

Doc # 2006160869
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Date: 03/16/2006 03:07P
Filed by: JAMES YOHE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$36.00

Return Address:

James Yohe
P.O. Box 213
Nu Bonneville WA
98639

Document Title(s) or transactions contained herein: AFFIDAVIT LACK OF Probate Death Cert.		REAL ESTATE EXCISE TAX 25778 MAR 16 2006 PAID <u>exempt</u> <u>Vickie Chellend</u> SKAMANIA COUNTY TREASURER
GRANTOR(S) (Last name, first name, middle initial) Therese A. Yohe		
<input type="checkbox"/> Additional names on page _____ of document.		
GRANTEE(S) (Last name, first name, middle initial) James Yohe		
<input type="checkbox"/> Additional names on page _____ of document.		
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) LOT 17, BLOCK 10 THIRD ADDITION TO THE PLATS OF Relocated North Bonneville BLOCK 10, Recorded in Book B of PLATS pages 34 and 35, under Skamania County File No 25402, records of Skamania County WASHINGTON		
<input type="checkbox"/> Complete legal on page _____ 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 02 07 2922 ^{6.5'} 170000 Gary H. Martin, Skamania County Assessor Date 3/16/06 Parcel # ^{6.5'} 2-7-29-2-2-1700		
<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**

State of Washington

County of Skamania

James H. Yohe, being first duly sworn, deposes and says:

1. The undersigned affiant is the husband of Therese A. Yohe, who died Dec. 30, 1983, at Vancouver, State of Washington, then being a legal resident of North Bonneville, Skamania, Washington.
- (relationship to decedent) (decedent)
(date of death) (year) (city)
(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 _____, 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:

James H. Yohe 77 husband No. Bonneville, WA

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

HEIRS AT LAW (continued)

<u>James V. Yohe</u> (full name)	<u>50</u> (age)	<u>son</u> (relationship)	<u>Sherwood, OR</u> (residence)
<u>Kathleen L. Ball</u> (full name)	<u>49</u> (age)	<u>daughter</u> (relationship)	<u>Carson, WA</u> (residence)
<u>Jeffrey K. Yohe</u> (full name)	<u>47</u> (age)	<u>son</u> (relationship)	<u>Ridgefield, WA</u> (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 [☒] 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 \$ _____. The value of all separate property of the decedent was approximately \$ _____.
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.

James H. Yohe
Affiant's Full Name

3-16-06
Date

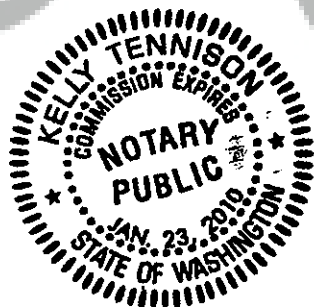
Affiant's Full Name

Date

STATE OF WASHINGTON, }
COUNTY OF Skamania } ss.

On this day personally appeared before me James H. Yohe 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 16 day of March, 2006



Kelly Tennison
Notary Public in and for the State of
Washington, residing at Stevenson
My appointment expires 1/23/10

VITAL RECORDS
CERTIFICATE OF DEATH

1 NAME - FIRST, MIDDLE, LAST Therese A. YOHE		2 SEX Female		3 DEATH DATE (MO DAY YR) 30 Dec 1983		146-8									
4 RACE (WHITE, BLACK, AM. IND. ETC (SPECIFY)) White		5 AGE - LAST BIRTH DAY (YRS) 49		6 UNDER 1 YEAR MOS. DAYS		7 UNDER 1 DAY HOURS MINS		8 BIRTHDATE (MO DAY YR) 07 Apr 1934		9. COUNTY OF DEATH Clark					
10. CITY, TOWN OR LOCATION OF DEATH Vancouver				11. PLACE OF DEATH - (a) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 0 HOME 2 INTRANSPORT 3 EMERG RM/OUT PTN 4 HOSP. 5 NUR HOME 1 OTHER PLACE St. Joseph's Hospital				12. RECEIVED EMERGENCY CARE AMBULANCE, FIRETR. PARAMED? No YES/NO							
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) Pennsylvania		14. CITIZEN OF WHAT COUNTRY U.S.A.		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		16. SPOUSE (IF WIFE GIVE MAIDEN NAME) James H. Yohe		17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) No							
18. SOCIAL SECURITY NO. [REDACTED]				19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.) Homemaker				20. KIND OF BUSINESS OR INDUSTRY Own Home							
21. RESIDENCE - NUMBER AND STREET P.O. Box 213				22. CITY/TOWN, OR LOCATION North Bonneville		23. INSIDE CITY LIMITS? (YES/NO) Yes		24. COUNTY Skamania		25. STATE Washington					
26. FATHER - NAME FIRST, MIDDLE, LAST James V. Greco				27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST CLARK Catherine A. Greco											
28. INFORMANT - NAME James H. Yohe				29. MAILING ADDRESS P.O. Box 213 North Bonneville, WA 98639											
30. BURIAL, CREMATION REMOVAL, OTHER (SPECIFY) Burial		31. DATE (MO DAY YR) 04 Jan 1984		32. CEMETERY/CREMATORY - NAME Stevenson Cemetery				33. LOCATION - CITY/TOWN, STATE Stevenson, Washington							
34. FUNERAL DIRECTOR SIGNATURE X <i>A. T. Chierich</i>				35. NAME OF FACILITY GARDNER FUNERAL HOME, INC.				36. ADDRESS OF FACILITY White Salmon, WA							
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER									
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>Charles Plamp M.D.</i>						41. 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) STATED. SIGNATURE AND TITLE X									
38. DATE SIGNED (MO DAY YR) 1/6/84				39. HOUR OF DEATH (24 HRS) 0100		42. DATE SIGNED (MO DAY YR)				43. HOUR OF DEATH (24 HRS)					
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						44. PRONOUNCED DEAD (MO DAY YR)				45. HOUR PRONOUNCED DEAD (24 HRS)					
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) Charles Plamp, M.D. 600 N.E. 92nd Ave. Vancouver, WA 98664															
47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C)) (A) <i>Metastatic Transitional Cell Carcinoma</i> DUE TO, OR AS A CONSEQUENCE OF: (B) <i>Analgesic Nephropathy</i> DUE TO, OR AS A CONSEQUENCE OF: (C)												INTERVAL BETWEEN ONSET AND DEATH <i>7 months</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i> INTERVAL BETWEEN ONSET AND DEATH			
48. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE. <i>Chronic Renal Failure</i>								49. AUTOPSY? (YES/NO) No		50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) No					
51. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (SPECIFY)		52. INJURY DATE (MO DAY YR)		53. HOUR OF INJURY (24 HRS)		54. DESCRIBE HOW INJURY OCCURRED									
55. INJURY AT WORK? (YES/NO)		56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)		57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE											
58. REGISTRAR SIGNATURE X <i>RW Bills MD</i>		59. DATE RECEIVED (MO DAY YR) JAN 16 1984													
60. ITEM		DOCUMENTARY EVIDENCE:		REVIEWED BY:		DATE:		ITEM		DOCUMENTARY EVIDENCE:		REVIEWED BY:		DATE:	

DSHS 9-150 (REV. 1-82)

THIS IS TO CERTIFY that the foregoing is a true copy (Photographic) of a record on file with the Southwest Washington Health District, Vancouver, WA

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

SEAL

JAN 16 1984

RICHARD W. BILLS, M.D.
District Health OfficerBy *Juanita Gaud*