

AFTER RECORDING MAIL TO:

Name Judith Josephson

Address 17106 SE Fisher Drive

City/State Vancouver, WA 98683

SCC 31402

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

1. CERTIFICATE OF DEATH & LACK OF PROBATE AFFIDAVIT

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. JOSEPHSON, GREGORY ALAN

2.

3.

4.

5. ☐ Additional names on page _____ of document

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

1. JOSEPHSON, JUDITH SYLVI

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)

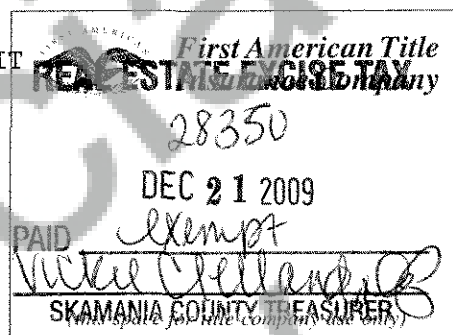
S 26 T2N R6E

☒ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 02-06-26-4-0-1400-00 *par*

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.



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 2506		Washington State Certificate of Death				State File Number		
1. Legal Name (include AKA's if any) First Middle LAST Suffix Gregory Alan Josephson					2. Death Date Found 11/26/2009			
3. Sex (M/F) Male	4a. Age - Last Birthday 50	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Clark			
7. Birthdate Oct. 20, 1959		8a. Birthplace (City, Town, or County) Portland		8b. (State or Foreign Country) Oregon	9. Decedent's Education Some College; No Degree			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No		
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 17106 SE Fisher Drive					13b. City or Town Vancouver			
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98683	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
14. Estimated length of time at residence. 2 1/2 Years		15. Marital Status at Time of Death Divorced		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)				
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Dredgeman				18. Kind of Business/Industry (Do not use Company Name) Marine				
19. Father's Name (First, Middle, Last, Suffix) Dennis Josephson				20. Mother's Name Before First Marriage (First, Middle, Last) Judith Kivisto				
21. Informant's Name Judith Josephson		22. Relationship to Decedent Mother		23. Mailing Address: Number and Street or RFD No. City or Town. State Zip 17106 SE Fisher Drive Vancouver, WA 98683				
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:				
25. Facility Name (If not a facility, give number & street or location) 3879 E. 18th Street				26a. City, Town, or Location of Death Vancouver	26b. State WA	27. Zip Code 98661		
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Evergreen Memorial Gardens Crematory			30. Location-City/Town, and State Vancouver, Washington			
31. Name and Complete Address of Funeral Facility Evergreen Memorial Gardens Funeral Chapel Vancouver, WA 98684				32. Date of Disposition December 1, 2009				
33. Funeral Director Signature X <i>Megan E. [Signature]</i>								
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. Pending			Interval between Onset & Death			
		Due to (or as a consequence of):			Interval between Onset & Death			
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b.			Interval between Onset & Death			
		Due to (or as a consequence of):			Interval between Onset & Death			
		c.			Interval between Onset & Death			
		Due to (or as a consequence of):			Interval between Onset & Death			
		d.			Interval between Onset & Death			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending		39. If female <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		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:					47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
46. Describe how injury occurred								
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, autopsy investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dennis J. Wickham MD Medical Examiner PO Box 5000 Vancouver WA 98666					50. Hour of Death (24hrs) Found 2004			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (MM/DD/YYYY) 11/27/2009			
53. Title of Certifier Medical Examiner		54. License Number		55. ME/Coroner File Number 09-1787		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature <i>[Signature]</i>					58. Date Received (MM/DD/YYYY) DEC 01 2009			
59. Amendments								

EXHIBIT 'A'

PARCEL I

A Tract of Land in the Southwest Quarter of the Southeast Quarter of Section 26, Township 2 North, Range 6 East, of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point 899.4 feet North and 30 feet West of the Southwest Corner of the Southeast Quarter of the Southeast Quarter of Section 26; thence North 06°23' West 330 feet; thence West 120 feet; thence South 06°23' East 330 feet parallel to the East line of the tract; thence Easterly to the Point of Beginning.

Skamania County Assessor

Date 12/21/09 Parcel# 02-06-26-4-0-1400-00

PARCEL II

A parcel of land located in a portion of the Southwest Quarter of the Southeast Quarter of Section 26, in Township 2 North, Range 6 East of the Willamette Meridian in the County of Skamania and State of Washington being more particularly described as follows:

Commencing at a 1/4" diameter Iron Rod with a Yellow Plastic Cap marked Terra Surveying LS 18731, set on the East line of the said Southwest Quarter of the Southeast Quarter of Section 26, being at a point North 01°42'37" West, a distance of 493.00 feet from the Southeast corner of the said Southwest Quarter of the Southeast Quarter of Section 26, said point of Commencement being described as the point of Commencement of that tract of land conveyed to James O. Lankford and Patty Lankford, et ux, by Real Estate Contract recorded on May 12, 1994 in Book 143, Page 89, Skamania County Deed Records; thence North 01°42'37" West along the East line of the said Southwest Quarter of the Southeast Quarter of Section 26, a distance of 406.00 feet to the Southeast corner of the tract of land conveyed to James A. Kallas and Glenda J. Kallas, et ux, by Warranty Deed recorded March 29, 1979 in Book 76, Page 323, Skamania County Deed Records, said corner also being a corner of the said Lankford tract; thence South 88°17'23" West along the South line of the said Kallas tract, a distance of 30.00 feet to the Southeast corner of the tract of land conveyed to Greg Josephson, by Quit Claim Deed recorded October 10, 2002 in Book 230, Page 75, Skamania County Deed Records and the point of beginning of the following described parcel:

Thence continuing South 88°17'23" West along the South line of said Josephson tract a distance of 106.82 feet; thence South 5°56'53" East a distance of 64.44 feet; thence South 79°51'04" East a distance of 13.57 feet; thence North 78°31'44" East a distance of 95.85 feet; thence North 08°05'37" West a distance of 51.12 feet to the point of beginning.

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

Title Insurance Commitment No.: _____, County: _____

STATE OF Washington

SS:

COUNTY OF Skamania

The undersigned, Judith Sylvi Josephson, executes this affidavit relating to the estate of Gregory A. Josephson (herein "Decedent"), who died on 11/26/09, in the County of Clark, State of Washington, then being a resident of the City of Vancouver, County of Clark, 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): Parent

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: Alec V. Josephson Brother
 Address: 1941 N.W. Circle, Camas, WA 98607
 Name & relationship: Julie K. Wright Sister
 Address: 4714 N.W. 127th Street, Vancouver, WA 98685
 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 Skamania 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: December 9, 2009

Judith S. Josephson
(Signature)

Judith Sylvi Josephson
(Print or type full name)

17106 S.E. Fisher Drive
(Full address and telephone number)

Vancouver, WA 98683 360-944-0655

SUBSCRIBED and SWORN TO before me this 9th day of December, 2009

Karena Mye Soo Weimer
Notary Public in and for the State of
Washington, residing at Clark County Vancouver, WA

