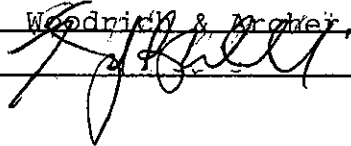


Return Address:

Woodrich & Archer LLP
Attorneys at Law
40 Cascade Ave., Ste 110
P.O. Box 510
Stevenson, WA 98648

Document Title(s) or transactions contained herein: Affidavit Lack of Probate	
GRANTOR(S) (Last name, first name, middle initial) Ash, Dolores, Mae	
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial) Ash, David Ashe, Timothy	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) S11 TS 2N R7E W.M. described in Exhibit "A"	
<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 No. 02071100020000	
<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.	
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.	
Company Name: Woodrich & Archer, LLP	
Signature/Title: 	

REAL ESTATE EXCISE TAX

SEP 14 2006

PAID EXEMPT

SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE
FILE
ONLY
2

TYPE OR PRINT IN PERMANENT BLACK INK

31

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Dolores Middle: Mae Last: ASH				2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) August 10, 1998	
4. AGE LAST BIRTHDAY (Yrs) 72		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) 5/12/1926	
8. BIRTHPLACE (City, State or Foreign Country) Portland, OR				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Skamania	
11. CITY, TOWN OR LOCATION OF DEATH Carson				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 checked="" type="checkbox"/> OTHER PLACE Carolyn's Foster Home - 81 Dalen St.			
13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes							
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Lowell E. Ash		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) 12 College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Co-owner		19. KIND OF BUSINESS OR INDUSTRY Auto parts/hardware		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 97 Homeward Ave.		23. CITY/TOWN OR LOCATION Stevenson		24. INSIDE CITY LIMITS? (Yes / No) Yes		25. COUNTY Skamania	
26. LENGTH OF RES. IN CO. 54 yrs		27. STATE WA		28. ZIP CODE 98648			
29. FATHER'S NAME—FIRST, MIDDLE, LAST Edwin - Siefer				30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Esther V. Anderson			
31. INFORMANT—NAME Lowell E. Ash		32. MAILING ADDRESS P.O. Box 364 Stevenson, WA 98648					
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		34. DATE (Mo, Day, Yr) 8/14/1998		35. CEMETERY/CREMATORY—NAME Stevenson Cemetery		36. LOCATION—CITY/TOWN, STATE Stevenson, WA	
37. FUNERAL DIRECTOR SIGNATURE <i>R.P. [Signature]</i>		38. NAME OF FACILITY GARDNER FUNERAL HOME, INC.		39. ADDRESS OF FACILITY POB 390 White Salmon, WA 98672			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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>[Signature]</i> County Coroner				40. 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>[Signature]</i> County Coroner			
41. DATE SIGNED (Mo, Day, Yr) August 13, 1998		42. HOUR OF DEATH (24 Hrs.) 1945		43. DATE SIGNED (Mo, Day, Yr) August 13, 1998		44. HOUR OF DEATH (24 Hrs.) 1945	
45. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bradley Andersen, Coroner				46. PRONOUNCED DEAD (Mo, Day, Yr) August 10, 1998		47. HOUR PRONOUNCED DEAD (24 Hrs.) 1830	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Bradley Andersen, Coroner POB 790 Stevenson, WA 98648				49. ME/CORONER FILE NUMBER 98-105SK			
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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. PNEUMONIA				INTERVAL BETWEEN ONSET AND DEATH: weeks	
		B. Heart Disease				INTERVAL BETWEEN ONSET AND DEATH:	
		C.				INTERVAL BETWEEN ONSET AND DEATH:	
		D.				INTERVAL BETWEEN ONSET AND DEATH:	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: -----							
52. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Natural		53. INJURY DATE (Mo, Day, Yr)		54. HOUR OF INJURY (24 Hrs.)		55. DESCRIBE HOW INJURY OCCURRED: -----	
56. INJURY AT WORK? (Yes / No)		57. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		58. STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM: DOCUMENTARY EVIDENCE REVIEWED BY: DATE:				62. REGISTRAR SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo, Day, Yr.) 08/18/98	

FILE # 2006162976



**AFFIDAVIT
Lack of Probate**

State of Washington

County of Skamania

David Ash and Timothy Ashe, being first duly sworn, deposes and says:

The undersigned affiant are the _____ sons _____, of Dolores Mae Ash
(relationship to decedent) (decedent)
who died August 10, 1998 at Skamania County, City of Stevenson, State of Washington then being a
(date of death) (County) (City) (State)
legal resident of Skamania County, Washington
(County of Residence)

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:

<u>Lowell E. Ash (deceased 10/5/05)</u> (full name)	<u>Legal</u> (age)	<u>Spouse</u> (relationship)	<u>Stevenson, WA</u> (residence)
<u>David Ash</u> (full name)	<u>Legal</u> (age)	<u>Son</u> (relationship)	<u>Stevenson, WA</u> (residence)
<u>Timothy Ashe</u> (full name)	<u>Legal</u> (age)	<u>Son</u> (relationship)	<u>Stevenson, WA</u> (residence)

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 ☒ 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 \$ 65,000.00. 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: Children are children of the marriage and all community property passed to the spouse, Lowell Ash per RCW 11.04.015(1)(a). The property passed to the children in equal shares per the will of Lowell Ash, dated March 28, 2005, probated as part of the Estate of Lowell Ash, Skamania County Superior Court Case No. 05 4 00027 8.

THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN 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.

David Ash

David Ash

Date 7-24-06

Timothy Ashe

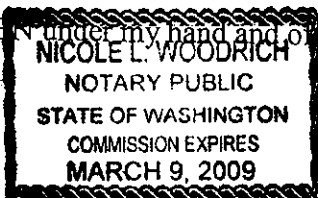
Timothy Ashe

Date 7-24-06

STATE OF WASHINGTON)
) ss:
COUNTY OF SKAMANIA)

On this day personally appeared before me David Ash to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she 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 24th day of July 2006

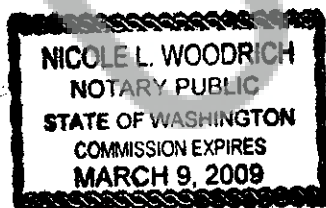


Nicole L. Woodrich
Notary Public in and for the State of Washington

STATE OF WASHINGTON)
) ss:
COUNTY OF SKAMANIA)

On this day personally appeared before me Timothy Ashe to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she 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 24th day of July 2006



Nicole L. Woodrich
Notary Public in and for the State of Washington

"Exhibit A"

In Skamania County, Washington:

An undivided one half interest in the following:

A tract of land in the Bradford Donation Land Claim located in Section 11, Township 2 North, Range 7 East, W.M., described as follows:

Beginning at a point 116 feet Southerly from the Northwestern corner on the Westerly line of the Bradford DLC in Section 11, Township 2 North, Range 7 East, W.M., said point being at the intersection of the Westerly line of said Bradford DLC and the South boundary line of State Highway No. 8 (as the same was established on the 19th day of January, 1915, said highway now being a county road) running Southeasterly of the Westerly line of Bradford DLC 350 feet; thence South 71° East 654 feet; thence South 80°30' East 279'; thence North 84°30' East 300'; thence South 64°22' East 300'; thence South 67°40' East 322'; thence South 36°28' East 100'; thence South 31° East 340'; thence South 40°38' East 260'; thence South 76°30' East 184'; thence North 42° East 600'; thence North 75° East 180' to the West line of the S.P. and S. right-of-way; thence Northerly along the Westerly line of the S.P. and S. right-of-way to the intersection with the Northerly line of the Bradford DLC; thence in a Northwesterly direction along the said Northerly line of said Bradford DLC to the intersection with the East side of State Highway No. 8; thence following the Easterly line of said State Highway in a Southwesterly direction to the point of beginning.

Also except all that portion of the following described tract of land lying above elevation 72.00 feet mean sea level and below elevation 82.20 feet mean sea level situated in the Southwest Quarter of Section 11, Township 2 North, Range 7 East, W.M., Skamania County, Washington.

Gary H. Martin, Skamania County Assessor

Date 9-14-06 Parcel # 2-7-11-200

GHM