

WHEN RECORDED RETURN TO:

Neva I. Brown
11 Lakeshore Drive
Skamania, WA 98648

DOCUMENT TITLE(S)

Lack of Probate Affidavit

REFERENCE NUMBER(S) of Documents assigned or released: **REAL ESTATE EXCISE TAX**

29023

APR 11 2011

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Lois I. Johnson

PAID exempt
Vicki Chelland, Deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

GRANTEE(S):

Neva I. Brown

FKA Neva I. Herring

☐ Additional names on page _____ of document.

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

#1 Lot 16 Block 4 Plat of Woodard Marina Estates

#2 Lot 15 Block 4 Plat of Woodard Marina Estates

☐ Complete legal on page 5 of document.

TAX PARCEL NUMBER(S):

0206341417000 (#1)

0206341416000 (#2)

Skamania County Assessor
Date 4-11-11 Parcel# 2-6-34-1-4-1700
2-6-34-1-4-1600

☐ 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, NEVA IRENE BROWN, executes this affidavit relating to the estate of LOIS IVA JOHNSON (herein "Decedent"), who died on OCT. 01, 2010 in the County of HOOD RIVER, State of OREGON, then being a resident of the City of SKAMANIA, 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): FKA NEVA I. HERRING

Name & relationship NEVA T. BROWN - DAUGHTER

Address: 11 LAKESHORE DR. - STEVENSON, WA

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 NEIL OWEN JOHNSON
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to NEIL OWEN JOHNSON (DECEASED)
 - ☐ 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 \$ 250,000, 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 N/A 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: 04.11.2011, 20 11

Neva I. Brown
(Signature)

NEVA I. BROWN
(Print or type full name)

11 LAKE SHORE DR. Skamania WA. 98648
(Full address and telephone number)
509-427-8311

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

Shelley Renae Turner
Notary Public in and for the State of Washington
Washington, residing at Carson

SHELLEY RENAE TURNER
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
APRIL 23, 2014

Parcel # 02-06-34-1-4-1700-00

Lot 16, BLOCK 4 Plat of WOODARD MARINA ESTATES as recorded in Book A, Pages 114 and 115 of Plats, records of Skamania County.

Parcel # 02-06-34-1-4-1600-00

Lot 15 Block 4 Plat of Woodard Marina Estates as recorded in Book A, pages 114 and 115 of Plats, records of Skamania County.

Subject to covenants, easements, conditions and declarations, restrictions and reservations of record.

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

565478
I.D. TAG NO.

136-2010-023415

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Lois	Middle Ina	Last Johnson	Suffix	Death Date October 01, 2010	
	Sex Female		Age 90 years		Social Security Number		County of Death Hood River	
	Birthdate August 23, 1920		Birthplace Brockway, Montana		Was Decedent Ever in U.S. Armed Forces? No			
	Residence: 11 Lakeshore Drive				City/Town Stevenson			
	Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98648		Inside City Limits? No	
	Marital Status at Time of Death Widowed		Spouse's Name Prior to First Marriage Neil Johnson					
	Father's Name Lars Turli				Mother's Name Prior to First Marriage Ingeborg Hamre			
	Informant's Name Neil Berry		Telephone Number Not Available		Relationship to Decedent Grandson		Mailing Address 14313 NE 52nd St, Vancouver, WA 98982	
	Place of Death Nursing Facility		Facility Name Hood River Care Center					
	Location of Death 729 Henderson Rd				City/Town or Location of Death Hood River		State Oregon	
	Method of Disposition Removal From State		Place of Disposition Stevenson Cemetery		Location (City/Town and State) Stevenson, Washington			
	Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672							
	Date of Disposition October 16, 2010		Funeral Director's Signature /S/ Derek F. Krentz				OR License Number RR64	
	Registrar's Signature /S/ Maria C. Santoyo				Date Received October 13, 2010		Local File Number 115-2010	
	Amendment: Mother's First Name was Ingeborg amended by F. Dir. aff. Z#82137 J.A. Woodward, State Reg., Oct-29-2010 pt							
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		No		Autopsy?		No	
	Were autopsy findings available to complete the cause of death?						Time of Death 1200	
	CAUSE OF DEATH						Approximate Interval: Onset to Death	
	IMMEDIATE CAUSE ↓ a. Major Hemispheric Stroke						3 months	
	Due to (or as a consequence of) ↓ b.							
	Due to (or as a consequence of) ↓ c.							
	Due to (or as a consequence of) ↓ d.							
	Other significant conditions contributing to death							
	Manner of Death Natural		If Female		Did tobacco use contribute to death?		No	
	Date of Injury		Time of Injury		Place of Injury		Injury at Work?	
	Location of Injury							
	Describe how injury occurred						If transportation injury, specify.	
	Name and Address of Certifier Paul Masaru Hamada 1784 May St, Hood River, Oregon 97031-1398							
	Name and Title of Attending Physician If Other than Certifier						Date Signed October 05, 2010	
	Medical Certifier /S/ Paul Masaru Hamada				Title of Certifier M.D.		License Number MD07297	
Amendment								



20101005711

45-2CC (01/06)

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

DATE ISSUED: October 29, 2010

Maria C. Santoyo
MARIA C. SANTOYO
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

LAST WILL AND TESTAMENT

OF

LOIS I. JOHNSON

I, LOIS I. JOHNSON, a resident of the County of Skamania, State of Washington, being of sound and disposing mind and memory, and acting herein free of the duress, fraud, or undue influence of any person whomsoever, do make, publish and declare this to be my LAST WILL AND TESTAMENT, hereby revoking any and all other Wills by me heretofore made.

W I T N E S S E T H :

I

I direct my personal representative to pay my just debts and obligations as soon as practicable following my death.

II

My husband is NEIL O. JOHNSON, and I have one child, namely, NEVA I. HERRING. There are no issue of deceased children.

III

My husband and I are parties to a Community Property Agreement as provided by the statutes of the State of Washington. I intend that said Community Property Agreement shall be fully effective, but if such agreement shall be insufficient for any reason to transfer my entire estate to my husband, then I do hereby devise and bequeath unto my husband, NEIL O. JOHNSON, all of my estate and property of whatsoever nature and wheresoever situated, such devise and bequest being contingent solely upon him surviving me. My husband is executing his Last Will and Testament this date containing similar provisions as herein provided, but it is fully understood that our said Wills are not executed pursuant to a binding agreement and either of us shall be fully free to revoke or amend our Wills in any particular

Lois I. Johnson

Page 2

before or after the death of either of us. Notwithstanding the foregoing provisions of this paragraph, my husband is fully empowered to disclaim any portion of my estate in the form and manner provided by law at the time of my death.

IV

If my husband shall fail to survive me, then I devise and bequeath my entire estate and property of whatsoever nature or description and wheresoever situated, including specifically any such portion as my husband may disclaim if he survives me, unto my grandchildren, NEIL R. BERRY, BRIAN SCOTT HERRING, and SHEREE L. HERRING, in equal shares, subject however to the trust provisions hereinafter contained. If any of my grandchildren shall fail to survive me or shall fail to survive the distribution of the trust estate as hereinafter provided, then I devise the share of such grandchild as shall have predeceased me unto the issue of such grandchild by representation.

V

If, at the time of my death, my granddaughter, SHEREE L. HERRING, is less than twenty-two (22) years of age, then I devise and bequeath the shares of all of my grandchildren unto my daughter, NEVA L. HERRING, in trust, to hold, manage and distribute as hereinafter provided. If my daughter shall not serve for any reason, or shall cease to serve as such trustee, then I nominate and appoint MYRON MARTIN as such trustee. I direct that no bond shall be required of either of said trustees in the performance of duties as trustee under this Will.

VI

In addition to the powers granted by law and elsewhere set forth in this instrument, I grant to my said trustee full power to retain, so long as the trustee deems advisable, any

Louie J. Johnson

Page 3

property, real, personal or mixed, of whatsoever kind and where-soever situated, which following my death may be received by my trustee in trust hereunder from any source, regardless of whether the particular property so retained shall be of a kind and quality ordinarily retained in trust estates, and regardless of whether said property so retained shall constitute a larger portion of the trust estate than would ordinarily be deemed advisable; to sell for cash or on terms, grant, lease without limit, as to term, improve, exchange, mortgage or pledge, all or any part of the trust estate; to sign, execute and deliver any and all instruments or writings that may be needful or advisable; to invest or reinvest the whole or any part of the trust estate not required to meet the current demands of this trust, as hereinafter provided, in such forms of investment as the trustee may deem advisable in her sole discretion; to vote at corporate or other meetings in person or by proxy; to incorporate with any other person under the laws of any state as to any part or all of any business that I may have conducted at the time of my death, or in which I may have an interest; to determine what is principal and income of the trust estate; to compromise and adjust any claim in favor of or against the trust estate; to make distribution in cash or in kind; and in all things to administer the trust estate in such manner and upon the terms and conditions as my trustee, in her sole discretion, may deem advisable for the best interest of the trust estate and the beneficiaries thereof. All taxes, assessments, fees, charges or other expenses incurred by the trustee in the administration or protection of this trust, including the compensation allowed by the court to the trustee for her services, shall be a charge upon the trust estate and shall be paid by the trustee in full out of the princi-

MILLER & LAHMANN
ATTORNEYS AT LAW
335 N.E. 5TH AVE.

CAMAS, WASHINGTON 98607

AREA CODE 206 - TELEPHONE 834-3502

Louis I. Johnson

Page 4

pal or income of the trust estate, or partially out of each of them, in such manner and proportions as the trustee in her absolute discretion may determine to be advisable, prior to the final distribution of the trust property. The enumeration herein of the specific powers of the trustee shall not limit the general powers of the trustee and all discretion herein granted to my trustee shall be absolute and conclusive upon all persons. I particularly direct that my trustee, in the administration of this estate, shall use and expend such portion of the income therefrom as may be necessary for the purposes hereinafter provided, but if such income is not sufficient, I authorize my trustee to use and expend such portion of the principal of the trust estate as may be necessary or advisable. In the event the income from the trust estate shall exceed the requirements hereinafter provided, then I direct that such excess of income over expenses shall be added to the principal of the trust estate to be managed, invested and distributed as herein provided. My trustee is relieved from compliance with the Uniform Trustee Accounting Act of the State of Washington, or any amendments thereto, and any beneficial interest in this trust shall not be subject to the claims of the creditors of any beneficiary, nor to any other legal process, nor shall any such interest be voluntarily or involuntarily assigned, alienated, or encumbered by such beneficiary.

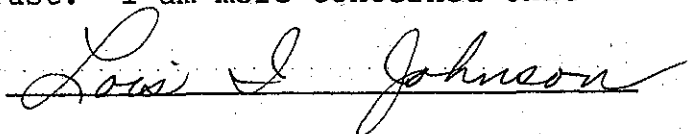
VII

Until my granddaughter, SHEREE L. HERRING, attains the age of twenty-two (22) years, I direct that the shares of all grandchildren be administered as a single trust and that the trustee shall pay to or apply for the benefit of all of my grandchildren so much of the net income and principal of the

Louis I. Johnson

Page 5

trust estate, to the whole thereof, as the trustee, in her absolute discretion, may deem necessary for their proper education. In exercising the discretion confirmed by this paragraph, the trustee may pay more to or upon more for one beneficiary than the other and may make payments to or applications for the benefit of one beneficiary to the exclusion of the others, if the trustee deems this necessary or appropriate in light of the circumstances, the size of the trust estate, and the probable future needs of the beneficiaries. Any payment or obligation of benefits pursuant to this paragraph shall be charged against the trust estate as a whole rather than against the ultimate distributive share of a beneficiary to whom or for whose benefit the payment is made. The term "education" as used herein shall be construed to include college, post graduate study, trade school, or other advanced training, so long as pursued to advantage by the beneficiary at an institution of the beneficiary's choice, and in determining payment to be made for such education, the trustee shall take into consideration the beneficiary's related living expenses, to the extent that they are reasonable. When my granddaughter, SHEREE L. HERRING, attains the age of twenty-two (22) years, the trustee shall divide the trust estate then remaining into three (3) equal shares and one of such shares shall be distributed to each of my grandchildren as above named and identified, or, if any of them should fail to survive the distribution of the trust estate as herein provided, then the share of such child shall be distributed outright at distribution to his or her issue, by representation. In determining the amounts to be expended for such education, my trustee shall give due consideration to any funds or property that may be available to my grandchildren from sources other than this trust. I am more concerned that



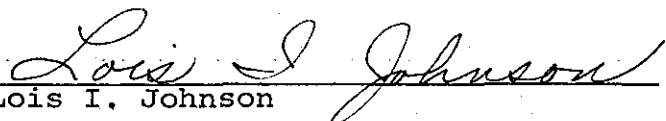
Page 6

my grandchildren shall be adequately educated for their positions in life than there may be a substantial inheritance upon the final distribution of the trust estate.

VIII


I nominate my husband, NEIL O. JOHNSON, as the executor of this my Last Will and Testament if an administration is necessary if he survives me. If my husband shall not serve for any reason or shall cease to serve, then I nominate my daughter, NEVA I. HERRING, as my executrix herein. I waive the requirement of bond for my personal representatives as herein named and direct that to the extent permitted by law my estate shall be administered and distributed pursuant to this Will without the intervention of the court as provided by the statutes of the State of Washington governing the administration of a non-intervention Will. I grant to my said personal representatives full authority to sell or otherwise liquidate all or any portion of my estate as may be deemed advisable to effect the administration and distribution of the same as herein provided, and further grant to my personal representatives full authority to distribute my personal possessions and effects among the beneficiaries named herein.


IN WITNESS WHEREOF, I have hereunto set my hand and published and declared this my LAST WILL AND TESTAMENT on this 2nd day of JUNE, 1983, in the presence of the undersigned persons whom I have requested to act as witnesses hereto.


Lois I. Johnson

Page 7

The foregoing instrument, consisting of seven pages, including this one, was at the date thereof by LOIS I. JOHNSON, the testatrix named therein, signed, sealed and published as, and declared by her to be her LAST WILL AND TESTAMENT, in the presence of us, who at her request and in her presence, and in the presence of each other, and who being of the opinion that she, at the time of executing this document, was of sound and disposing mind and memory, and was not acting under duress, menace, fraud, or undue influence of any person, have subscribed our names as witnesses thereto.


Residing at Washougal, Washington


Residing at Washougal, Washington

