lack of Probate Death Certificate	
GRANTOR(S) (Last name, first name, middle initial) Acker, Linda L. Nka Linda L. Uhlar	
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial) Uhlar, Lee A.	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) Sec. 32, T2N, R5E (see attached legal)	
<input type="checkbox"/> Complete legal on page 6 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 2-5-324-1400 ⁶⁵	
<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.	

**AFFIDAVIT
Lack of Probate**

REAL ESTATE EXCISE TAX

25741

State of Washington

MAR - 1 2006

County of Skamania

PAID exempt
Vicki C. Belland
SKAMANIA COUNTY TREASURER

Lee A. Uhlar, being first duly sworn, deposes and says:

1. The undersigned affiant is the husband of Linda
(relationship to decedent) (decedent)
Acker Uhlar, who died Feb. 20, 2006, at Washougal
(date of death) (year) (city)
State of Washington, then being a legal resident of Washougal
Skamania, Washington
(county) (state) (city)

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:

Lee A. Uhlar 50 husband 10952 Washougal
(full name) (age) (relationship) (residence)
River Road
Washougal, WA.

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)

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 follows:
5. The decedent [] had [X] 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 \$ 285,400.00. 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:

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.

Lee A. Uhlar
Affiant's Full Name

03-01-06
Date

Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF Skamania) ss.

On this day personally appeared before me Lee A. Uhlar to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 1st day of March, 2006



Peggy B. Lowry
Notary Public in and for the State of
Washington, residing at Carson
My appointment expires 2/23/07

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 9		D2		Washington State Certificate of Death		State File Number:	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Linda Lee UHLAR				2. Death Date 02/20/2006			
3. Sex (M/F) Female	4a. Age - Last Birthday 48	4b. Under 1 Year Months Days 03/13/1957	4c. Under 1 Day Hours Minutes Seattle	5. Social Security Number [REDACTED]	6. County of Death Skamania		
7. Birthdate 03/13/1957		8a. Birthplace (City, Town, or County) Seattle		8b. (State or Foreign Country) Washington		9. Decedent's Education High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 10952 Washougal River Rd.				13b. City or Town Washougal			
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98671	
14. Estimated length of time at residence. 15 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Lee Allen Uhlar			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Barber				18. Kind of Business/Industry (Do not use Company Name) Barber Shop			
19. Father's Name (First, Middle, Last, Suffix) Harold W. Acker, Jr.				20. Mother's Name Before First Marriage (First, Middle, Last) Marlene Claire Koskey			
21. Informant's Name Lee Uhlar		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 10952 Washougal River Rd. Washougal, WA 98671			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (if not a facility, give number & street or location) 10952 Washougal River Rd.				26a. City, Town, or Location of Death Washougal		26b. State WA	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory		30. Location-City/Town, and State White Salmon, Washington			
31. Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE 3rd Ave. Camas, WA 98607				32. Date of Disposition 02/23/2006			
33. Funeral Director Signature X <i>Carl Diering</i>							
34. Enter the <u>chain of events</u> - 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. Cholangiocarcinoma				Interval between Onset & Death 1 year			
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.				Due to (or as a consequence of): Interval between Onset & Death			
c.				Due to (or as a consequence of): Interval between Onset & Death			
d.				Due to (or as a consequence of): Interval between Onset & Death			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code+ 4:				46. Describe how injury occurred			
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> 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. X DA A SA			
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.				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) David Smith, MD 210 SE 136th Ave. Vancouver, WA 98684		50. Hour of Death (24hrs) 0300	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 02/22/2006		53. Title of Certifier MD	
54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		57. Registrar Signature <i>[Signature]</i>	
58. Date Received (MM/DD/YYYY) 2/22/06				59. Amendments			

That portion of the East 1,991 feet of the North half of the Southeast quarter of Section 32, Township 2 North, Range 5 East of the Willamette Meridian, lying Northerly of the channel of the Washougal River and Southerly of the county road known and designated as the Washougal River Road; EXCEPT the East 1,891 feet thereof.

Gary H. Martin, Skamania County Assessor

Date 3/1/06 Parcel # 2-3324-1400