

WHEN RECORDED RETURN TO:

Claudia Chiasson

P.O. Box 428

Carson, WA 98610

DOCUMENT TITLE(S)

Lack of Probate Affidavit

REFERENCE NUMBER(S) of Documents assigned or released:

~~40~~

REAL ESTATE EXCISE TAX

N/A

☐ Additional numbers on page _____ of document.

GRANTOR(S):

ERIC J. CHIASSON

PAID

OCT 27 2010

N/A

Vicki Chelland, Deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

GRANTEE(S):

CLAUDIA J. CURTEMAN-CHIASSON

☐ Additional names on page _____ of document.

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

LOT 1 of the Wilkins Short Plat, recorded
in Book 3 of Short Plats page 220

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03082014030000 ALP

☐ 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 WA ,

COUNTY OF Skamania SS:

The undersigned, Claudia Chiasson, executes this affidavit relating to the estate of Eric Chiasson (herein "Decedent"), who died on 02/22/10, in the County of Clark, State of WA, then being a resident of the City of Carson, 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 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 Claudia Chiasson
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to Claudia Chiasson
 - ☐ 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: 10/27, 20 10

(Signature)

Claudia J. Curteman-Chiasson

(Print or type full name)

Claudia J. Curteman-Chiasson

(Full address and telephone number)

P.O. Box 428, Carson, WA 98610

SUBSCRIBED and SWORN TO before me this 27 day of 10, 20 10

Julie A. Andersen
Notary Public in and for the State of
Washington, residing at Carson



A TRACT OF LAND IN THE NORTHWEST QUARTER OF THE NORTHEAST
QUARTER OF THE SOUTHEAST QUARTER OF SECTION 20, TOWNSHIP 3
NORTH, RANGE 8 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF
SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:
LOT 1 OF THE WILKINS SHORT PLAT, RECORDED IN BOOK 3 OF SHORT
PLATS, PAGE 220, SKAMANIA COUNTY RECORDS.

Skamania County Assessor
Date 10/27/10 Parcel# 3-8-20-14-300 ^{Acres}

which has the address of 1422 WIND RIVER RD
[Street]

CARSON
[City]

Washington 98610

[Zip Code]

("Property Address");



Washington State
Department of Revenue
Special Programs Division
PO Box 47477
Olympia, WA 98504-7477

**-Sample Format-
Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of SKAMANIA

Name of deceased ERIC J Chiasson

I, (survivor's name) Claudia J. Curteman-Chiasson affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 03082014030000

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 27th day of October, 2010 at Stevenson, WA
(month) (year) (city) (state)

Claudia J. Chiasson Claudia J. Curteman-Chiasson
(Signature of surviving spouse or registered domestic partner)

Claudia J. Chiasson
(Printed name of surviving spouse or registered domestic partner)

(Address of surviving spouse or domestic partner) (City) (State) (Zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 453		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Eric J. Chiasson					2. Death Date 02/22/2010		
3. Sex (M/F) Male	4a. Age - Last Birthday 70	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Clark		
7. Birthdate 10/03/1939		8a. Birthplace (City, Town, or County) Glace Bay		8b. (State or Foreign Country) Canada	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 5th St.) (Include Apt. No.) 1422 Wind River Hwy.					13b. City or Town Carson		
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98610	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	
14. Estimated length of time at residence: 23 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Claudia Curteman			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Owner/Operator				18. Kind of Business/Industry (Do not use Company Name) Deli			
19. Father's Name (First, Middle, Last, Suffix) Samuel H. Chiasson				20. Mother's Name Before First Marriage (First, Middle, Last) Mary LaBlanc			
21. Informant's Name Claudia Chiasson		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1422 Wind River Hwy Carson, WA 98610			
24. Place of Death, if Death Occurred in a Hospital: Inpatient				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (if not a facility, give number & street or location) SW Washington Medical Center				26a. City, Town, or Location of Death Vancouver		26b. State WA	27. Zip Code 98664
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory		30. Location-City/Town, and State Whiet Salmon, Washington			
31. Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE 3rd Ave. Camas, WA 98607						32. Date of Disposition 02/27/2010	
33. Funeral Director Signature X <i>C.M. [Signature]</i>							
<p>Cause of Death (See instructions and examples)</p> <p>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.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory Failure Interval between Onset & Death 9 days</p> <p>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. Consecutive Heart Failure Interval between Onset & Death unknown</p> <p>c. Coronary Artery Disease Interval between Onset & Death ~ 6 yrs</p> <p>d. Interval between Onset & Death</p>							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above N/A					36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input 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 checked="" 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: _____					46. Describe how injury occurred		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					48. Did transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician: On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated: LORAN YENDAL, 700 NE 8TH AVE, VANCOUVER WA 98664				48b. Medical Examiner/Coroner: On the basis of examination, and/or 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) LORAN YENDAL, 700 NE 8TH AVE, VANCOUVER WA 98664				50. Hour of Death (24hrs) 1710			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 2/24/2010			
53. Title of Certifier MO		54. License Number MDE00047636		55. Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) FEB 26 2010			
59. Amendments							