

Doc # 2006161443  
Page 1 of 6  
Date: 05/05/2006 09:27A  
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 Lenda Leonardo

Address 3215 River Road

City/State Yakima, WA 98902

28678

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

1. AFFIDAVIT LACK OF PROBATE
- 2.
- 3.
- 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. ELMO H. EMERSON
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. LENDA E. LEONARDO
- 2.
- 3.
- 4.
5. ☒ Additional names on page 283 of document

**Abbreviated Legal Description as follows:** (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lot 3 Block 7, Plat of Relocated North Bonneville, recorded in Book B of Plats, Pages 13 and 29, in the County of Skamania, State of Washington.

Gary H. Martin, Skamania County Assessor

Date 5/5/06 Parcel # 2-7-20-4-3-300

☐ Complete legal description is on page \_\_\_\_\_ of document

Assessor's Property Tax Parcel / Account Number(s): 02-07-20-4-3-0300-00

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.



REAL ESTATE EXCISE TAX

259.26  
MAY - 5 2006

PAID

EXEMPT  
Shirley M. Martin  
SKAMANIA COUNTY TREASURER

**AFFIDAVIT  
Lack of Probate**

State of Washington

County of Yakima

Lenda E Leonardo, being first duly sworn, deposes and says:

1. The undersigned affiant is the Daughter of Elmo H. Emerson, who died Sept. 30, 2001, at Yakima,  
(relationship to decedent) (decedent)  
(date of death) (year) (city)  
State of Washington, then being a legal resident of Yakima,  
Yakima, Washington.  
(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:

Elda Hoyt Emerson 53 Son California  
(full name) (age) (relationship) (residence)

# HEIRS AT LAW (continued)

<u>Linda E. Leonardo</u>	<u>55</u>	<u>Daughter</u>	<u>Yakima, WA</u>
(full name)	(age)	(relationship)	(residence)
<u>Betty Ann Peterson</u>	<u>52</u>	<u>Daughter</u>	<u>Union Gap, WA</u>
(full name)	(age)	(relationship)	(residence)
<u>Ruby J. Wilson</u>	<u>56</u>	<u>DAUGHTER</u>	<u>YAKIMA, WA</u>
(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 ☐ 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 \$ 130,000. The value of all separate property of the decedent was approximately \$ 10,000.
  
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.

Lenda E. Leonardo  
Affiant's Full Name

May 3, 2006  
Date

\_\_\_\_\_  
Affiant's Full Name

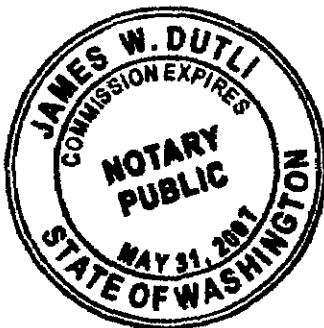
\_\_\_\_\_  
Date

STATE OF WASHINGTON, }

COUNTY OF YAKIMA } ss.

On this day personally appeared before me Lenda E. Leonardo to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 3rd day of May, 2006.



James W. Dutli  
Notary Public in and for the State of  
Washington, residing at YAKIMA  
My appointment expires May 31, 2007

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT ON PERMANENT BLOCK INK

1246

LOCAL FILE NUMBER

## Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: <b>Elmo</b> Middle: <b>H.</b> Last: <b>EMERSON</b>				2. SEX (M / F) <b>Male</b>		3. DEATH DATE (Mo. Day, Yr) <b>September 30, 2001</b>	
4. AGE LAST BIRTHDAY (Yr) <b>75</b>		5. UNDER 1 YEAR MOs:    DAYS:    HRS:    MINS:		7. BIRTHDATE (Mo. Day, Yr) <b>Oct. 6, 1925</b>		8. BIRTHPLACE (City, State or Foreign Country) <b>Rupert, ARK</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Yakima</b>				12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. INVOLUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NURS. HOME <input type="checkbox"/> OTHER PLACE <b>Crecenton Convalescent Center</b>		13. COUNTY OF DEATH <b>Yakima</b>	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Widowed</b>		15. SURVIVING SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary (1-8) Secondary (9-12) College (13-16 or Sr.) <b>12</b>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Farmer/Barber</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Agriculture / Hair</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		21. RACE (Specify) <b>White</b>	
22. RESIDENCE — NUMBER AND STREET <b>3300 Englewood #112</b>		23. CITY/TOWN OR LOCATION <b>Yakima</b>		24. INSIDE CITY LIMITED? (Yes/No) <b>Yes</b>		25. COUNTY <b>Yakima</b>	
26. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Elda Emerson</b>		27. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Louis Lench</b>		28. LENGTH OF RES. IN CO. <b>2yrs</b>		29. STATE <b>WA</b>	
30. INFORMANT — NAME <b>Lenda Leonardo</b>		31. MAILING ADDRESS — STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>3215 River Rd., Yakima, WA 98902</b>		32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		33. DATE (Mo. Day, Yr) <b>Oct. 4, 2001</b>	
34. CEMETERY/CREMATORY — NAME <b>Terrace Heights Mem. Park</b>		35. LOCATION — CITY/TOWN, STATE <b>Yakima, WA</b>		36. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		37. NAME OF FACILITY <b>Valley Hills Funeral Home</b>	
38. ADDRESS OF FACILITY <b>POB 1293, Zillah, WA</b>		39. NAME AND TITLE OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Bert Garrett MD, 1806 W. Lincoln Ave., Yakima, WA 98902</b>		40. DATE SIGNED (Mo. Day, Yr) <b>Oct. 1, 2001</b>		41. HOUR OF DEATH (24 Hrs) <b>1005</b>	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		43. ANNOUNCED DEAD (Mo. Day, Yr)		44. HOUR ANNOUNCED DEAD (24 Hrs)		45. HOUR OF DEATH (24 Hrs)	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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. Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <b>Laryngeal Cancer</b> DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH <b>5yrs</b>	
		B. DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVEN ABOVE <b>Cigarette Smoking</b>							
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	
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)		60. LOCATION — RAILROAD OR RFD NO. CITY/TOWN, STATE		61. HAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) <b>NO</b>	
62. RECORD AMENDMENT (Receive by USA only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		63. REGISTRAR SIGNATURE <b>[Signature]</b>		64. DATE RECEIVED (Mo. Day, Yr) <b>10-03-2001</b>		65. DATE RECEIVED (Mo. Day, Yr)	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

204 110-008 (Rev. 7/91) (Formary DSHS 0-12)

DOH 01 (2001) 5 (2)

# Last Will and Testament

of

**ELMO H. EMERSON**

KNOW ALL MEN BY THESE PRESENTS: That I, ELMO H. EMERSON, a resident of the State of Washington, of legal age, declare this to be my Last Will and hereby revoke all former Wills and Codicils by me made.

FIRST: I declare that I am a single person, and that I have four children, namely: LENDA E. LEONARDO, PATSY J. MENARD, BETTY L. PETERSON, and ELDA HOYT EMERSON, known as HOYT.

SECOND: I do hereby state that it is my intent to prepare a list separate from this Will for the purpose of disposition of tangible personal property, mementos and family heirlooms pursuant to RCW 11.12.260.

THIRD: Except as provided in the list described in Paragraph SECOND above or as otherwise hereinafter contingently provided, after the payment of all just claims against my Estate, all of the rest, residue and remainder of my property I give, devise and bequeath equally unto my four children, LENDA E. LEONARDO, PATSY J. MENARD, BETTY L. PETERSON, and ELDA HOYT EMERSON, known as HOYT, share and share alike, hereby providing that if any child or children of mine should die prior to the distribution of my estate, then said predeceasing child's share of my estate shall go to the heirs of said child's body, including children adopted by said child, share and share alike.

FIFTH: I hereby nominate and appoint my daughter, LENDA E. LEONARDO, as Personal Representative of my Estate, to serve without bond and I direct that this Will be probated as a non-intervention Will. I further authorize and direct said Personal Representative to sell, mortgage, lease or convey or otherwise deal with the property of my Estate in the same manner as I could do were I then living and whether or not it be necessary to do so in order to pay claims against my Estate or expenses of administration.

LAST WILL & TESTAMENT  
OF ELMO EMERSON - I



LEND E LEONARDO

MISC \$11.00

7243843

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11/14/2001 12:19P

Yakima Co, WA

DOC # 2006161443  
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