

WHEN RECORDED RETURN TO:

Anne Regan

PO Box 63

Calumet, MI 49913

DOCUMENT TITLE(S)

Lack of probate affidavit

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Dennis P. Regan

☐ Additional names on page _____ of document.

GRANTEE(S):

Anne K. Regan

☐ Additional names on page _____ of document.

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

see attached, exhibit "A"

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03102110010700(8)

☐ 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.

REAL ESTATE EXCISE TAX

29047

APR 27 2011

PAID

exempt
Vickie Weller, Clerk
SKAMANIA COUNTY TREASURER

EXHIBIT "A"

That portion of the Northeast Quarter of the Northeast Quarter of Section 21, Township 3 North, Range 10 East of the Willamette Meridian, described as follows:

Beginning at the Southeast corner of the Northeast Quarter of the Northeast Quarter; thence Westerly along the South line thereof a distance of 195 feet to the West line of that certain tract as conveyed to Douglas W. McCuistion, et ux, by Deed recorded in Book 65 of Deeds, at page 377, under Auditor's File No. 76238; thence Northerly along the West line of the McCuistion Tract to the Northeast corner of the certain tract of land as conveyed to Kenneth A. Barstow, et ux, by deed recorded in Book 73 of Deeds, at page 93, under Auditor's File No. 84494, said point being 425.50 feet Northerly of the centerline of county road known as School House Road (County Road No. 3371) as deeded to Skamania County by deed recorded in book 66 of Deeds, page 398, under Auditor's File No. 77192; thence Westerly along the North line of said Kenneth A. Barstow tract a distance of 458.63 feet; thence Southerly along the Westerly line of said Kenneth A Barstow Tract 120.00 feet to the true point of beginning of the tract herein described; thence Westerly on a line that is parallel with the South line of the Northeast Quarter of the Northeast Quarter of said Section 21 a distance of 274 feet, more or less, to it's intersection with the East line of School House Road (County Road No. 3371); thence Southeasterly along the Easterly and Northerly road right-of-way line of said School House Road to a point on the Southerly extension of the Westerly line of a tract of land conveyed to Richard J. Judy and Judith A. Judy, husband and wife, recorded in Book 74 of Deeds at page 6, under Auditor's File No. 85512; thence Northerly along said Westerly extension and the Westerly line of Judy tract to the Southerly line of said Kenneth A. Barstow Tract; thence Westerly 121.73 feet along the Southerly line of said Barstow Tract to the Southwest corner thereof; thence Northerly along the Westerly line of said Barstow Tract to a point that is Southerly 120.00 feet from the Northwest corner of said Barstow Tract and the true point of beginning.

SUBJECT TO easements and rights of way as recorded under Auditor's File Numbers 71339 and 91830.

Skamania County Assessor
Date 4-27-11 Parcel# 3-10-21-1-107

REAGAN - REGAN
Quit Claim Deed
Exhibit "A"

**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, Anne K. Regan, executes this affidavit relating to the estate of Dennis P. Regan (herein "Decedent"), who died on 8-9-10, in the County of Houghton, State of Michigan, then being a resident of the City of Calumet, County of Houghton, State of Michigan.
(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 _____
 Address: _____
 Name & relationship _____
 Address: _____
 Name & relationship n/a _____
 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 _____
☒ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____

2. That on the date of death the Decedent was:

- ☒ married to Anne K. Regan
☐ 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.~~ AR

☐ 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 \$ _____.

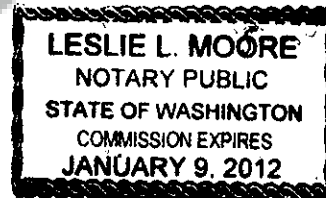
This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy 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: Apr 27, 20 11

Anne Regan
(Signature)

Anne K. Regan
(Print or type full name)

PO Box 63 Calumet, MI 49913
(Full address and telephone number)
206-953-9402



SUBSCRIBED and SWORN TO before me this 27th day of April, 20 11

Leslie L. Moore
Notary Public in and for the State of Washington
Washington, residing at Carson

TYPE/PRINT
IN
PERMANENT
BLACK INK

LF 2010D-192

CF



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
3227459

DECEDENT	1. DECEDENT'S NAME (First, Middle, Last) Dennis P. Regan		2. DATE OF BIRTH (Month, Day, Year) Nov 26 1954		3. SEX male		4. DATE OF DEATH (Month, Day, Year) Aug 9 2010			
	5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (Include AKA's if any)				6a. AGE - Last Birthday (Years) 55		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES	
	7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code) 59148 Bumbletown Rd				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH Calumet Twp			7c. COUNTY OF DEATH Houghton		
NAME OF DECEDENT For use by physician or institution	8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Houghton		8c. LOCALITY (check the box that describes the location) <input type="checkbox"/> CITY OR VILLAGE (inside limits of) <input checked="" type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE Calumet		8d. STREET AND NUMBER (Include Apt. No. if applicable) 59148 Bumbletown Rd			
	8e. ZIP CODE 49913		9. BIRTHPLACE (City and State or Country) Detroit Michigan		10. SOCIAL SECURITY NUMBER [REDACTED]		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? college 4			
	12. RACE - American Indian, White, Black, etc. (If Asian, give nationality, ie. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) white		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe croatian/irish		13b. HISPANIC ORIGIN (Yes or No) no		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (yes or no) no			
DISPOSITION	15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. forester		16. KIND OF BUSINESS OR INDUSTRY forestry		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) married		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married) Anne Thompson			
	19. FATHER'S NAME (First, Middle, Last) Richard Regan				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Mary Osmak					
	21a. INFORMANT'S NAME (Type/Print) Anne Regan		21b. RELATIONSHIP TO DECEDENT wife		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) 59148 Bumbletown Rd Calumet MI 49913					
INFORMANT	22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify) cremation		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) Copper Country Crematory			23b. LOCATION - City or Village, State Houghton MI				
	24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Timothy C Ryan		25. LICENSE NUMBER (of Licensee) 6666		26. NAME AND ADDRESS OF FUNERAL FACILITY Ryan Funeral Home 109 Sixth Street Calumet MI 49913					
	27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> 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. Signature and Title [Signature]		28a. ACTUAL OR PRESUMED TIME OF DEATH 2:25 p.m.		28b. PRONOUNCED DEAD ON (Mo. Day Yr.) Aug 9 2010		28c. TIME PRONOUNCED DEAD 2:25 p.m.			
CERTIFICATION	29. MEDICAL EXAMINER CONTACTED? (Yes or No) No		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) Home		31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify)					
	27b. DATE SIGNED (Mo. Day, Yr.) 08.10.2010		27c. LICENSE NUMBER 5101013376		32. MEDICAL EXAMINER'S CASE NUMBER (if applicable)		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) Glenn Kauppila, D.O. 110 Calumet St., Lake Linden, MI 49945									
CAUSE OF DEATH	35a. REGISTRAR'S SIGNATURE [Signature]				35b. DATE FILED (Month, Day, Year) August 12, 2010					
	36. PART I. 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. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. melanoma with metastasis DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ DUE TO (OR AS A CONSEQUENCE OF) 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								Approximate Interval Between Onset and Death 17 m	
	PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown									
MEDICAL EXAMINER	39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) Natural		40a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)			38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days 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		
	41a. DATE OF INJURY (Mo., Day, Yr.)		41b. TIME OF INJURY M		41c. DESCRIBE HOW INJURY OCCURRED					
	41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No. City, Village or Twp. State			

DCH-0483 10/03

STATE OF MICHIGAN)
COUNTY OF HOUGHTON)

I, Mary Schoos, Clerk of the County of Houghton and of the
S. Circuit Court thereof, the same being a Court of Record
having a Seal, do

HEREBY CERTIFY, That the foregoing is a true and correct copy of the record on file in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand
at Houghton, Michigan, this 12th of August, 2010.

2010R-04127 - DEATH CERTIFICATE
PAGES: 1 RCP1#: 35979
08/19/2010 10:23:32AM
FOUGHTON COUNTY REGISTER OF DEEDS
MARY SCHOOS

Wm. S. Clerk

Deputy

