

After recording return to:

MARGARET MADISON PHELAN PS  
Attorneys at Law  
502 E McLoughlin Blvd  
Vancouver WA 98663-3357

GRANTOR: GERALDINE M. WELLMAN  
GRANTEES: LOUIS L. WELLMAN  
ABBREVIATED LEGAL DESCRIPTION: 1971 MARLETTE 12x65 %08105  
ASSESSOR'S TAX PARCEL ID: 03072600070100  
REFERENCE NO: n/a

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR SKAMANIA  
COUNTY

In Re the Estate of:

GERALDINE M. WELLMAN,

Deceased.

)  
)  
)  
)  
)  
)

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON )

: ss.

County of Skamania )

LOUIS L. WELLMAN, state on oath:

1. The facts herein set forth are given to the general public and are to be used for the purpose  
of informing the general public as to the status of the property belonging to GERALDINE M.

LACK OF PROBATE AFFIDAVIT - 1

J:\MMP\Clients M-Z\Wellman Estate Planning\Louis L. Wellman\2009\Lack of Probate Affidavit

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360 696-2069 • 503 243-7810

WELLMAN.

2. The decedent owned real property with her husband, LOUIS L. WELLMAN, which property is commonly known as 1071 Aalvik Road, Stevenson, WA, and legally described as follows:

The North Half of the North Half of the North Half of the North Half of the Southeast Quarter of the Southwest Quarter of Section 26, Township 3 North, Range 7 E.W.M., EXCEPT that portion East of Aalvik Road; ALSO, the South Half of the South Half of the South Half of the Northeast Quarter of the Southwest Quarter of Section 26, Township 3 North, Range 7 E.W.M., EXCEPT that portion East of Aalvik Road; ALSO known as Lot 1 of Mattie K. Aalvik's Short Plat, recorded in Book 2 of Short Plats, Page 57, under Auditor's File No. 86665, records of Skamania Co., State of Washington, with the appurtenances. Excise Tax Paid 11/25/80 - Receipt No. 7847

AND the following legal description constituting a Boundary Line Adjustment:

The Northerly 356 feet which is parrallel to the North line of the following described property:

All that portion of the Southeast quarter of the Southwest quarter and all that portion of the Southwest quarter of the Southeast quarter all in Section 26, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, lying Westerly of Aalvik Road and South of Lot 1 as shown on the Short Plat recorded in Book 2 of Short Plats, Page 57, Skamania County Records.

3. That the decedent, GERALDINE M. WELLMAN is survived by her spouse, LOUIS L. WELLMAN.

4. That the decedent also left surviving her the following children: STANLEY B. WELLMAN and PAUL W. WELLMAN. All of the parties mentioned above are over the age of majority.

LACK OF PROBATE AFFIDAVIT - 2

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5. That GERALDINE M. WELLMAN passed away on December 4, 1998, in Portland, Multnomah, Oregon. Attached as EXHIBIT "A" is a certified copy of her death certificate.

6. The Estate of GERALDINE M. WELLMAN was not probated in the State of Washington. Nor, to the best knowledge of the affiant was the Estate of GERALDINE M. WELLMAN probated in any state.

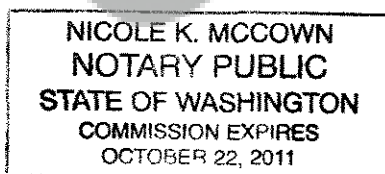
7. All obligations of the decedents owing at the date of deaths have been paid in full and all expenses of last sickness and funeral expenses which would constitute a lien upon the above described real estate have been paid or provided for. Any Federal Estate Tax or Washington Inheritance Tax owing has been provided for.

8. By signing this Lack of Probate Affidavit, the surviving spouse attests, pursuant to RCW 82.45.197(6) an exemption from real estate excise tax is available, as he is the sole and rightful heir to the property.

SEP 25, 2009.

Louis L. Wellman  
LOUIS L. WELLMAN

Subscribed and sworn to before me this SEP 25, 2009.



Nicole McCown  
Notary Public  
PRINTED NAME: Nicole McCown  
My Commission Expires OCT. 22, 2011  
Residing at: Portland, OR

LACK OF PROBATE AFFIDAVIT - 3

J:\MMP\Clients M-Z\Wellman Estate Planning\Louis L. Wellman\2009\Lack of Probate Affidavit

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## CERTIFICATION OF VITAL RECORD

I.D. TAG NO.

06389

Local File Number

HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CONDITIONS

CAUSE OF DEATH

CAUSE OF DEATH  
INSTRUCTION:  
DO NOT REVERSE SIDE  
OF GREEN COPY

|   |  |  |   |
|---|--|--|---|
| 1. DECEDENT'S NAME<br>First: <b>Geraldine</b><br>Middle: <b>Marie</b><br>Last: <b>WELLMAN</b>   |  | 2. SEX<br><b>Female</b>  | 3. DATE OF DEATH (Month, Day, Year)<br><b>December 4, 1998</b>                              |
| 4. SOCIAL SECURITY NUMBER<br><b>Redacted</b>  | 5a. AGE-Last Birthday (Years)<br><b>66</b>   | 5b. Under 1 Year<br>Mos. <b>66</b> Days <b>00</b> Hours <b>00</b> Mins. <b>00</b>  | 6. BIRTHPLACE (City and State or Foreign Country)<br><b>Washington</b>                      |
| 7. DATE OF BIRTH (Month, Day, Year)<br><b>March 14, 1932</b>  |  | 8. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| 9a. PLACE OF DEATH (Check only one)<br><input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) |  | 9b. COUNTY OF DEATH<br><b>Multnomah</b>  |   |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)<br><b>Homemaker</b>  |  | 10b. KIND OF BUSINESS/INDUSTRY<br><b>Own Home</b>  |   |
| 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)<br><b>Married</b>  |  | 12. SPOUSE (If Married, Widowed)<br><b>Louis</b>   |   |
| 13a. RESIDENCE - STATE<br><b>Washington</b>   | 13b. COUNTY<br><b>Skamania</b>   | 13c. CITY, TOWN OR LOCATION<br><b>Stevenson</b>  | 13d. STREET AND NUMBER<br><b>P.O. Box 406</b>   |
| 13e. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | 13f. ZIP CODE<br><b>98648</b>  | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      | 15. RACE American Indian, Black, White, etc. (Specify)<br><b>White</b>                      |
| 16. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) <b>1</b> College (1-4 or 5+) <b>1</b>  |  | 17. FATHER - NAME first middle last<br><b>White Marie</b>  |   |
| 18. MOTHER - NAME first middle maiden<br><b>Marie</b>   |  | 19. INFORMANT - NAME and relationship to decedent<br><b>Louis Wellman (spouse)</b>   |   |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)   |  | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>Wilhelm Crematory</b>  |   |
| 20c. LOCATION - City or Town, State<br><b>Portland, Oregon</b>  |  | 21a. OREGON LICENSE NO. (Of Licensee)<br><b>3534</b>   |   |
| 21b. NAME, ADDRESS AND ZIP OF FACILITY<br><b>Oregon Cremation Company<br/>1634 SE Claybourne Ave.<br/>Portland Oregon 97202</b>   |  | 22. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |   |
| 23. DATE FILED (Month, Day, Year)<br><b>DEC 08 1998</b>   |  | 24. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |   |
| RESERVED FOR REGISTRAR'S USE  |  |  |   |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN   |  | TO BE COMPLETED ONLY BY MEDICAL EXAMINER   |   |
| 27. TIME OF DEATH<br><b>3:10 a.m.</b>   |  | 28. WAS MEDICAL EXAMINER NOTIFIED?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.<br>(Signature) <i>[Signature]</i>   |  | 30. DATE SIGNED (Month, Day, Year)<br><b>DEC 4 1998</b>  |   |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)<br><b>JEFFREY I. MENASHE 5050 NE HOYT #256 PORTLAND, OR 97213</b>  |  | 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated.<br>(Signature)                  |   |
| 33. DATE SIGNED (Month, Day, Year)  |  | 34. COUNTY   |   |
| 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  |  |   |
| 36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter more than one, e.g. Cardiac or Respiratory Arrest.)<br>PART I (a) <b>ADENOCARCINOMA - METASTATIC; ? LUNG ORIGIN</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(b)<br>DUE TO, OR AS A CONSEQUENCE OF:<br>(c)<br>DUE TO, OR AS A CONSEQUENCE OF:                 |  | Interval between onset and death<br><b>6 MONTHS</b><br>Interval between onset and death  |   |
| PART II OTHER SIGNIFICANT CONDITIONS -<br>Conditions contributing to death but not resulting in the underlying cause given in PART I.   |  | 37. Did tobacco use contribute to the death?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 38. AUTOPSY<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 39. If YES were findings considered in determining cause of death?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                            |   |
| 40. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other    | 41a. DATE OF INJURY (Month, Day, Year)   | 41b. TIME OF INJURY<br>M <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N  | 41c. INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 41d. DESCRIBE HOW INJURY OCCURRED   | 41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) |  |   |
| 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  |  |  |   |
| RESERVED FOR REGISTRAR'S USE  |  |  |   |

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 5/98

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REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR

EXHIBIT

DEC 08 1998

PAGE

1 OF

DATE ISSUED

BILDA CHASKIADAMS, MPH  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE