

RETURN ADDRESS:

MARK A. HOWARD
1406 SE 17TH STREET
FORT LAUDERDALE, FL 33316

Re: CCT 00108049WT

DOCUMENT TITLE(S)
LACK OF PROBATE

REFERENCE NUMBER(S) OF RELATED DOCUMENTS:

GRANTOR(S) (Last, First and Middle Initial)

1. HOWARD, CANDICE M.
2. Additional Grantors on page

REAL ESTATE EXCISE TAX

25846

GRANTEE(S) (Last, First and Middle Initial)

1. HOWARD, MARK A.
2. Additional Grantors on page

APR 11 2006

PAID

SKAMANIA COUNTY TREASURER

TRUSTEE:

LEGAL DESCRIPTION: (Abbreviated form: i.e. lot, block, plat or section, township, range quarter/quarter)

207, Section 28, Township 2N, Range 5E AND 1/3 INTEREST IN LOT2 SP2-213

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER: 02-05-28-1-0-0207-00, 02-05-28-1-0-0290-00 (1/3 INT)

G.S.

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0.5.

☐ If this box is checked then the following applies:

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature of Requesting Party



700 N.E. 4th Avenue, #201

Camas, WA 98607

Telephone (360) 834-2984 • Fax (360) 834-0374 • www.clarkcountytile.com

LACK OF PROBATE AFFIDAVIT--Order No. 00108049

YOU ARE ADVISED TO SEEK INDEPENDENT LEGAL COUNSEL PRIOR TO COMPLETING THIS AFFIDAVIT. CLARK COUNTY TITLE CANNOT GIVE LEGAL ADVICE.

I, (We) MARK A. HOWARD (person(s) completing affidavit) declare under penalty of perjury under the laws of the State of Washington that the following is true and correct:

Decedent's name: CANDICE M. HOWARD

I (We) am (are) the lawful (CIRCLE ONE) surviving spouse, surviving child(ren), other (If other, identify relation: _____) of the above-named decedent. Decedent died on _____

JUNE 24, 1997 (date), at VANCOUVER, WASHINGTON (City, State) within the County of CLARK. At the time of his or her death, decedent was a resident of

VANCOUVER, WASHINGTON (City, State), County of CLARK. A copy of the Death Certificate (Required in all cases) is attached hereto.

I (We) have listed below (if necessary, use reverse side or additional pages) each and every heir at law of decedent, including, but not limited to children, adopted children, and the issue of any predeceased child or adopted child. (If decedent left no surviving children, affiant has listed below all of the surviving parents, brothers and sisters of decedent):

(☒ Check box if heir is a minor child)

1. ☐ NAME AND RELATIONSHIP: _____
ADDRESS: _____
2. ☐ NAME AND RELATIONSHIP: _____
ADDRESS: _____
3. ☐ NAME AND RELATIONSHIP: _____
ADDRESS: _____
4. ☐ NAME AND RELATIONSHIP: _____
ADDRESS: _____
5. ☐ NAME AND RELATIONSHIP: _____
ADDRESS: _____

"Service Is The Difference"

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LACK OF PROBATE AFFIDAVIT

Order No.: **00108049**

I personally know that each and all of the obligations of the estate of the decedent have been paid in full (including, but not limited to: all debts of decedent; all expenses of decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; state and federal taxes due), EXCEPT AS FOLLOWS (Use reverse side or attach list) (If none, write "None"): **NONE**

CHECK ALL THAT APPLY:

- ☐ DECEDENT LEFT NO WILL;
- ☒ DECEDENT LEFT A WILL, A COPY OF WHICH IS ATTACHED;
- ☐ DECEDENT'S ESTATE IS NOT BEING PROBATED;
- ☐ DECEDENT'S ESTATE IS BEING PROBATED IN _____ COUNTY, STATE OF _____, UNDER CASE NO. _____;
- ☐ DECEDENT EXECUTED A COMMUNITY PROPERTY AGREEMENT (COPY ATTACHED), WHICH WAS RECORDED IN _____ COUNTY, OR THE ORIGINAL OF WHICH WILL BE PROVIDED FOR RECORDING IN THIS TRANSACTION.
- ☐ DECEDENT'S ESTATE IS EXEMPT FROM STATE AND/OR FEDERAL SUCCESSION OR INHERITANCE TAXES;
- ☐ STATE AND/OR FEDERAL SUCCESSION OR INHERITANCE TAXES HAVE BEEN PAID IN THE AMOUNT OF \$ _____ A COPY OF THE RELEASE OR DISCHARGE IS ATTACHED;
- ☐ STATE AND/OR FEDERAL TAXES ARE DUE, BUT HAVE NOT BEEN PAID;
- ☐ ALL CREDITOR CLAIMS AGAINST DECEDENT'S ESTATE HAVE BEEN PAID.

The value of decedent's estate at the date of death, including all real and personal property, was approximately \$ 50,000.00, including the value of community property of decedent and decedent's surviving spouse of approximately \$ 45,000.00 and including the value of decedent's separate property of approximately \$ 5,000.00.

This affidavit is made to induce Clark County Title Company and/or Commonwealth Land Title Insurance Company, Inc. ("Company") to insure real property in which decedent held an interest at the time of his or her death. I (We) urge Company to issue its policy of title insurance in full reliance upon the representations set forth herein, and indemnify Clark County Title Company and/or Commonwealth Land Title Insurance Company, Inc. for any damages suffered as a result of such reliance.

I (We) declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. (Use reverse side for additional Signatures and Addresses).

Signature

Date

Address and Phone Number:

Signature

Date

Address and Phone Number:

1406 SE 17TH ST.

FORT LAUDERDALE, FL 33316

(954) 254-5246

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STATE OF WASHINGTON)

)SS.

COUNTY OF CLARK)

On this day before me personally appeared MARK A HOWARD 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 uses and purposes therein mentioned.

DATE: 3/14/06



Jeanabel V. Shand-Horn
Commission #DD276590
Expires: Dec 21, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

[Signature]

Notary Public in and for the State of Washington

Residing at 706 SW 4th Ave Ft Lauderdale, FL 33301

My appointment expires: Dec 21, 2007

Title Examiner Initials _____

LAST WILL AND TESTAMENT

OF

CANDICE M. HOWARD

I, CANDICE M. HOWARD, a resident of Clark County, Washington, being of legal age and of sound and disposing mind and memory and knowing the nature of my property and the object of my bounty, and intending to dispose of all my property of whatever kind, wheresoever situated, do hereby make, publish and declare this to be my Last Will, hereby revoking all prior Wills and Codicils.

I.

I hereby declare that I am married. My husband's name is MARK A. HOWARD. That I have no natural children.

II.

I make no bequest, gift or devise to my children or any other child or children hereafter born to or adopted by me, except as hereafter stated.

III.

I hereby direct and order that all my just debts for which proper claims are filed against my estate, and the expenses

LAST WILL AND TESTAMENT - 1
OF CANDICE M. HOWARD

CMH
CME

of my last illness and funeral, be paid by my personal representative as soon after my death as is practicable, provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

IV.

I hereby direct certain disposition of tangible personal property outside of this Will either in my handwriting or signed by myself pursuant to RCW 11.12.260, of which a list of said personal property is attached to this Will.

V.

I hereby give, devise and bequeath unto my spouse, MARK A. HOWARD, all the rest, residue and remainder of my estate, whether real or personal, community or separate, and wheresoever situated.

VI.

In the event that my spouse, MARK A. HOWARD, shall predecease me, or in the event he shall not survive me by thirty days, I then give, devise and bequeath the residue and remainder of my estate to BRAD K. HOWARD (one-sixth), PAMELA ANN LAZAR (one-sixth), CINDI CURTIN (one-sixth), MICHAEL L. COCHRAN (one-

sixth), MAURICE C. CARTER (one-sixth), and DANA JO CARTER (one-sixth). All the above shares shall be on a per capita basis. That is, if a beneficiary referenced above should fail to survive me that share shall be split among the survivors.

VII.

I hereby nominate and appoint my husband, MARK A. HOWARD, to act as personal representative of this, my Last Will and Testament, to act as such without bond and without intervention of any Court to the extent permitted under the laws of this State in which this Last Will and Testament shall be probated in the case of non-intervention Wills. In the event that MARK A. HOWARD is for any reason unable or unwilling to act as my personal representative, I then nominate and appoint my sister, CINDI CURTIN, to act as my personal representative, likewise without bond and without intervention.

VIII.

I hereby direct my personal representative to pay all estate, inheritance and succession taxes assessed by reason of my death, whether from the remainder of the residue of my estate disposed of by this Will. I waive for my estate all rights of reimbursement from the beneficiaries for any such payments.

IN WITNESS WHEREOF I have hereunto subscribed my name this
21st day of September, 1995.


CANDICE M. HOWARD

The foregoing instrument, consisting of four (4) pages, including this, was at the date thereof signed by CANDICE M. HOWARD, the Testatrix named therein, signed, sealed and published as, and declared by her to be her Last Will and Testament in the presence of us, who at her request in her presence, and in the presence of each other, and who being of the opinion that she, at the time of executing this Will, was of sound and disposing mind and memory and not acting under duress, menace, fraud or undue influence of any person, have subscribed our names as witnesses hereto.


Residing in Vancouver, WA


Residing in Vancouver, WA

LAST WILL AND TESTAMENT - 4
OF CANDICE M. HOWARD


CMH

STATE OF WASHINGTON)
 : ss.
County of Clark)

We, the undersigned witnesses at the request of Testatrix
after being sworn on oath, state:

1. EXECUTION. The attached Will was executed on the
21st day of September, 1995, at Vancouver, Washington.
2. DECLARATION. Immediately prior to execution, the
Testatrix declared the document to be her Last Will and requested
the witnesses to witness and subscribe to it.
3. SIGNATURES. The Testatrix signed the Will in the
presence of all the witnesses, and the witnesses attested the
execution by all subscribing their names in the presence of the
Testatrix and of each other.
4. COMPETENCY. The Testatrix appeared to be of sound
mind, of legal age, and acted freely without any duress or undue
influence. The witnesses were all competent and of legal age.

Patricia Cross
Residing at Vancouver, WA

Grace Stupman
Residing at Vancouver, WA

SUBSCRIBED AND SWORN TO before me this 21st day of
September, 1995.

KRISTI CAPRON
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
MARCH 15, 1999

Kristi Capron
Notary Public for Washington
Residing in Vancouver, therein.
My Commission Expires: 3-15-99

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

146

1. DISTRICT	LOCAL FILE NUMBER										CERTIFICATE OF DEATH										STATE FILE NUMBER									
2. COPIES 10	1. NAME First: CANDICE Middle: MARIE Last: HOWARD										2. SEX (M / F) Female										3. DEATH DATE (Mo, Day, Yr) JUN 23, 1997									
3. HOSPITAL	4. AGE LAST BIRTHDAY (Yrs) 38		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) MAR 24, 1959		8. BIRTHPLACE (City, State or Foreign Country) Portland, Oregon		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Clark																	
4. OCCURRENCE	11. CITY, TOWN OR LOCATION OF DEATH Vancouver										12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Southwest Washington Medical Center										13. SMOKING IN LAST 15 YEARS? (Yes / No) No									
5. RESIDENCE	14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Mark Arthur Howard						16. SOCIAL SECURITY NO. 541-82-6375				17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (1-4 or 5+)																	
6. TRACT	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Interior Designer										19. KIND OF BUSINESS OR INDUSTRY Interior Design				20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No				21. RACE (Specify) White											
7. OCCUPATION	22. RESIDENCE—NUMBER AND STREET 5535 East Evergreen Blvd., #7603				23. CITY/TOWN OR LOCATION Vancouver		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Clark		25B. LENGTH OF RES. IN CO. 12 yrs		26. STATE WA		27. ZIP CODE 98661															
8. DEATH	28. FATHER'S NAME—FIRST, MIDDLE, LAST David H. Christensen										29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Tilla Ann Carter																			
9. DEATH	30. INFORMANT—NAME Mark A. Howard (husband)				31. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 5535 East Evergreen Blvd., #7603, Vancouver, WA 98661																									
10. DEATH	32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				33. DATE (Mo, Day, Yr) JUN 27, 1997				34. CEMETERY/CREMATORY—NAME Oregon Crematory				35. LOCATION—CITY/TOWN, STATE Portland, Oregon																	
11. DEATH	36. FUNERAL DIRECTOR SIGNATURE <i>x David R. Fuller</i>				37. NAME OF FACILITY Hamilton-Mylan Funeral Home, Inc.				38. ADDRESS OF FACILITY 302 West 11th Street, Vancouver, Washington 98660																					
12. DEATH	TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN										TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER																			
13. DEATH	39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>x M. G. [Signature]</i>										43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>x [Signature]</i>																			
14. DEATH	40. DATE SIGNED (Mo, Day, Yr) June 24, 1997				41. HOUR OF DEATH (24 Hrs.) 1305 HRS				44. DATE SIGNED (Mo, Day, Yr)				45. HOUR OF DEATH (24 Hrs.)																	
15. DEATH	42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)										46. PRONOUNCED DEAD (Mo., Day, Yr)				47. HOUR PRONOUNCED DEAD (24 Hrs.)															
16. DEATH	48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Michael T. Ontkian, M.D., 505 N.E. 87th Avenue, Vancouver, WA 98664										49. MEDICORONER FILE NUMBER																			
17. DEATH	50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:																													
18. DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.										A. Anoxic Encephalopathy DUE TO, OR AS A CONSEQUENCE OF:										INTERVAL BETWEEN ONSET AND DEATH 24 hrs									
19. DEATH	B. Ventricular Fibrillation DUE TO, OR AS A CONSEQUENCE OF:																				INTERVAL BETWEEN ONSET AND DEATH 24 hrs									
20. DEATH	C. DUE TO, OR AS A CONSEQUENCE OF:																				INTERVAL BETWEEN ONSET AND DEATH									
21. DEATH	D. DUE TO, OR AS A CONSEQUENCE OF:																				INTERVAL BETWEEN ONSET AND DEATH									
22. DEATH	51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Ebstein's Tricuspid Anomaly										52. AUTOPSY? (Yes / No) No				53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes															
23. DEATH	54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)				55. INJURY DATE (Mo, Day, Yr)				56. HOUR OF INJURY (24 Hrs.)				57. DESCRIBE HOW INJURY OCCURRED:																	
24. DEATH	58. INJURY AT WORK? (Yes / No)				59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)				60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE																					
25. DEATH	61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE										62. DATE RECEIVED (Mo., Day, Yr.) JUN 24 1997																			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (8/96)

Exhibit A

PARCEL I

Starting at an iron pipe at the Southeast corner of the East half of the Northeast quarter of the Northeast quarter of Section 28, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington, and running along Section line South 00°30'27" East for 778.40 feet to a pipe at the Point of Beginning, continue along Section line South 00°30'37" East for 350.0 feet to a pipe, run North 90°00'00" West for 1115.96 feet to a pipe, run North 36°16'47" East for 720.50 feet to a pipe, run South 71°24'55" East for 724.27 feet to the Point of Beginning.

TOGETHER WITH a road easement for ingress and egress 50 feet wide being 25 feet on either side of the following described center line as well as a 5 foot wide strip bordering on the West edge of the 50 foot strip for utilities, starting at an iron pipe at the Southwest corner of the East half of the Northeast quarter of the Northeast quarter of Section 28, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington and running thence South 89°30'20" West for 25.0 feet to the center line of road easement, run along center line South 00°29'40" East for 544.07 feet to the Point of Beginning of easement which is center of cul-de-sac with 50 foot radius, which cul-de-sac is part of easement, from this center run along center line North 00°29'40" West for 940 feet, more or less, to its intersection with the South boundary of La Barre County Road right of way.

PARCEL II

A parcel of land situated in the South half of the Northeast quarter of Section 28, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington, to-wit:

Lot 2 of the MCNEE-HAMILTON AIRPORT SHORT PLAT as filed April 30, 1981, in Book 2 of Short Plats, page 213, Skamania County, Washington.

Gary H. Martin, Skamania County Assessor

Date 4/11/06 ⁶⁵ Parcel # 3-14-06