

WHEN RECORDED RETURN TO:

Rosalie Lopo
P.O. Box 1181
Carem, WA
98610

DOCUMENT TITLE(S)

Affidavit of Heirship
+ Exhibit Attached

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Charles O Maier

REAL ESTATE EXCISE TAX

27686

☐ Additional names on page _____ of document.

JUL 21 2008

GRANTEE(S):

Rosalie Lopo

PAID

EXEMPT

Mickey Fikmi Deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

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

Lot 8 Shelley Glen Sub Bk B/pg 80

☒ Complete legal on page 6 of document.

TAX PARCEL NUMBER(S):

65
03-08-17-4-0-0200-00

☐ 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.

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No.: _____, County: _____

STATE OF _____)

SS:

COUNTY OF _____)

The undersigned, ROSALIE LOPO, executes this affidavit relating to the estate of CHARLES MAIER (herein "Decedent"), who died on June 3, 2008, in the County of Spokane, State of WA, then being a resident of the City of Carson, County of Spokane, State of WA.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- ☐ the lawful surviving spouse of the Decedent
- ☐ Surviving child of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☒ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on 11-15-1994 [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington,
- ☐ other (identify): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); **and**
3. **all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:**

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship None

Address: _____

Name & relationship _____

Address: _____

Name & relationship _____

Address: _____

Name & relationship _____

Address: _____

Name & relationship _____

Address: _____

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☐ Community property
☐ Separate property
☒ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
 - ☐ married to _____.
 - ☐ unmarried, not a registered domestic partner
 - ☒ unmarried, a registered domestic partner of Charles Mauer.
2. That on the date of death the Decedent was:
 - ☐ married to _____.
 - ☐ unmarried, not a registered domestic partner
 - ☒ unmarried, a registered domestic partner of Charles Mauer.
3. ☒ That the decedent left a Will, *a copy of which is attached hereto*.
☐ That the decedent left no Will.
☐ That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. *(if unrecorded, attach a copy)*
4. ☒ That the decedent's estate is not being probated.
☐ That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____.
5. ☒ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
☐ That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. ☒ That the decedent has not received assistance from the State of Washington for medical care.
☐ That the decedent has received assistance from the State of Washington for medical care.
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$_____, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$_____, and including the value of Decedent's separate property, if any, of approximately \$_____, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$_____.

This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

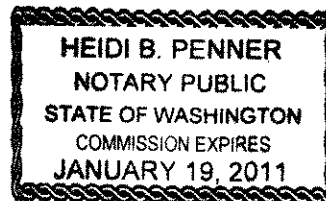
DATED: July 18, 20 08

Rosalie Lopo
(Signature)

ROSALIE LOPO
(Print or type full name)

P.O. Box 1181
(Full address and telephone number)

Carson, WA



SUBSCRIBED and SWORN TO before me this 18 day of July, 20 08

Heidi B. Penner
Notary Public in and for the State of
Washington, residing at Carson

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST Suffix		2. Death Date					
Charles Oliver MAIER		June 3, 2008					
3. Sex (M/F)	4a. Age - List Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Male	68	Months Days	Hours Minutes	573 - 56 - 7191	Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)	9. Decedent's Education			
March 2, 1940	Missoula		Montana	High School Graduate			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?		
NO			White		NO		
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)					13b. City or Town		
152 Estabrook Loop					Carson		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4		13g. Inside City Limits?
Skamania				Washington	98610		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
13 Years		Divorced					
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Electrician				Construction			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Emil - Maier				Blanche - Hawkins			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Loren Maier		Son		1287 Marlin Dr. - Port Orchard, WA 98366			
24. Place of Death, if Death Occurred in a Hospital:							
Decedent's Residence							
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death		26b. State	27. Zip Code
152 Estabrook Loop				Carson		WA	98610
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location City/Town, and State			
Cremation		Heritage Crematory of Oregon		Portland, Oregon			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Neptune Cremation Service-17819 NE Riverside Pkwy, E-Portland, OR 97230				JUNE 10, 2008			
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. Self-inflicted gun shot wound							
Due to (or as a consequence of):							
b.							
Due to (or as a consequence of):							
c.							
Due to (or as a consequence of):							
d.							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
Metastatic Terminal Colon Cancer							
36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending		<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 type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
06-03-2008		2:55 PM		Garage at his home		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street Apt. No.							
152 ESTABROOK LOOP Carson Skamania WA 98610							
46. Describe how injury occurred							
Self-inflicted gun shot wound							
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.				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 Allen LaBerge M.D. - P.O. Box 1519 - White Salmon, WA 98672				50. Hour of Death (24hrs)			
				1455			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY)			
				06-09-08			
53. Title of Certifier		54. License Number		55. MECoroner File Number		56. Was case referred to ME/Coroner?	
MD		WA M20003103		08-50972		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received (MM/DD/YYYY)			
X				June 9, 2008			
59. Amendments							



First American Title Insurance Company

Filed for Record at Request of

Name Charles Maier and Rosalie Lopo

Address P.O. Box 801

City and State Camas, WA 98607

THIS SPACE PROVIDED FOR RECORDER'S USE:

FILED FOR RECORD
SKAMANIA CO WASH

SKAMANIA CO, TITLE

Nov 15 11 27 AM '94

P. Johnson

AUDITOR

GARY M. OLSON

SECT 19077

121054

Statutory Warranty Deed

BOOK 147 PAGE 23

THE GRANTOR FRED NEWMAN LOGGING, INC. and FRED NEWMAN and DOLLY NEWMAN,
husband and wife

for and in consideration of TWENTY FIVE THOUSAND AND 00/00

in hand paid, conveys and warrants to CHARLES O. MAIER and ROSALIE LOPO, husband and wife

the following described real estate, situated in the County of Skamania, State of Washington:

Lot 8, Shelley Glen Subdivision, according to the recorded plat, recorded in Book B
of Plats, Page 80, in the County of skamania, State of Washington.

SUBJECT TO:

1. Restricting Covenants, including the terms and provisions thereof, recorded
May 25, 1994, in Book 143, Page 360.
2. Lot 8 Access Estabrook Road from point 50 South of its North property line
as shown on the recorded Plat.

17046

REAL ESTATE EXCISE TAX

NOV 15 1994
PAID 320.00
JW

SKAMANIA COUNTY TREASURER

Registered ☒
Indexed, Lit ☒
Indirect ☒
Filed ☒
Mailed ☒

Dated November 1, 1994

Fred Newman
Fred Newman

Fred Newman Logging, Inc.
Fred Newman Logging, Inc.

Dolly Newman
Dolly Newman

STATE OF WASHINGTON

COUNTY OF SKAMANIA

On this day personally appeared before me
FRED NEWMAN AND DOLLY
NEWMAN

to me known and acknowledged the foregoing instrument, and
acknowledged the same as their own and voluntary act and deed,
for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL THIS
14th day of NOVEMBER, 1994

DEBI J. BARNUM DEBI J. BARNUM
Notary Public in and for the State of Washington, residing at

STATE OF WASHINGTON

COUNTY OF SKAMANIA

On this 14th day of NOVEMBER, 1994
before me, the undersigned, a Notary Public in and for the State of Washington, duly com-
missioned and sworn, personally appeared FRED NEWMAN

and _____
to me known to be the _____ and _____ Secretary,
respectively, of _____
the corporation that executed the foregoing instrument, and acknowledged the said instru-
ment to be the free and voluntary act and deed of said corporation, for the uses and purposes
therein mentioned, and on oath acknowledged that the seal affixed is the corporate seal of said
corporation.

Witness my hand and official seal hereto affixed the day and year first above written.
DEBI J. BARNUM DEBI J. BARNUM