

AFTER RECORDING RETURN TO:

*CHARLENE K. WALKER
*52 COOKHOUSE ROAD
*WILLARD, WA 98605

SR 31736

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

1. 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. *Walker, Jeffrey Scott
- 2.
- 3.
- 4.
5. ☐ Additional names on page ____ of document

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

1. *Walker, Charlene Kay
- 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)

*LOT 2 OF PLAT OF WILLARD

- ☐ Complete legal description is on page ____ of document

Assessor's Property Tax Parcel/Account Number(s):

03-09-02-1-1-0200-00

*

REAL ESTATE EXCISE TAX

28504

APR 19 2010

PAID

exempt

Willard, Jeffrey Scott
SKAMANIA COUNTY TREASURER

Skamania County Assessor

Date 4-19-10 Parcel 3-9-2-1-1-206

420

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

Title Insurance Commitment No.: 31736, County: Skamania

STATE OF Washington
COUNTY OF Klickitat

SS:

The undersigned, Charlene Kay Walker, executes this affidavit relating to the estate of Jeffrey Scott Walker (herein "Decedent"), who died on July 5, 1997, in the County of Multnomah, State of Oregon, then being a resident of the City of Willard, County of Skamania, State of WA

(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: Rylee Kay Walker
 Address: 52 Cobblehouse Rd Willard, WA 98605
 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 Charlene Kay Walker
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to Charlene Kay Walker
 - ☐ 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): All pd None

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 131,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 131,000, and including the value of Decedent's separate property, if any, of approximately \$ NA-0, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ NA-0-

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: 4-15, 2010

Charlene Walker Rohrbach
(Signature)

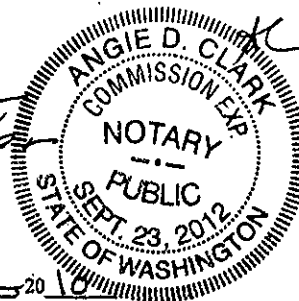
Charlene Walker Rohrbach
(Print or type full name)

62 Cookhouse Rd
(Full address and telephone number)
Willard, WA 98605

SUBSCRIBED and SWORN TO before me this 15 day of April, 2010

Angie D. Clark
Notary Public in and for the State of
Washington, residing at White Salmon

EX 09.23.2012



CERTIFICATION OF VITAL RECORD

1046

I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

Local File Number

State File Number

DECEDENT

PARENTS

DISPOSITION

10

REGISTRAR

CERTIFIER

NOTATIONS

ANY

GAVE

TO

DATE

OF

THE

FILING

LAST

USE OF

DATE

OF

DEATH

1. DECEDENT'S NAME First: Jeffrey Middle: Scott Last: WALKER			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) July 5, 1997
4. SOCIAL SECURITY NUMBER [REDACTED]			5a. AGE Last Birthday (Years) 43	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Scotia, CA			7. DATE OF BIRTH (Month, Day, Year) July 18, 1953	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) Providence Medical Center			9c. CITY, TOWN, OR LOCATION OF DEATH Portland	
9d. COUNTY OF DEATH Multnomah				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Contractor			10b. KIND OF BUSINESS/INDUSTRY Painting	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married			12. SPOUSE (If Married, Widowed) Charlene Walker	
13a. RESIDENCE - STATE Washington		13b. COUNTY Skamania		13c. CITY, TOWN OR LOCATION Willard
13d. STREET AND NUMBER 52 Cookhouse Road				
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 98605		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (1-4 or 5+) 12		
17. FATHER - NAME first middle last Darrold Dwayne Walker			18. MOTHER - NAME first middle maiden Martha Viola Murray	
19. INFORMANT - NAME and relationship to deceased Charlene Walker, wife				
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Win-quatt Crematory			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) The Dalles, OR	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>K. P. Smith</i>			21b. LICENSE NUMBER (Of Licensee) 1482	
22. NAME, ADDRESS AND ZIP OF FACILITY GARDNER FUNERAL HOME, INC. POB 390 White Salmon, WA 98672				
23. DATE FILED (Month, Day, Year) JUL 29 1997			24. REGISTRAR'S SIGNATURE <i>Hilda Chaski Adams</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A				

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH 1151 P. M.	28. WAS MEDICAL EXAMINER NOTIFIED? <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. (Signature) <i>David J. Silver MD</i>	
30. DATE SIGNED (Month, Day, Year) 7-11-97	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) David J. Silver, M.D. 5050 NE Hoyt Suite 311 Portland, OR 97213	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
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. (Signature)	
33. DATE SIGNED (Month, Day, Year) COUNTY	

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)				Interval between onset and death
PART I (a) Intracerebral hemorrhage DUE TO, OR AS A CONSEQUENCE OF:				18 hours
(b) Renal carcinoma DUE TO, OR AS A CONSEQUENCE OF:				3 years
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Cerebral edema				Interval between onset and death
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <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 M	41c. INJURY AT WORK? <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 2/96

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED:

JUL 29 1997

HILDA CHASKI ADAMS, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE