

WHEN RECORDED RETURN TO:

PATRICIA HANSON

PO Box 834

CARSON WA 98610

DOCUMENT TITLE(S)

CERTIFICATE OF DEATH, LACK OF PROBATE AFFIDAVIT

REFERENCE NUMBER(S) of Documents assigned or released:

REAL ESTATE EXCISE TAX

29040

☐ Additional numbers on page _____ of document.

APR 20 2011

GRANTOR(S):

ROBERT ARTHUR HANSON

PAID

except
Vickie Clelland, Deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

GRANTEE(S):

PATRICIA HANSON

☐ Additional names on page _____ of document.

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

LOT # ROBERT W. BARNES S & B DIVISION ACCORDING to the Recorded P
PLAT HERE OF RECORDED IN BOOK A OF PLATS, PAGE 112, IN THE COUNTY OF
SKAMANIA, STATE OF WASHINGTON

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03-08-21-2-0-2600-00 SW

Skamania County Assessor

Date 4-20-11 Parcel # 3-8-21-2-2600

☐ 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 _____)

SS:

COUNTY OF _____)

The undersigned, PATRICIA A. HANSON, executes this affidavit relating to the estate of ROBERT A HANSON (herein "Decedent"), who died on NOV. 12, 2010, in the County of MULTNOMAH, State of OREGON, then being a resident of the City of CARSON, 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: N.A.

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 PATRICIA A. HANSON
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to PATRICIA A. HANSON
 - ☐ 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 \$ _____.

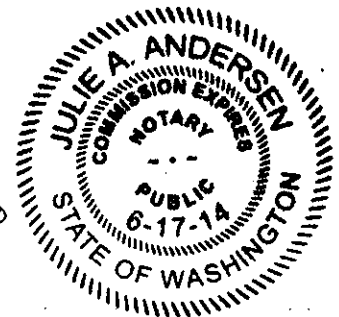
This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy 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: April 20, 20 11

Petricia A. Hanson
(Signature)

PETRICIA A. HANSON
(Print or type full name)

22 BARNES ROAD (PO Box 834) CARSON WA 98610
(Full address and telephone number)



SUBSCRIBED and SWORN TO before me this 20 day of April, 20 11
Julie A. Andersen
Notary Public in and for the State of
Washington, residing at Carson

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK.

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

136-

STATE FILE NUMBER

1. Legal Name (First, Middle, Last, Suffix) Robert Arthur HANSON						2. Death Date (MM/DD/YYYY) Nov. 12, 2010	
3. Sex (M/F) Male	4a. Age - Last Birthday 76	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Multnomah		
7. Birthdate (MM/DD/YYYY) March 6, 1934		8a. Birthplace (City/Town, or County) Sandpoint		8b. State or Foreign Country Idaho		8. Decedent's Education Doctorate	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13. Residence: Number and Street (e.g., 534 SE 5th Street, Apt. No. 8) 22 Barnes Road				14. City/Town Carson		18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
15. Residence County Skamania		16. State or Foreign Country Washington		17. Zip Code + 4 98610			
19. Marital Status at Time of Death Married				20. Spouse's Name (If married or widowed, give name prior to first marriage.) Patricia Ann Hitchcock			
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Educator				22. Kind of Business/Industry (DO NOT USE COMPANY NAME) Education			
23. Father's Name (First, Middle, Last, Suffix) Arthur Hanson				24. Mother's Name Prior to First Marriage (First, Middle, Last) Mary Elizabeth Conniff			
25. Informant's Name Patricia Hanson		26. Telephone Number 509/427-8967		27. Relation to Decedent Wife		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) PO Box 834 Carson, WA 98610	
29. Place of Death Hospital - Inpatient				30. Facility Name Good Samaritan Hospital & Medical Center			
31. Location of Death (give address) 1015 NW 22nd Ave				32. City/Town or Location of Death Portland		33. State OR	
				34. Zip Code + 4 97210			
35. Method of Disposition Removal From State				36. Place of Disposition (Name of cemetery, crematory, or other place) Columbia River Crematory		37. Location White Salmon, Washington	
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Gardner Funeral Home 1270 N. Main Ave/POB 390 White Salmon, WA 98672							
39. Date of Disposition (MM/DD/YYYY) Nov. 16, 2010				40. Funeral Director's Signature [Signature]		41. OR License Number RR64	
42. Registrar's Signature [Signature]				43. Date Received (MM/DD/YYYY) NOV 22 2010		44. Local File Number 05039	
45. Record 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 1220							
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.							
CAUSE OF DEATH (See instructions and examples.)							
Final disease or condition resulting in death -> IMMEDIATE CAUSE -> Sepsis							
Due to (or as a consequence of) -> Bacteremia							
Due to (or as a consequence of) -> Infected dialysis line							
Due to (or as a consequence of) ->							
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Diabetes, Acute Renal Failure							
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <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, 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, City/Town, State, Zip + 4) Jodi Ready, 1151 May St. Hood River, OR 97031							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier MD				65. License Number MD 23234		66. Date Signed (MM/DD/YYYY) 11/16/2010	
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.				68. Medical Examiner - 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.			
69. Record Amendment							

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REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

NOV 23 2010

DATE ISSUED:

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

Lila Wickham RN MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

12/22/10 9002510 1733

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER