

AFTER RECORDING MAIL TO:

Name Elizabeth Johnson

Address PO Box 707

City/State Stevenson, WA 98648

sect 31292

Document Title(s): (or transactions contained therein)

1. CERTIFICATE OF DEATH

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. JOHNSON, JAY CHARLES

2.

3.

4.

5. ☐ Additional names on page _____ of document

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

1. JOHNSON, ELIZABETH A.

2.

3.

4.

5. ☐ Additional names on page _____ of document

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

LOTS 11,12,13,14 BLOCK 5 RIVERVIEW ADDITION TO THE TOWN OF STEVENSON
& SEC 36 T3N R7½E

☒ Complete legal description is on page 6 of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-4-4-4301-00,
02-07-01-1-1-0300-00, 03-07-36-4-4-4300-00, 03-75-36-1-0-0701-00

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.



REAL ESTATE EXCISE TAX

28221

SEP 14 2009

PAID

Victor Belland
SKAMANIA COUNTY TREASURER

IM 9-10-09

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

2003-10-27

LOCAL FILE NUMBER

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 1. NAME First: Jay Middle: Charles Last: JOHNSON | | | | 2. SEX (M / F) Male | | 3. DEATH DATE (Mo, Day, Yr) April 27, 2003 | |
| 4. AGE LAST BIRTHDAY (Yrs) 47 | | 5. UNDER 1 YEAR MOS. DAYS HOURS MINS | | 6. BIRTHDATE (Mo, Day, Yr) 5/31/1955 | | 8. BIRTHPLACE (City, State or Foreign Country) Sturgeon Bay, WI | |
| 11. CITY, TOWN OR LOCATION OF DEATH White Salmon | | | | 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 checked="" type="checkbox"/> EMERG. RM/OUT PTH 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Skyline Hospital | | 13. COUNTY OF DEATH Klickitat | |
| 14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married | | 15. SURVIVING SPOUSE (If wife, give maiden name) Elizabeth Welsome | | 16. SOCIAL SECURITY NO. [REDACTED] | | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 4 College (1-4 or 5+): | |
| 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Carpenter | | 19. KIND OF BUSINESS OR INDUSTRY Construction | | 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No | | 21. RACE (Specify) White | |
| 22. RESIDENCE — NUMBER AND STREET 85 1st Street | | 23. CITY/TOWN, OR LOCATION Stevenson | | 24. INSIDE CITY LIMITS? (Yes / No) Yes | | 25. COUNTY Skamania | |
| 26. STATE WA | | 27. ZIP CODE 98648 | | 28. FATHER'S NAME — FIRST, MIDDLE, LAST Robert Morris Johnson | | 29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME May Bertha Flok | |
| 30. INFORMANT — NAME Libby Johnson | | 31. MAILING ADDRESS PO Box 707 Stevenson, WA | | 32. BIRTHDATE (Mo, Day, Yr) 5/2/2003 | | 33. CEMETERY/CREMATORY — NAME Columbia River Crematory | |
| 34. LOCATION — CITY/TOWN, STATE White Salmon, Washington | | 35. FUNERAL DIRECTOR SIGNATURE [Signature] | | 36. NAME OF FACILITY Gardner Funeral Home | | 37. ADDRESS OF FACILITY POB 390 White Salmon, WA 98672 | |
| 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 X Ray FitzSimmons M.D. | | | | 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 X [Signature] | | | |
| 40. DATE SIGNED (Mo, Day, Yr) 04/30/2003 | | 41. HOUR OF DEATH (24 Hrs) 1506 | | 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) Ray FitzSimmons, M.D. POB 1519 White Salmon, WA 98672 | | | | 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) Ray FitzSimmons, M.D. POB 1519 White Salmon, WA 98672 | | | | 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). 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. MASSIVE HEAD INJURY DUE TO, OR AS A CONSEQUENCE OF: | | INTERVAL BETWEEN ONSET AND DEATH MINUTES | | | |
| | | B. MOTORCYCLE ACCIDENT DUE TO, OR AS A CONSEQUENCE OF: | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| | | C. DUE TO, OR AS A CONSEQUENCE OF: | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| | | D. DUE TO, OR AS A CONSEQUENCE OF: | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| 51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: | | | | 52. AUTOPSY? (Yes / No) Yes | | 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes | |
| 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 REVIEWED BY DATE | | 62. REGISTRAR SIGNATURE [Signature] | | 63. DATE RECEIVED (Mo, Day, Yr) MAY 01 2003 | | | |

DCH 110-008 (Rev. 01-03) 6-99

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, ELIZABETH A. JOHNSON, executes this affidavit relating to the estate of JAY C. JOHNSON (herein "Decedent"), who died on April 27, 2003, in the County of SKAMANIA, State of WASH, then being a resident of the City of STEVENSON, County of SKAMANIA, State of WASH.

(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 RACHEAL R. JOHNSON
 Address: 7705 NE 134th, VANC., WA 98662-3561
 Name & relationship Courtney A. JOHNSON
 Address: 3210 Weeping Willow DR, BEND, OR 97701
 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 ELIZABETH A. JOHNSON
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to ELIZABETH A. JOHNSON
 - ☐ 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 Skamania Cty 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: 9/2/09, 20

Elizabeth A. Johnson
(Signature)

ELIZABETH A. JOHNSON
(Print or type full name)

POB 707, STEVENSON, WA 98648
(Full address and telephone number)

509-427-5879

SUBSCRIBED and SWORN TO before me this 2 day of Sept., 20 09

Notary Public in and for the State of
Washington, residing at Carson

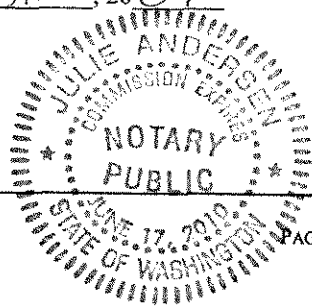


EXHIBIT 'A'

Lot 13, Block 5, RIVERVIEW ADDITION TO THE TOWN OF STEVENSON, according to the recorded plat thereof, recorded in Book 'A' of Plats, Page 21, in the County of Skamania, State of Washington.

TOGETHER WITH the following: The East 15 feet of Lot 12, Block 5, RIVERVIEW ADDITION TO THE TOWN OF STEVENSON, according to the recorded plat thereof, recorded in Book 'A' of Plats, Page 21, Skamania County Records.

Lots 11 and 12, Block 5, RIVERVIEW ADDITION TO THE TOWN OF STEVENSON, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 21, in the County of Skamania, State of Washington.

EXCEPT the East 15 feet of Lot 12 as described by Deed recorded in Book 142, Page 4.

Lot 14 of Block 5, RIVERVIEW ADDITION TO THE TOWN OF STEVENSON, according to the official plat thereof, recorded in Book A of Plats, Page 21, records of Skamania County.

A tract of land in the Northeast Quarter of Section 36, Township 3 North, Range 7 ½ East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the Betty Daugherty Short Plat, recorded in Book 3 of Short Plats, Page 289, Skamania County Records.

Skamania County Assessor
 Date 7-10-09 Parcel# 2-7-1-1-1-300
 3-7-36-4-4-4300
 JM 3-7-36-4-4-4301
 3-75-36-1-0-701