

Doc # 2006162010
Page 1 of 6
Date: 06/20/2006 11:59A
Filed by: CLARK COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$37.00

RETURN ADDRESS:

SCOTT IMHOLT
16600 VERMILYEA RD
NEHALEM, OR 97131

Re: **CCT 00109855WT**

DOCUMENT TITLE(S)

AFFIDAVIT LACK OF PROBATE

REFERENCE NUMBER(S) OF RELATED DOCUMENTS:

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

1. **RUPERT, CONNIE L.**
2. **RUPERT, CONSTANCE LYNN**
3. **Additional Grantors on page**

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

1. **WILSON, DODY**
2. **Additional Grantors on page**

TRUSTEE:

1. **NA**

REAL ESTATE EXCISE TAX

26042
JUN 20 2006

PAID

EXEMPT

Audrey Fabris Deputy
SKAMANIA COUNTY TREASURER

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

LOT 2 SP3-356

Complete Legal: Page 5

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER: **03-07-25-3-0-0111-00**

☐ **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

After recording return to:

SCOTT IMHOLT
16600 Vermilyea Rd.
Nehalem, OR 97131

**AFFIDAVIT
Lack of Probate**

State of Washington)

County of Clark)

ss:

Dody Wilson, being first duly sworn, deposes and says:

The undersigned affiant is the daughter Of CONSTANCE LYNN RUPERT
(relationship to decedent) (decedent)
also known as CONNIE L. RUPERT who died August 8, 2005
at Skamania Co. (date of death) (year)
State of Washington then being a legal resident of Stevenson
(city)
Skamania, 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 adapted children. Children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

DODY WILSON
(full name)

Legal
(age)

daughter
(relationship)

6426 SW Vinnwood Terr
(residence) Aloha, OR 97006

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: None.

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 \$ 0. The value of all separate property of the decedent was approximately \$ Greater than \$10,000.

7. Other facts regarding the decedent, decedent's estate or matters which pertain to the current transaction:

Decedent left no assets to probate. This affidavit is to enable the transfer of a piece of real property to the only child of the decedent without probate.

THIS AFFIDAVIT IS MADE TO INDUCE COMMONWEALTH LAND TITLE INSURANCE COMPANY (THE COMPANY) TO DISBURSE THE PROCEEDS OF THE IRA 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.


Dody Wilson
Affiant's Full Name

Date 5/31/06

On this day personally appeared before me DODY WILSON 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 31 day of May 2006




Notary Public in and for the State of WA
Washington, residing at
St Helens, OR

Unofficial Copy

Exhibit A

A tract of land in the South half of Section 25, Township 3 North, Range 7 East of the Willamette Meridian, Skamania County, Washington, described as follows:

Lot 2 of COTTONWOOD GROVE SHORT PLAT, recorded in Book "3" of SHORT PLATS, page 356, records of Skamania County, Washington.

Gary H. Martin, Skamania County Assessor

Date 6/14/06 Parcel # 3-7-25-3-111

Unofficial Copy

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number

D-2 42


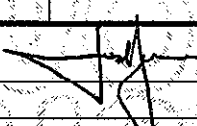
Washington State Certificate of Death

State File Number

5 82736

Part 1 completed by Funeral Director

Part 2 completed by Certifier

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Constance Lynn RUBERT				2. Death Date August 8, 2005	
3. Sex (M/F) Female	4a. Age - Last Birthday 50	4b. Under 1 Year Months Days 50	4c. Under 1 Day Hours Minutes 50	5. Social Security Number 548-02-1430	6. County of Death Skamania
7. Birthdate April 10, 1955		8a. Birthplace (City, Town, or County) Pendleton		8b. (State or Foreign Country) Oregon	
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.) 12 Skamania Cove Drive				13b. City or Town Stevenson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98648
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.					
14. Estimated length of time at residence. 1 1/2 Years		15. Marital Status at Time of Death Never Married		16. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Tax Preparer			18. Kind of Business/Industry (Do not use Company Name) Taxes		
19. Father's Name (First, Middle, Last, Suffix) Unknown			20. Mother's Name Before First Marriage (First, Middle, Last) Darlene Rubert		
21. Informant's Name Dody Wilson		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 1105 Stevenson, WA 98648	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home			25. Facility Name (If not a facility, give number & street or location) 12 Skamania Cove Drive		
26a. City, Town, or Location of Death: Stevenson			26b. State WA		27. Zip Code 98648
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, WA	
31. Name and Complete Address of Funeral Facility Gardner Funeral Home POB 390 White Salmon, WA 98672			32. Date of Disposition Aug. 10, 2005		
33. Funeral Director Signature X 					
Cause of Death (See instructions and examples)					
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. Methadone Intoxication		Interval between Onset & Death	
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 Obesity				36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input 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 checked="" 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) August 8, 2005		42. Hour of Injury (24hrs) Unknown		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Home	
44. Location of Injury: Number & Street: 12 Skamania Cove Dr. Stevenson, WA 98648		45. City or Town: Stevenson		46. State: WA	
46. Describe how injury occurred Unknown		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			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. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Adam Kick, Deputy Coroner POB 790 Stevenson, WA 98648				50. Hour of Death (24hrs) 1300 HRS	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) AUG. 10. 2005	
53. Title of Certifier Deputy Coroner		54. License Number		55. Coroner File Number 1067SK	
57. Registrar Signature 		58. Date Received (MM/DD/YYYY) 10/19/05		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
59. Amendments					



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NOTATIONS: 001 Rev 2/06/2004

DOI-01-003 (5/99)