AFN #2009174111 Recorded 10/15/09 at 02:30 PM DocType: ALP Filed by: JOHN E. RICE Page: 1 of 7 Auditor J. Michael Garvison Skamania County, WA

WHEN RECORDED RETURN TO:

John E Rice
5111 SE 120 Ave
Portland, OR 97266

DOCUMENT TITLE(S)

Lack of Probate AFFIDAVIT

REAL ESTATE EXCISE TAX
28269
OCT 15 2009
PAID exempt
SKAMANIA COUNTY TREASURER

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

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

Edmund F. Clark

[ ] Additional names on page _____ of document.

GRANTEE(S):

John E. Rice Trustee of John E Rice Trust aug 5, 1993

[X] Additional names on page 2 of document.

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

See Exhibit A

[X] Complete legal on page 7 of document.

TAX PARCEL NUMBER(S):

01 08 09 000 40100 AUP

[ ] 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, ~~John E. Rice Trustee~~ MICHELLE J. RICE TRUSTEE executes this affidavit relating to the estate of Edmund F. Clark (herein "Decedent"), who died on 9-28-1964, in the County of Multnomah, State of Oregon, then being a resident of the City of Portland, County of Clackamas, State of Oregon.

(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:) Step Son

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 _____.
2. That on the date of death the Decedent was:
   - ☑ married to Ruth B. Clark.
   - ☐ 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: Oct. 15, 2009

John E. Rice Trustee of John E. Rice Trust aug 5, 1993
(Signature)

John E. Rice Trustee
(Print or type full name)

Michelle J. Rice Trustee
(Full address and telephone number)

MICHELLE J. RICE TRUSTEE

SUBSCRIBED and SWORN TO before me this 15 day of October, 2009

Melissa A Anderson
Notary Public in and for the State of WA
Washington, residing at Carson

MELISSA A. ANDERSON
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
AUGUST 19, 2012

1-5-9-401

LOCAL REGISTRAR'S NUMBER 4137

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON — BOARD OF HEALTH — PORTLAND, PUBLIC HEALTH SERVICE

STATE FILE NO. 13224

DATE RECEIVED OCT 12 1964

1. NAME OF DECEASED: EDMOND FRANCIS CLARK

2. PLACE OF DEATH: County: Multnomah; City or Town: Portland; Length of stay: 20 hrs.; Name of Hospital or Institution: Providence Hosp.

3. USUAL RESIDENCE: State: Oregon; County: Clackamas Multnomah; City or Town: Portland; Street Address or Rural Route No.: 9620 S. E. 77th

4. DATE OF DEATH: Sept. 28, 1964

5. SEX: Male

6. COLOR OR RACE: White

7. MARITAL STATUS: X

8. DATE OF BIRTH: [redacted]

9. USUAL OCCUPATION: Shoe Repair

10. KIND OF BUSINESS: Self-Emp.

11. NAME OF SPOUSE: Ruth

12. AGE: April 13, 1884 80

13. BIRTHPLACE: Petaluma, Calif.

14. CITIZEN OF WHAT COUNTRY: X

15. IF DECEASED WAS A VETERAN: None

16. NAME OF FATHER: Peter P. Clark

17. MAIDEN NAME OF MOTHER: Catherine Griffin

18. INFORMANT: Ruth R. Clark-wife

19. DISPOSITION: Burial

20. PLACE: Lincoln Mem Park

21. DATE: 10-2-64

22. NAME AND ADDRESS OF FUNERAL DIRECTOR: Mt. Scott Funeral

Item #18, corrected per supplemental 10-7-64

STATE OF OREGON, COUNTY OF MULTNOMAH } ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE BOARD OF HEALTH AND IN ITS OFFICIAL CARE AND CUSTODY.

DATE ISSUED Apr. 4 1968

STATE REGISTRAR

1. NAME OF DECEASED (Type or print all entries in black ink.) — First: Edmond; Middle: Francis; Last: Clark

2. PLACE OF DEATH
A. COUNTY: Mult
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Portland
C. LENGTH OF STAY IN 2B: 20 hrs.
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Providence Hosp.

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: ~~Mult~~ Clackamas
C. CITY, TOWN or LOCATION (If outside corporate limits, so specify): Foremand
D. STREET ADDRESS, RURAL ROUTE, ETC.: 9620 S.E. 77th. 50 yrs.

4. DATE OF DEATH (Month, Day, Year): Sept 28, 1964
5. SEX: Male
6. COLOR OR RACE: Wht
7. MARITAL STATUS: ☑ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY No.: [redacted]
9. USUAL OCCUPATION (Kind of work done during most of life): Shoe Repair
10. Kind of Business or Industry: Self Emp.
11. NAME OF SPOUSE: Ruth
12. DATE OF BIRTH (Month, Day, Year): April 13 1884
13. AGE LAST BIRTHDAY (Yrs.): — IF UNDER 1 YEAR (Months / Days): — IF UNDER 24 HOURS (Hours / Minutes):
14. BIRTHPLACE (State or Foreign Country): ~~Petaluma~~ Petaluma, California
15. WAS DECEASED A CITIZEN OF ☐ U.S. ☐ Foreign Country — Name of Country:
16. IF DECEASED WAS A VETERAN, WHAT WAR: No
17. NAME OF FATHER: Peter P. Clark
18. MAIDEN NAME OF MOTHER: Catherine Griffin
19. INFORMANT'S NAME and RELATIONSHIP to DECEASED: Ruth B. Clark, wife

Interment ..... Date .....
Date of Death Sept 28, 1964 Hour 10:45 PM Autopsy Yes
Doctor T. J. Murphy Address P.M. Med. Center Phone 223-7165
Casket No. ..... Mfr. Columbia Color Orchid Design M. C.

GOODS and SERVICES		DISBURSEMENTS		
Casket and Services	525	Autos		
Personal Services		Grave		
Clothing		Grave Opening		
Outside Case		Cremation		
Vault		Funeral Notices		
Embalming		Music		
Flowers		Minister Funeral		
Flower Car		Casket Coach		
		Ambulance		
		Escort		
		Cert. C.	2	cc
		Total Disbursements		
		Goods and Services 10/6/64		
Total		Complete Total		

Cash 60 Days
Social Security Yes
Veterans Claim No
Estate

Time Pay Plan
Employed By
Credit Ref.

10-14-64 525.00

For value received ..... Sept. 28, 1964 promise to pay to the order of MT. SCOTT FUNERAL HOME, INC. at Portland, Oregon, ... Dollars, in lawful money of the United States of America, with interest thereon in like lawful money at the rate of ..... per cent, per ..... from ..... until paid, payable in ..... installments of not less than $ ..... in any one payment, ... the full amount of interest due on this note at time of payment of each installment. The first payment to be made on the ..... day of ....., 19...., and a like payment on the ..... day of ..... thereafter, until the whole sum, principal and interest, has been paid; if any of said installments are not so paid, the whole sum of both principal and interest to become immediatey due and collectible at the option of the holder of this note.

In case suit or action is instituted to collect this note, or any portion thereof, ... promise to pay such additional sum as the Court may adjudge reasonable as attorney's fees in said suit or action.

Due ....., 19.....
At Portland, Oregon.

Ruth B. Clark

Exhibit A.

BARGAIN & SALE DEED

JOHN E. RICE, a married man, hereinafter called Grantor, conveys to JOHN E. RICE and MICHELLE J. RICE as Trustees of the John E. Rice Trust, executed the 5th day of August, 1993, Grantee, the following described real property situated in Skamania County, State of Washington:

Beginning at an iron pipe one hundred fifty eight (158) feet South of the Northwest corner of Section Nine (9) Township One (1) North of Range Five (5)East of the W.M. thence South Fifty (50) feet; Thence North Forty six degrees East One hundred fifty four (154) feet to an iron pipe: Thence Northwesterly Fifty (50) feet to an iron pipe; Thence South Forty six degrees West One hundred thirty nine (139) feet to point of beginning containing 1/6 of an acre more or less. Additionally there is a 30ft. easement recorded August 21, 2007 in Skamania County, Reference #AF 2007 167349

The true and actual consideration paid for this conveyance is the mutual covenants and conveyances contained herein, which are for the purposes of estate planning and consist of value wholly other than of cash.

"THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES."

IN WITNESS WHEREOF, the Grantor has duly executed this instrument this 25 day of October, 2007.

John E. Rice

John E. Rice, Grantor

Skamania County Assessor
Date 10/25/07 Parcel# 1-5-9-401
05

Skamania County Assessor
Date 10/15/09 Parcel# 1-5-9-401 Rec'

STATE OF ~~WASHINGTON~~ Oregon)
) ss.
COUNTY of ~~SKAMANIA~~ Multnomah)

Personally appeared before me this 25th day of October, 2007, the above named and identified John E. Rice, and acknowledged the foregoing instrument to be his voluntary act and deed.

REAL ESTATE EXCISE TAX
27304
OCT 25 2007
PAID

Jodi Richardson

Notary Public for ~~Washington~~ Oregon
My Commission Expires July 2, 2010

Until a change is requested, ~~PAID~~ Exempt
send tax statements to: By deputy
SKAMANIA COUNTY TREASURER

No Change

After recording, return to:
John E. Rice
5111 SE 120th
Portland, OR. 97266

Bargain and Sale Deed

OFFICIAL SEAL
JODI RICHARDSON
NOTARY PUBLIC - OREGON
COMMISSION NO. 408020
MY COMMISSION EXPIRES JULY 2, 2010

AFN # 2007169072
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