

Doc # 2008169072
Page 1 of 9
Date: 2/22/2008 03:11P
Filed by: TERESA GAUL
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISDN
Fee: \$50.00

WHEN RECORDED RETURN TO:

Teresa E Gaul
7301 SW 26th Ave
Portland, OR 97219

DOCUMENT TITLE(S)

AFFIDAVIT - LACK OF PROBATE WILL

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

WILLARD H GAUL - P.R. TERESA E GAUL

☐ Additional names on page _____ of document.

GRANTEE(S):

TERESA E GAUL
NEIL G GAUL

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

01-05-17-0-0-1200 2M

☐ Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

REAL ESTATE EXCISE TAX

27475

FEB 22 2008

PAID

exempt
Victoria Chelland
SKAMANIA COUNTY TREASURER

AFFIDAVIT

Lack of Probate

7301 S.W. 26th Ave
Portland Oregon 97219

State of Washington

County of Skamania

Teresa E. Gaul Neil G. Gaul

being first duly sworn, deposes and says:

1. The undersigned affiant is the Brother & Sister of Willard H. Gaul
(relationship to decedent) (decedent)
who died Nov 18-06 at Portland
(date of death) (year) (city)
State of Oregon then being a legal resident of Portland
(city)
Multnomah Oregon
(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:

Teresa E. Gaul 81 Sister Portland Oregon
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

<u>Neil H. Gaul</u>	<u>78</u>	<u>Brother</u>	<u>Portland Ore</u>
(full name)	(age)	(relationship)	(residence)
_____	_____	_____	_____
(full name)	(age)	(relationship)	(residence)
_____	_____	_____	_____
(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:

Paid

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.

Teresa E. Gaul

Affiant's Full Name

Feb 22, 2008
Date

Neil G. Gaul

Affiant's Full Name

Feb 22 - 2008
Date

STATE OF WASHINGTON, }
COUNTY OF Skamania } ss.

On this day personally appeared before me Teresa E. Gaul & Neil G. Gaul to me known to be the individual S described in and who executed the within and foregoing instrument, and acknowledged that They signed the same as Their free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 22 day of February, 2008



Julie Andersen
Notary Public in and for the State of
Washington, residing at Chrsn
My appointment expires 6/17/2010

LAST WILL AND TESTAMENT

OF

WILLARD H. GAUL

I, Willard H. Gaul, of Portland, Oregon do make, publish and declare this my last Will, hereby revoking all former Wills and Codicils.

ARTICLE I

FAMILY

I am unmarried and have no children. My family consists of my sister, Teresa E. Gaul and my Brother, Neal G. Gaul.

ARTICLE II

APPOINTMENT OF FIDUCIARIES

A. **Personal Representatives.** I nominate and appoint Teresa E. Gaul as Personal Representative of my estate and this, my last Will. If she is unable or unwilling to serve, or continue to serve, I nominate Neal G. Gaul. as my Personal Representative. I request and direct that they employ David N. Hobson, Jr and the law firm of Hobson & Angell, L.L.P. to represent my personal representative and my estate.

B.. **Waiver of Bond.** To the extent allowed by law, I direct that any of the fiduciaries named above, or their alternates or successors, shall be entitled to serve without bond or other undertaking and without reporting or accounting to any court.

ARTICLE III

PAYMENTS OF DEBTS AND EXPENSES

I direct the payment out of my estate of all my just debts allowed in the course of administration, the expenses of my last illness and burial and the expenses of the

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W. H. G.

administration of my estate. I do wish to be buried upon my death.

ARTICLE IV

RESIDUE OF ESTATE

I give, devise and bequeath all the rest, residue and remainder of my estate of whatsoever kind and wheresoever situated to Teresa E. Gaul. If she does not survive me, I give, devise and bequeath all the rest, residue and remainder of my estate to Neal G. Gaul.

ARTICLE V

TAXES

All estate, inheritance, succession, transfer and other taxes, including any interest and penalties thereon, (death taxes) that become payable by reason of my death with respect to property passing under this Will shall be paid out of the residue of my estate, without reimbursement from the recipients of such property and without apportionment. All death taxes attributable to property not passing under this Will shall be apportioned as provided by law.

ARTICLE VI

FIDUCIARY POWERS

A. I give to my Personal Representative all the powers conferred upon a personal representative by the laws of the State of Oregon, including, but not limited to, those set forth in ORS 114.305, whether or not such powers are exercised in the State of Oregon.

B. In addition to such powers, but without limitation thereof, I give to my Personal Representative full power and authority:

1. **Division of Estate.** To make any distribution in cash or in specific property and to cause any share to be composed of property different in kind from any other share and to

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W. H. G.

make pro rata or non pro rata distributions, without regard to any difference in the tax basis of the property and without the requirement of making any adjustment among the beneficiaries. Any such distributions, allocations or valuations shall be binding and conclusive on all parties.

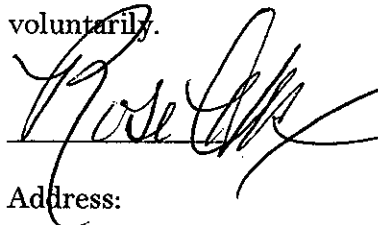

2. **Tax Election/Discretions.** My Personal Representative shall have sole discretion to: (1) claim deductions available to me or to my estate on estate tax returns or on state or federal income tax returns; (2) use date-of-death values or alternate valuation date values for estate tax purposes; and (3) make any other election or decision available under any federal or state tax laws. Any such election or decision may be made regardless of the effect thereof on any beneficiary or on any interest passing under this Will or otherwise, and without adjustment between income and principal or among beneficiaries.

IN WITNESS WHEREOF I have hereunto set my hand this

30 day of June, 2005

Willard H. Gaul
Willard H. Gaul, Testator

This instrument consisting of four (4) typewritten pages, including this page, each bearing the signature or the initials of Willard H. Gaul, was on this date signed by him, who declared this to be his Will; and we at his request and in his presence and in the presence of each other, have signed our names as attesting witnesses. At the time this Will was signed, we believed the Testator was of sound mind and memory and was acting voluntarily.

Address:

Address:

18255 SW Tualatin Valley Hwy. 18255 SW Tualatin Valley Hwy.

Aloha, OR 97006

Aloha, OR 97006

EC

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



AFFIDAVIT OF WITNESSES TO WILL EXECUTED CONTEMPORANEOUSLY THEREWITH

STATE OF OREGON, County of Washington) ss.I, Rose Hedrickand I, Nancy Speciale

each being first duly sworn, depose and say that:

I know Willard H. Gaul (hereinafter called testator*).

The instrument attached to this affidavit is the last will** of testator. The will was signed by testator on the date it bears immediately prior to the execution of this affidavit in the presence of the undersigned affiants, at which time testator published and declared the instrument to be testator's last will and requested affiants to act as witnesses thereto. The other witness and I, each having seen testator sign the will, signed our names to the will as such witnesses at testator's direction. I identify the signatures on the attached will as those of testator, the other attesting witness, and myself.

At the time testator signed the will, testator was over the age of eighteen years, of sound mind and memory, and acting voluntarily and not under fraud, duress or undue influence, to the best of my knowledge and belief.

Rose Hedrick
 WITNESS SIGNATURE
Rose Hedrick
 WITNESS NAME (TYPED OR PRINTED)
18255 SW Tualatin Valley Hwy.
 ADDRESS
Aloha, Oregon 97006
 CITY STATE ZIP

Nancy Speciale
 WITNESS SIGNATURE
Nancy Speciale
 WITNESS NAME (TYPED OR PRINTED)
18255 SW Tualatin Valley Hwy.
 ADDRESS
Aloha, Oregon 97006
 CITY STATE ZIP

SIGNED AND SWORN TO before me on June 30, 2005

OFFICIAL SEAL
 MAUREEN L. PIERCE
 NOTARY PUBLIC-OREGON
 COMMISSION NO. 347282
 MY COMMISSION EXPIRES AUG. 14, 2005

Maureen L. Pierce
 Notary Public for OREGON
 My commission expires 08/14/2005