

Doc # 2006163443
Page 1 of 6
Date: 10/23/2006 02:59P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$37.00

AFTER RECORDING MAIL TO:

Name Gary Collins
Address 381 Erickson Road
City/State Stevenson, WA 98648

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. Kasey Collins
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. Gary Collins
2. Molly Collins
3. Deborah Hart
- 4.
5. ☐ Additional names on page _____ of document

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

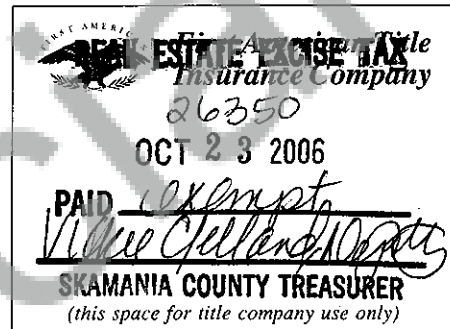
SEC 26, T3N R8E

☐ Complete legal description is on page 6 of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-26-0-0-1700-00 ^{6.5}

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.



AFFIDAVIT
Lack of Probate

State of Washington

County of Skamania Co.

Goey Collins, Molly Collins, Deborah Hart, being first duly sworn, deposes and says:

1. The undersigned affiant is the Son of Kasey Collins
(relationship to decedent) (decedent)
_____, who died Aug 2, 2006, at Anchorage
(date of death) (year) (city)
State of Alaska, then being a legal resident of Stevenson
Skamania, Washington
(county) (state) (city)

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:

_____ (full name)	_____ (age)	_____ (relationship)	_____ (residence)
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HEIRS AT LAW (continued)

<u>Gary L. Collins</u> (full name)	<u>52</u> (age)	<u>Father</u> (relationship)	<u>SKAMMIA CO</u> (residence)
<u>Molly M. Collins</u> (full name)	<u>26</u> (age)	<u>Sister</u> (relationship)	<u>SKAMMIA CO.</u> (residence)
<u>Dellora A Hunt</u> (full name)	<u>50</u> (age)	<u>Mother</u> (relationship)	<u>CLACKAMAS CO.</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.

Gary L. Collins
Affiant's Full Name

10-23-06
Date

Affiant's Full Name

Date

STATE OF WASHINGTON, }
COUNTY OF Skamania } ss.

On this day personally appeared before me Gary L. Collins 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 23 day of October, 2006



Julie Andersen
Notary Public in and for the State of
Washington, residing at Charson
My appointment expires 10/17/2010

CERTIFICATION OF VITAL RECORD

STATE OF ALASKA CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS - 5441 COMMERCIAL BLVD.
JUNEAU, ALASKA 99801

1506002041

DATE RECEIVED
SEP 13 2006

PRINT
IN
PERMANENT
BLACK INK

DECEASED

SEE INSTRUCTIONS
ON OTHER SIDE

PARENTS

INFORMANT

DISPOSITION

SEE DEFINITION
ON OTHER SIDE

PRONOUNCING
OFFICIAL ONLY

ITEMS 24-26 MUST
BE COMPLETED BY
PERSON WHO
PRONOUNCES
DEATH

CAUSE OF
DEATH

SEE INSTRUCTIONS
ON OTHER SIDE

SEE DEFINITION
ON OTHER SIDE

CERTIFIER

RECORDER

BIRTH CERTIFICATE NUMBER		RECORDER'S NO.		1. DECEASED'S NAME (First, Middle, Last) Kasey Dale Collins		1a. MAIDEN NAME		2. SEX M		3. DATE OF DEATH (Month, Day, Year) 08/02/2006	
4. SOCIAL SECURITY NUMBER 537-21-1651		5a. AGE—Last Birthday (Years) 22		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Month, Day, Year) July 24, 1984		7. BIRTHPLACE (State or Foreign Country) Oregon	
8. STATE OF DEATH ALASKA		9a. PLACE OF DEATH (Check only one; see instructions on other side) <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		9b. CITY, TOWN, OR LOCATION OF DEATH Anchorage		10. MARITAL STATUS <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN		11. SURVIVING SPOUSE (If wife, give maiden name)			
12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Boat Deck Hand		12b. KIND OF BUSINESS/INDUSTRY Marine		13. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		14a. RESIDENCE—STATE Washington		14b. CITY, TOWN OR LOCATION Stevenson		14c. STREET AND NUMBER 381 Erickson Road	
14d. INSIDE CITY LIMITS OR SETTLED COMMUNITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		14e. ZIP CODE 98648		15. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes—If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify:		16. RACE—Filipino, Black, Native, White, etc. White		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) 12			
18. FATHER'S NAME (First, Middle, Last) Gary Lee Collins		19. MOTHER'S NAME (First, Middle, Maiden Surname) Deborah Ann Carter		20a. INFORMANT'S NAME (Type/Print) Randy Maddox		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) PO Box 24067 Manson Construction Seattle, Washington 98124		20c. RELATIONSHIP TO DECEASED Employer			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Wind River Cemetery		21c. LOCATION—City or Town, State Carson, Washington		22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Debbie J. Janssen		22b. NAME AND ADDRESS OF FACILITY Evergreen Memorial Chapel PO Box 100537, Anchorage, Alaska 99510			
23a. Complete items 23a-b only when certifying physician is not available at time of death to certify cause of death.		23b. To the best of my knowledge, death occurred at the time, date, and place stated.		23c. DATE SIGNED (Month, Day, Year)		24. TIME OF DEATH 4:04 M		25. DATE PRONOUNCED DEAD (Month, Day, Year) August 2, 2006		26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
27. PART I. Enter the diseases, injuries, or complications that caused the 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.		a. Cardiac arrhythmic disorder DUE TO (OR AS A CONSEQUENCE OF):		b. Cardiac arrhythmic disorder DUE TO (OR AS A CONSEQUENCE OF):		c. Cardiac arrhythmic disorder DUE TO (OR AS A CONSEQUENCE OF):		d. Cardiac arrhythmic disorder DUE TO (OR AS A CONSEQUENCE OF):		Approximate Interval Between Onset & Death	
PART II. OTHER SIGNIFICANT CONDITION(S) contributing to death but not resulting in the underlying cause given in Part I.		28a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> 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 as stated.		29b. DATE SIGNED (Month, Day, Year) 9/8/2006			
29c. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print name of certifier) Stephen A. Erickson, Deputy Medical Examiner 4500 South Boniface Parkway, Anchorage, AK 99507		29d. LICENSE NUMBER 3524		30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		31. IF "MANNER OF DEATH" IS OTHER THAN "NATURAL," ITEMS 31a - 31f MUST BE COMPLETED. 31a. DATE OF INJURY (Month, Day, Year) 31b. TIME OF INJURY 31c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 31d. DESCRIBE HOW INJURY OCCURRED? (Events which resulted in injury) 31e. PLACE OF INJURY—At home, street, cannery, office, etc. (Specify) 31f. LOCATION (Street and Number of Rural Route Number, City or Town, State)		32. RECORDER'S SIGNATURE		33. RECORDING DISTRICT	
34. DATE FILED (Month, Day, Year)											

Form VS-101
REV 1/95

1189059

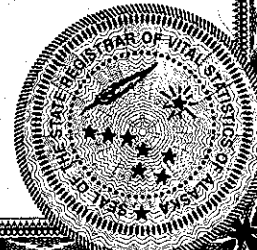
ORIGINAL - STATE COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED

SEP 13 2006

Phillip L. Mitchell
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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EXHIBIT 'A'

A tract of land in Section 26, Township 3 North, Range 8 East of the Willamette Meridian in the County of Skamania, State of Washington, described as follows:

Beginning at a point which is East 538.90 feet from the Southwest Quarter of said Section 26, which is also the Southeast corner of a tract of land conveyed to Avary Skaalheim by instrument recorded June 8, 1979 in Book 76, Page 671 in Auditor File No. 88719, Skamania County Deed Records; thence North along the East line of said Skaalheim tract a distance of 528.46 feet; thence South 79°22' East 252.50 feet to the West line of a tract of land conveyed to Anna C. Cheney by instrument recorded in October 19, 1954 in Book 38, Page 451, Auditor File No. 47728, Skamania County Deed Records; thence South 18°15' West along said West line 508 feet to the South line of said Section 26; thence West along said South line 89.3 feet to the point of beginning.

Gary H. Martin, Skamania County Assessor
Date 10/23/06 ^{GS} Parcel # 3-8-26-1700