

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

REAL ESTATE EXCISE TAX

28504

APR 19 2010

PAID *exempt*
W. Kelland
SKAMANIA COUNTY TREASURER

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

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

03-09-02-1-1-0200-00 *(initials)*

*

Skamania County Assessor

(initials)

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 Jeffery 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 Cobkhouse 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.

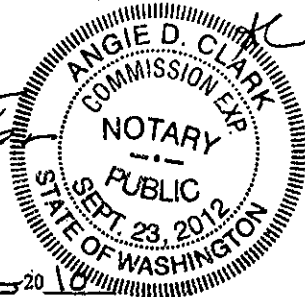
DATED: 4-15, 2010

Charles Walker Rehbacher
(Signature)

Charlene Walker Rehbacher
(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

POSITION

10

REGISTRAR

CERTIFIER

REASONS ANY

IF GAVE

TO

DATE

THE

FLYING

LAST

USE OF

DATE

1. DECEDENT'S NAME: Jeffrey Scott WALKER
 2. SEX: Male
 3. DATE OF DEATH: July 5, 1997
 4. SOCIAL SECURITY NUMBER: [Redacted]
 5a. AGE: 43
 5b. Under 1 Year: [Redacted]
 5c. Under 1 Day: [Redacted]
 6. BIRTH PLACE: Scotia, CA
 7. DATE OF BIRTH: July 18, 1953
 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [No]
 9a. PLACE OF DEATH: HOSPITAL - Inpatient
 9b. FACILITY NAME: Providence Medical Center
 9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
 9d. COUNTY OF DEATH: Multnomah
 10a. DECEDENT'S USUAL OCCUPATION: Contractor
 10b. KIND OF BUSINESS/INDUSTRY: Painting
 11. MARITAL STATUS: Married
 12. SPOUSE: Charlene Walker
 13a. RESIDENCE - STATE: Washington
 13b. COUNTY: Skamania
 13c. CITY, TOWN OR LOCATION: Willard
 13d. STREET AND NUMBER: 52 Cookhouse Road
 14. WAS DECEDENT OF HISPANIC ORIGIN? [No]
 15. RACE: White
 16. DECEDENT'S EDUCATION: 12
 17. FATHER - NAME: Darrold Dewayne Walker
 18. MOTHER - NAME: Martha Viola Murray
 19. INFORMANT - NAME and relationship to decedent: Charlene Walker, wife
 20a. METHOD OF DISPOSITION: Burial
 20b. PLACE OF DISPOSITION: Win-quatt Crematory
 20c. LOCATION - City or Town, State: The Dalles, OR
 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]
 21b. LICENSE NUMBER: 1482
 22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. POB 390 White Salmon, WA 98672
 23. DATE FILED: JUL 29 1997
 24. REGISTRAR'S SIGNATURE: [Signature]

TO BE COMPLETED BY CERTIFYING PHYSICIAN
 27. TIME OF DEATH: 1151 P. M.
 28. WAS MEDICAL EXAMINER NOTIFIED? [Yes]
 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.
 (Signature): [Signature]
 30. DATE SIGNED: 7-11-97
 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: David J. Silver, M.D. 5050 NE Hoyt Suite 311 Portland, OR 97213
 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: [Redacted]

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
 31a. TIME OF DEATH: [Redacted]
 31b. DATE PRONOUNCED DEAD: [Redacted]
 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): [Redacted]
 33. DATE SIGNED: [Redacted]
 COUNTY: [Redacted]

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.
 PART I
 (a) Intracerebral hemorrhage
 DUE TO, OR AS A CONSEQUENCE OF:
 Interval between onset and death: 18 hours
 (b) Renal carcinoma
 DUE TO, OR AS A CONSEQUENCE OF:
 Interval between onset and death: 3 years
 (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
 Cerebral edema
 37. Did tobacco use contribute to the death? [No]
 38. AUTOPSY: [No]
 39. If YES were findings consistent in determining cause of death? [No]
 40. MANNER OF DEATH: Natural
 41a. DATE OF INJURY: [Redacted]
 41b. TIME OF INJURY: [Redacted]
 41c. INJURY AT WORK? [No]
 41d. PLACE OF INJURY: [Redacted]
 41e. LOCATION: [Redacted]

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