AFN #2011178093 Recorded 04/20/2011 at 11:22 AM DocType: ALP Filed by: PATRICIA HANSON Page: 1 of 5 Auditor Timothy O. Todd Skamania County, WA

WHEN RECORD	ED RETU	RN TO:	
PATRICIA	HANS	SON	
PO Box			
CARSON	WA	98610	

DOCUMENT TITLE(S)	1
CERTIFICATE OF DRATH, LACKOF PROBATE: AFFIDAVIT	
	į
REFERENCE NUMBER(S) of Documents assigned or released ESTATE EXCISE TAX	
29040	İ
100.40	İ
[] Additional numbers on page of document. APR 2 0 2011	į
GRANTOR(S):	
ROBERT ARTHUR HANSON PAID CREMENT	
Ville Killing, to spins	l
COMANIA OCUNTY TREASURED.	
[] Additional names on page of document.	į
GRANTEE(S):	
PATRICIA HANSON	
THI KICH TITIOSON	
F. 1 Additional neuron services.	
Additional names on page of document.	į
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):	10
LOT & ROBERT W. BAKNES SOUDIOG ON ACCORDING TO THE RECORD	eac p
PLAT FRERE OF KEEDROED IN DOOK IT PLATS, PAGETTE, IN THE COUNTY OF	
LOT & ROBERT W. BARNES STODIUS ON ACCORDING to the Record PLAT there of RECORDED IN BOOK A OF PLATS, PAGE 112, IN the COUNTY OF SKAMANIA, STATE OF WASKING TON [] Complete legal on page of document.	
TAX PARCEL NUMBER(S): Skamania County Assessor	į
	İ
03-08-21-2-0-2600-0000 Date 4-20-11 Parcett 3-8-21-2-2600	
	į
[] 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	ĺ
verify the accuracy or completeness of the indexing information	1

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

Title Insurance Commitment No.:	. County:
STATE OF)	
COUNTY OF)	
The undersigned, PATRICIA A. HANS	on , executes this affidavit relating to the estate
of ROBERT A HANSON (h	erein "Decedent"), who died on Nov. 12 2010, in
the County of MULT NOMA H. State of	CEGON, then being a resident of the City of
CARSON , County of SKA	MANUA, State of WAShearC. Ton
(A copy of the death certificate is attached hereto.)	
The undersigned, being first duly swom, on oath depose	es 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	
	strument creating a joint tenancy with a right of
survivorship identified in that certain deed reco	
Recording No, in	
other (identify:)	County, washington,
decedent left no surviving childre surviving parents, brothers and si	tner; and sue of any predeceased child or adopted child (if en, then the undersigned has listed below all of the isters of decedent); and heirs at law if the decedent had not been married on the date of death: ure (list all parties, using the reverse side or attaching
Address:	
Address:Name & relationship	
Address:Name & relationship	
Address:	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
Address:	

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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 APPL 1. That on the date the Real Estate was purchased the Decedent was: married to PATRICIA A unmarried, not a registered domestic partner unmarried, a registered domestic partner of 2. That on the date of death the Decedent was: M married to ATRICIA 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) That the decedent's estate is not being probated. That the decedent's estate is subject to probate proceedings in County, State under Probate No. 5. That the estate of the decedent is exempt from State and/or Federal succession or inheritance 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. 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

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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 know	vs of his/her own knowledge, and	so states, that each ar	nd all of the obligations	
	edent (including, but not limited to:			
	eral and burial; promissory notes;			
	es upon Decedent's estate, if applica			
	list if necessary):		. Y 2	
		, A b	73	
		777		
	ent's estate at date of death, including		-	
approximately \$	including the value of comm	nunity property of Dec	edent and Decedent's	
surviving spouse or domesti	c partner, if any, of approximately \$, and	d including the value of	
Decedent's separate propert	y, if any, of approximately \$	and inc	cluding the full value of	
all other property, if any, he	eld by the Decedent in joint tenancy	of approximately \$		
			_ //	
This affidavit is made to	induce	TITLE INSURA	NCE COMPANY (the	
	operty covered by the Company's co			
	held an interest at the time of the			
and the second second	y of title insurance in full reliance			
	rself and for the undersigned's heirs			
	on, including a purchaser of the Re			
any misstatement of fact her		ar Estate, for any loss	mining from renance on	
	. //	$\overline{}$		
DATED: Cepril	20 //	-	ANDED I	
Activia 6.	Thusa		S ION E S	1/2
(Signature) PATON 1 1	ANCON		S TOLVAY POLY	- 3
(Print or type full name)		_	The sound of the second	₹ \$
22 BARNES ROAD	(POBOX 834) CARS	ion WA 986	10 1/2 7 1 6.17-1 1 1 C	ة :
(Full address and telephone ni	umber)		OF WASHING	=
CLIDCODIDED - Lewers	1.TO 1. 6	- And A	OF WASHING	
SUBSCRIBED and SWOR	N TO before me this day o	of <u>Horu</u> , 20 1	<u></u>	
Notary Public in and for the	State of			
Washington, residing at	<u> </u>			

AFN #2011178093 Page: 5 of 5

	ENAMENT 565488 BACKINK LO. TAGINO:	Control of the Contro	CATE OF DEATH		STATE FILE NUMBE
8	1. Legal Name First (bullets AKAR, Famy) Robert	Middle Last : Arthur HANSON			Nov. 12, 201
2/22/10 9002510	3. Sex (AMF) 4a. Age - time B Male 76	Months Days Hours	(Marine 1999)	Mu	County of Death 11 to omath Adent's Education
Ö	March 6, 1934 8-	a. Birthplace (Chylum, or County) Sandpoint 1007 (No. or No. If yes, south) 11. Decedent'	Sb. State or Foreign Country) Idaho s Rece(s)		edent's Education OTALE as Decedent Ever in
8	10. Was Decement of Hispania Of NO 13. Residence: Number and Str	White the second second	te 14. CBy/Tow	n	S. Armed Forces?
740	22 Barnes Road 4 15. Residence County	16. State or Foreign Country	17. Zip Code + 98610		18. Inside City Limits?
	Skamania 19. Mental Status at Time of Dea	Washington ath 20. Spouse's Name Patricia A	(Finantial or widowed, give game prior to first nn Hitchcock		
	Married > 21. Usual Occupation (nations type Rduacator	of work done during work of working life. DO NOTUSE RE	TREED 7 22. Kind of E	iusiness/Industry (DO NOT ation	(USE COLOUNY NAME)
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	n 25. Informant's Name Patricia Hanson	28. Telephone Number 27. Relation 509/427-8967 Wilfe	n to Decedent 28. Mailing Addre FO Box 8	ss (Number Street, Cayloren, 34 Carson, WA	. 3 2p - 4) 2 9 8 6 1 0
	29. Place of Death Hospital - Inpati	30 Facili	my Name d Samaritan Hospi	tal & Medical	Center
	HOSPILAL - INPACA		y/Town or Location of Death	33. State	34. Zip Code +4 97210
			ortland	OR	7/210
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DATE ISSUED:

NOV 8 5 2010

CLA WICKHAM: P.N. MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

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