

WHEN RECORDED RETURN TO:

SKAMANIA COUNTY TITLE CO

POB 277

STEVENSON, WA 98648-0277

DOCUMENT TITLE(S)

LACK OF PROBATE AFFIDAVIT (INCLUDES COPY OF
WILL AND DEATH CERTIFICATE)

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page ____ of document.

GRANTOR(S):

~~M. JAY LARSEN (MARI J. LARSEN)~~
PHILIP E. LARSEN

☐ Additional names on page ____ of document.

GRANTEE(S):

M. JAY LARSEN (MARI J. LARSEN)

☐ Additional names on page ____ of document.

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

SCTC TO PROVIDE

☐ Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):

SCTC TO PROVIDE

☐ 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 WASHINGTON)

SS:

COUNTY OF SKAMANIA)

The undersigned, M JAY LARSEN (MARI J LARSEN), executes this affidavit relating to the estate of PHILIP E LARSEN (herein "Decedent"), who died on 8 DECEMBER 2009 in the County of MULTNOMAH, State of OREGON, then being a resident of the City of STEVENSON, County of SKAMANIA, 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): _____

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 M JAY LARSEN (MARI J LARSEN) SPOUSE
 Address: PO BOX 310 / 370 SW VANCOUVER AVE, STEVENSON, WA
 Name & relationship JUNE E LARSEN, MOTHER
 Address: 13211 SE 128th AVE, CLACKAMAS, ORE 97015
 Name & relationship GARY L LARSEN, BROTHER
 Address: 12728 SE LONG ST, PORTLAND, OR 97236
 Name & relationship JUDY VAWEREM, SISTER
 Address: (LAST KNOWN) 2800 NW 9th SIDE, WRIHLAND, WA 99352
 Name & relationship DIANE FROGGE, SISTER
 Address: (LAST KNOWN) 9720 SE KNIGHT, PORTLAND, OR 97266

SEE back →

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 *and community property*

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
 - ☒ married to M JAY LARSEN (MARI J. LARSEN)
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to M JAY LARSEN (MARI J. LARSEN)
 - ☐ 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): N/A

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 215,000.00, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 107,500.00 and including the value of Decedent's separate property, if any, of approximately \$ 0, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0.

This affidavit is made to induce SKAMANIA COUNTY 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: 9 March, 20 11

M. Jay Laksen / Mari J. Laksen

(Signature)

M. JAY LAKSEN / MARI J. LAKSEN

(Print or type full name)

PO BOX 310 / 370 SW VAN HOUTEN AVE, STEVENSON, WA 98648

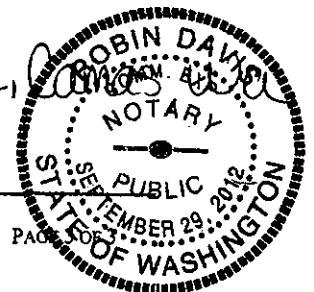
(Full address and telephone number)

509-427-5737

SUBSCRIBED and SWORN TO before me this 9th day of March, 20 11

Notary Public in and for the State of Washington, residing at Clark County, 528 NE 4th Ave, Camas, WA

Robert Deane



LAST WILL AND TESTAMENT

OF

PHILIP E. LARSEN

KNOW ALL MEN BY THESE PRESENTS:

That I, PHILIP E. LARSEN, a resident of Portland, Oregon, being of legal age, sound and disposing mind and memory, and not acting under duress, fraud or the undue influence of any personal or persons whomsoever, do hereby make, publish and declare this, my Last Will and Testament, and revoke all Wills and Codicils to Wills heretofore made by me.

I.

I direct that my just debts and funeral expenses be promptly paid. I direct my Personal Representative to treat as an obligation of my estate and to pay, without any apportionment thereof other than that hereinafter specified, all estate, inheritance or other death taxes or duties imposed and made payable by reason of my death by the laws of the United States or any state, territory or country, and if any other person shall pay any such tax, my Personal Representative shall reimburse such person.

II.

I am married to MARI J. LARSEN and I have one stepchild, namely CARLA RICHELLE LARSEN.

III.

I give, devise and bequeath to my wife, MARI J. LARSEN all of the rest, remainder and residue of my estate. In the event she predeceases me, then I give, devise and bequeath all of the rest, remainder and residue of my estate as follows:

1 - LAST WILL AND TESTAMENT OF PHILLIP E. LARSEN PSL

1. Subject to the condition and requirement that she personally keep, care for, feed and attend to all of the cats, dogs or other pets in my possession at the time of my death, with love and affection until the natural passing of those pets, to my daughter CARLA RICHELLE LARSEN..

2. In the event of the failure of CARLA RICHELLE LARSEN to meet and satisfy the condition in paragraph 1, then to CARLA RICHELLE LARSEN 20 percent and to CYNTHIA DECCECO, 80 percent.

IV.

I hereby nominate, constitute and appoint MARI J. LARSEN to serve as Personal Representative of this my Last Will and Testament, and direct she shall so serve without the furnishing of bond or other undertaking whatsoever. Should MARI J. LARSEN predecease me, or otherwise be unable or unwilling to serve I hereby appoint CARLA RICHELLE LARSEN to serve as Personal Representative.

I further direct that whomsoever shall serve shall have the power to sell any and all real property which I may own or have an interest in at the time of my death, at any time or place, either at public or private sale, and with or without notice thereof, without any reference to the order of disposition of real and personal property and without any petition, citation, hearing, order or other action of any court for the purpose of paying creditors' claims, and facilitating distribution of my estate; provided, however, that the due return of each sale shall be made and confirmation thereof obtained from a court of competent jurisdiction.

V

If any beneficiary under this Will in any manner, directly or indirectly, contests or attacks this Will or any of its provisions, any share or interest in my estate given to that contesting

beneficiary shall lapse. Any share or interest so lapsing shall be disposed of as if the contesting beneficiary had predeceased me without issue, it being my intention that this paragraph be in derogation of any anti-lapse statute of the State of Oregon or any similar statute of any jurisdiction in which this Will is probated. If any share or portion of such share so lapsing would, in the absence of this paragraph, pass by intestate succession to the contesting beneficiary, or to the issue of the contesting beneficiary, such share or portion thereof shall instead augment proportionately all other gifts provided for in this Will, other than specific, demonstrative or general gifts.

IN WITNESS WHEREOF, I have hereunto set my hand and seal to this my Last Will and Testament, on this 20 day of November, 1996.

Philip E. Larsen
PHILIP E. LARSEN, Testator

This 20th day of NOVEMBER, 1996, we and each of us saw PHILIP E. LARSEN sign the foregoing instrument, consisting of three (3) pages, of which this is the last, and heard him declare that it was her Will. At the time of signing this Will by the Testator, he was, to the best knowledge and belief of each of us, 18 years old or older and of sound mind.

IN WITNESS WHEREOF, we do hereby attest the foregoing Will by signing our name to it in the presence of the Testator and at his request.

Residing at

21825 SE JARVIS
GRAHAM, OR 97030

Residing at

2830 SW Riverview Ct
GRAHAM, OR 97080

AFFIDAVIT OF ATTESTING WITNESSES
TO LAST WILL AND TESTAMENT OF
PHILIP E. LARSEN

STATE OF OREGON)
) ss.
County of Multnomah)

We, the undersigned, being sworn each for myself, say:

On the date of the foregoing Will of PHILIP E. LARSEN, in our presence, said PHILIP E. LARSEN signed the same and declared it to be his Will; whereupon at his request and in his presence, we attested the Will by signing our names thereto.

To the best of our knowledge and belief, the Testator, at that time was over the age of 18 years and of sound mind.



SUBSCRIBED AND SWORN to before me this 20th day of November, 1996.



Kerith A. Fujimoto
Notary Public for Oregon
My Commission Expires: _____

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

505991

LD TAG NO.

STATE FILE NUMBER

1. Legal Name First: Philip Middle: Elmer Last: Larsen Suffix:			2. Death Date December 08, 2009	
3. Sex Male	4. Age 62 years	5. Social Security Number		6. County of Death Multnomah
7. Birthdate May 30, 1947	8. Birthplace White Salmon, Washington		9. Decedent's Education Some college	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 370 SW Vancouver Avenue		14. City/Town Stevenson		
15. Residence County Skamania	16. State or Foreign Country Washington	17. Zip Code + 4 98648	18. Inside City Limits? Yes	
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage M. Jay Stuart		
21. Usual Occupation Warehouse supervisor		22. Kind of Business/Industry Lumber		
23. Father's Name Elmer Aaron Larsen		24. Mother's Name Prior to First Marriage June Ellen Richards		
25. Informant's Name M. Jay Larsen	26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address PO Box 310 Stevenson, WA 98648	
29. Place of Death Hospital-Inpatient		30. Facility Name Adventist Medical Center		
31. Location of Death 10123 SE Market		32. City/Town or Location of Death Portland	33. State Oregon	34. Zip Code + 4 97216
35. Method of Disposition Burial		36. Place of Disposition Willamette National Cemetery		37. Location Portland, Oregon
38. Name and Complete Address of Funeral Facility Bateman Carroll Funeral Home 520 W Powell Boulevard, Gresham, Oregon 97030				
39. Date of Disposition December 10, 2009		40. Funeral Director's Signature Brianna E Lemmon		41. OR License Number CO-3852
42. Registrar's Signature Charlotte Hutchinson		43. Date Received DEC 16 2009		44. Local File Number 005561
45. Amendment				
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
49. Time of Death 2354				
CAUSE OF DEATH				
50. 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.				Approximate Interval: Onset to Death
Final disease or condition resulting in death → IMMEDIATE CAUSE ↓ a. Respiratory Failure Due to (or as a consequence of) ↓ b. Aspiration Pneumonia Due to (or as a consequence of) ↓ c. Esophageal Cancer Due to (or as a consequence of) ↓ d.				Hours Hours Months
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above Hypertension, Chronic Kidney Disease, Atrial Fibrillation, Diabetes, Sleep Apnea, Restless Leg Disease				
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown
55. Date of Injury (mm/dd/yyyy)	56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)				
60. Describe how injury occurred				61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Robert F. Warda 10000 SE Main Street #224 Portland OR 97216				
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier MMO		65. License Number MMO 22986		66. Date Signed (mm/dd/yyyy) 12/16/09
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Robert F. Warda MMO		68. Medical Examiner - 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.		
69. Amendment				

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

DATE ISSUED: DEC 16 2009

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

LILA WICKHAM RNMS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

45-2DP (01/88)