

**WHEN RECORDED RETURN TO:**

Travis Parks

P.O. Box 1154

Stevenson, Wa-

98648

**DOCUMENT TITLE(S)**

Lack of Probate Affidavit

**REAL ESTATE EXCISE TAX**

27955

MAR 17 2009

**REFERENCE NUMBER(S)** of Documents assigned or released:

Alma M. Baumgart

PAID

exempt

Vickie Clelland, Deputy  
SKAMANIA COUNTY TREASURER

☐ Additional numbers on page \_\_\_\_\_ of document.

**GRANTOR(S):** J. Gary Baumgart Executes this Affidavit Relating to the estate of Alma M. Baumgart

☐ Additional names on page \_\_\_\_\_ of document.

**GRANTEE(S):**

J. Gary Baumgart

Jerry R. Parks

☐ Additional names on page \_\_\_\_\_ of document.

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

Section 17, T3N, R8E

☒ Complete legal on page 6 of document.

**TAX PARCEL NUMBER(S):**

03081740130100 Jm 3 17-09

☐ 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, J. Gary Baumgart, executes this affidavit relating to the estate of Alma M. Baumgart (herein "Decedent"), who died on 7-12-1993, in the County of CLARK, State of Washington, then being a resident of the City of Carson, County of Skamania, State of Washington.

(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 \_\_\_\_\_ [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 Alma M. Baumgart - Daughter  
 Address: 901 1/2 9th Street NW, 98104  
 Name & relationship Harley Baumgart - son  
 Address: 811 15th St. Portland, OR 97204  
 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 \_\_\_\_\_.
2. That on the date of death the Decedent was:
  - ☐ married to \_\_\_\_\_.
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_.
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: 2-18-09, 20 09

John Gary Baumgart  
(Signature)

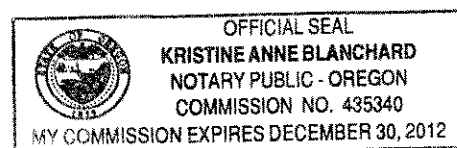
JOHN GARY BAUMGART  
(Print or type full name)

110080 Airline Rd MONMOUTH OR 97361  
(Full address and telephone number)

503-623-5007

SUBSCRIBED and SWORN TO before me this 18th day of February, 20 09

Kristine Anne Blanchard  
Notary Public in and for the State of  
Washington, residing at Dallas  
Oregon



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## Health CERTIFICATE OF DEATH

146

3 19600

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

STATE FILE NUMBER

OFFICE  
USE  
ONLY

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21. ACC LOC.

22. QUERIES

23.

24.

DECEASED

FATHER'S

MOTHER'S

CERTIFYING

CAUSE OF DEATH

1. NAME First: <b>Alma</b> Middle: <b>Marie</b> Last: <b>BAUMGART</b>				2. SEX (M / F): <b>F</b>		3. DEATH DATE (Mo, Day, Yr): <b>7-12-1993</b>	
4. AGE LAST BIRTHDAY (Yrs): <b>86</b>		5. UNDER 1 YEAR MOS: <b>0</b> DAYS: <b>0</b> HOURS: <b>0</b> MINS: <b>0</b>		7. BIRTHDATE (Mo, Day, Yr): <b>6-23-1907</b>		8. BIRTHPLACE (City, State or Foreign Country): <b>Canada</b>	
11. CITY, TOWN OR LOCATION OF DEATH: <b>Ridgefield</b>				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>Ridgefield Care Center</b>			13. SMOKING IN LAST 15 YEARS? (Yes / No): <b>No</b>
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): <b>Widowed</b>		15. SURVIVING SPOUSE (If wife, give maiden name):		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): <b>8th</b> College (13-16 or 17+):	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): <b>Cook</b>		19. KIND OF BUSINESS OR INDUSTRY: <b>School District</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry: Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): <b>No</b>		21. RACE (Specify): <b>White</b>	
22. RESIDENCE—NUMBER AND STREET: <b>2005 NE 131st Ave</b>		23. CITY/TOWN, OR LOCATION: <b>Vancouver</b>		24. INSIDE CITY LIMITS? (Yes / No): <b>No</b>		25A. COUNTY: <b>Clark</b>	
25B. LENGTH OF RES. IN CO.: <b>3yrs</b>		26. STATE: <b>WA</b>		27. ZIP CODE: <b>98684</b>			
28. FATHER'S NAME—FIRST, MIDDLE, LAST: <b>John Moe</b>				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: <b>Ida Amundson</b>			
30. INFORMANT—NAME: <b>Diane Clever</b>		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>2005 NE 131st Ave. Vancouver, WA 98684</b>					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): <b>Cremation</b>		33. DATE (Mo, Day, Yr): <b>7/14/1993</b>		34. CEMETERY/CREMATORY—NAME: <b>Uniservice Crematory</b>		35. LOCATION—CITY/TOWN, STATE: <b>Portland, Oregon</b>	
36. FUNERAL DIRECTOR SIGNATURE: <i>[Signature]</i>		37. NAME OF FACILITY: <b>Memorial Gardens Mortuary</b>		38. ADDRESS OF FACILITY: <b>1101 NE 112th Ave Vancouver, WA 98684</b>			
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> <b>Timothy T. Ross, M.D.</b>				43. 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> <b>Timothy T. Ross, M.D.</b>			
40. DATE SIGNED (Mo., Day, Yr): <b>7-13-93</b>		41. HOUR OF DEATH (24 Hrs.): <b>2100</b>		44. DATE SIGNED (Mo., Day, Yr):		45. HOUR OF DEATH (24 Hrs.):	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):				46. PRONOUNCED DEAD (Mo., Day, Yr):		47. HOUR PRONOUNCED DEAD (24 Hrs.):	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): <b>Timothy T. Ross, M.D. 1950 Ft Vancouver Way Vancouver, WA 98663</b>				49. ME/CORONER FILE NUMBER:			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death):		A. <b>Acute pulmonary edema</b>				INTERVAL BETWEEN ONSET AND DEATH: <b>1 hour</b>	
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.		B. <b>Congestive heart failure</b>				INTERVAL BETWEEN ONSET AND DEATH: <b>2 yrs.</b>	
		C. <b>Atherosclerotic cardiovascular disease</b>				INTERVAL BETWEEN ONSET AND DEATH: <b>5 yrs.</b>	
		D.				INTERVAL BETWEEN ONSET AND DEATH:	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <b>Atrial fibrillation, Breast carcinoma</b>				52. AUTOPSY? (Yes / No): <b>No</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): <b>No</b>	
54. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify):		55. INJURY DATE (Mo, Day, Yr):		56. HOUR OF INJURY (24 Hrs.):		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No):		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify):		60. LOCATION—STREET OR RFD NO. CITY/TOWN, STATE:			
61. RECORD AMENDMENT (Registrar use only) ITEM: DOCUMENTARY EVIDENCE		62. REVIEWED BY: DATE:		63. DATE RECEIVED (Mo., Day, Yr.): <b>JUL 13 1993</b>			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A



DOH 01-003 (5/99)

112293

BOOK 125 PAGE 481

Filed for Record at Request of

Columbia Title Company

AFTER RECORDING MAIL TO:

Name Columbia Title CompanyAddress 1000 East Jewett Blvd.City, State, Zip White Salmon, WA 98672

Escrow No. 16515

FILED FOR RECORD

SKAMANIA CO., WASH.

BY This Space Reserved For Recorder's Use:

OCT 17 9 57 AM '91

V. Saluseen

GARY H. OLSON

ANY OPTIONAL PROVISION NOT INITIALED BY ALL PERSONS SIGNING THIS CONTRACT -- WHETHER INDIVIDUALLY OR AS AN OFFICER OR AGENT -- IS NOT A PART OF THIS CONTRACT.

### REAL ESTATE CONTRACT (RESIDENTIAL SHORT FORM)

1. PARTIES AND DATE. This Contract is entered into on 14 OCTOBER 14, 1991  
between ALMA M. BAUMGART, a widow---

as "Seller" and

JERRY R. PARKS AND NOREEN E. PARKS, husband and wife---

as "Buyer."

2. SALE AND LEGAL DESCRIPTION. Seller agrees to sell to Buyer and Buyer agrees to purchase from Seller the following described real estate in SKAMANIA County, State of Washington:

A tract of land in the Northwest quarter of the Southeast quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Southwest Corner of the Southeast quarter of said Section 17; thence East 30 feet; thence North 1,536.55 feet; thence East 417 feet to the True Point of Beginning; thence North 104.25 feet; thence West 88 feet; thence South 104.25 feet; thence East 88 feet to the True Point of Beginning.

SUBJECT TO: 1972 Princeton Mobile Home.

3. PERSONAL PROPERTY. Personal property, if any, included in the sale is as follows:

14596

REAL ESTATE EXCISE TAX

No part of the purchase price is attributed to personal property.

4. (a) PRICE. Buyer agrees to pay:

\$ 30,000.00

Less (\$ 7,000.00)

Less (\$           )

Results in \$ 23,000.00

Total Price

Down Payment

Assumed Obligation(s)

Amount Financed by Seller.

PAID 384.00

JW Parks

SKAMANIA COUNTY TREASURER

Registered 0  
Indexed, U 0  
Indirect 0  
Filed 10/2/91  
Mailed           

(b) ASSUMED OBLIGATIONS. Buyer agrees to pay the above Assumed Obligation(s) by assuming and agreeing to pay that certain            dated            recorded as AF#           . Seller warrants the unpaid balance of said obligation is \$            which is payable \$            on or before the            day of           , 19          , interest at the rate of            % per annum on the declining balance thereof; and a like amount on or before the            day of each and every            thereafter until paid in full.

Note: Fill in the date in the following two lines only if there is an early cash out date.

NOTWITHSTANDING THE ABOVE, THE ENTIRE BALANCE OF PRINCIPAL AND INTEREST IS DUE IN FULL NOT LATER THAN           , 19          .

Glenda J. Kimmel, Skamania County Recorder  
By:            Parcel # 3-8-10-4-1301