

AFTER RECORDING MAIL TO:

Name DeAnn Russell
Address 10282 Washougal Rvr Rd
City / State Washougal WA 98671

Document Title(s): (or transactions contained therein)

1. Lack of probate affidavit
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Russell, Stephen E.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. DeAnn Russell
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

☒ Complete legal description is on page 2 of document

Assessor's Property Tax Parcel / Account Number(s):

02053230100000

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



REAL ESTATE EXCISE TAX

29049

APR 28 2011

PAID exempt
Vickie Chittend, Repub
SKAMANIA COUNTY TREASURER

98857

Transamerica
Title Insurance Company

BOOK 84 PAGE 278

FILED FOR RECORD AT REQUEST OF

WHEN RECORDED RETURN TO

Name

Address

City, State, Zip

SK-13669

02-05-32-3-0-1000-00

Statutory Warranty Deed

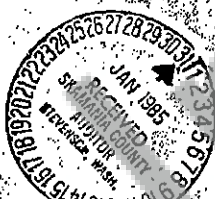
THE GRANTOR WILLIAM H. CASPER AND LINDA L. CASPER, HUSBAND AND WIFE, who acquired title as Linda L. Barkfelt Casper and William Harold Casper, wife and husband

for and in consideration of TEN DOLLARS AND OTHER VALUABLE CONSIDERATION

in hand paid, conveys and warrants to STEPHEN E. RUSSELL AND DE ANN RUSSELL, HUSBAND AND WIFE

the following described real estate, situated in the County of SKAMANIA, State of Washington: The Northwesterly 136.5 feet of Lot 46 of Washougal Riverside Tracts, according to the official plat thereof on file and recorded at pages 80 and 81 of book "A" of Plats, records of Skamania County, Washington, described as follows: BEGINNING at the most Northerly corner of said Lot 46, thence South 48°04' West 200 feet to the Westerly corner of said Lot; thence South 41°56' East along the Westerly line of said Lot 136.5 feet; thence North 48°04' East 200 feet to the intersection with the Easterly line of said Lot; thence 41°56' West along said Easterly line 136.5 feet to the point of beginning.

SUBJECT TO easements, reservations, restrictions and provisions of record.



Skamania County Assessor
Date 4-28-11 Parcel 2-5-32-3-1000

TRANSACTION EXCISE
JAN 25 1985
By [Signature]

Dated January 25, 1985

William H. Casper

Linda L. Casper

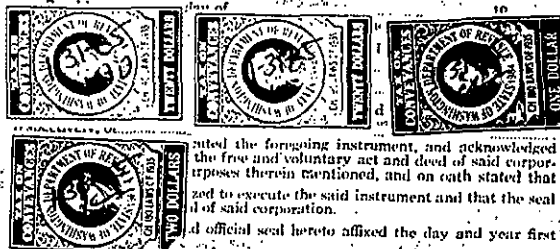
STATE OF WASHINGTON
COUNTY OF Clark

On this day personally appeared before me William H. Casper, Linda L. Casper, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 29 day of January, 1985

Notary Public in and for the State of Washington, residing at Vancouver

STATE OF WASHINGTON
COUNTY OF



Notary Public in and for the State of Washington, residing at

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, DeAnn Russell, executes this affidavit relating to the estate of Stephen E. Russell (herein "Decedent"), who died on 1-22-10, in the County of Clackamas, State of Oregon, then being a resident of the City of Washougal, 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 DeAnn Russell - spouse
 Address: 10282 Washougal Rvr Rd, Washougal WA 98671
 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 DeAnn Russell
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to DeAnn Russell
 - ☐ 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 \$ 144,800, 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 SKAMANIA 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: 4-28, 20 11

De Ann Russell

(Signature)

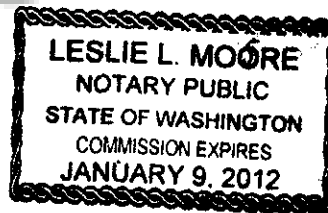
De Ann Russell

(Print or type full name)

10282 Washougal Rvr Rd

(Full address and telephone number)

Washougal, WA 98671



SUBSCRIBED and SWORN TO before me this 28th day of April, 20 11

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

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
136-
CERTIFICATE OF DEATH

BLACK INK

I.D. TAG NO. 566544

STATE FILE NUMBER

1. Legal Name (First, Middle, Last, Suffix) Stephen Edward Russell				2. Death Date (month day year) January 22, 2010	
3. Sex (M/F) M	4a. Age - Last Birthday 69	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Clackamas
7. Birthdate (month day year) June 25, 1940		8a. Birthplace (city/town, or County) Seattle		8b. (State or Foreign Country) WA	9. Decedent's Education High school graduate
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) 10282 Washougal River Rd.				14. City/Town Washougal	
15. Residence County Skamania		16. State or Foreign Country WA		17. Zip Code + 4 98671	
18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. Marital Status at Time of Death Married		20. Spouse's Name (if married or widowed, give name prior to first marriage) DeAnn Webb			
21. Usual Occupation (indicate type of work done during most of working life. DO NOT USE "RETIRED.") Postal carrier				22. Kind of Business/Industry (DO NOT USE COMPANY NAME) Postal service	
23. Father's Name (first, middle, last, suffix) Joseph Edward Russell				24. Mother's Name Prior to First Marriage (first, middle, last) Grover	
25. Informant's Name DeAnn Russell		26. Telephone Number 360-837-3931		27. Relation to Decedent Spouse	
28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 10282 Washougal River Rd. Washougal, WA					
29. Place of Death Hospital Inpatient		30. Facility Name Kaiser Sunnyside Medical Center			
31. Location of Death (give address) 10180 SE Sunnyside Rd.		32. City/Town or Location of Death Clackamas		33. State OR	
34. Zip Code + 4 97015					
35. Method of Disposition Cremation		36. Place of Disposition (Name of cemetery, crematorium, or other place) Portland Cremation Center			
37. Location Portland, OR					
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Mt. Scott Funeral Home 2205 SE 59th Ave. Portland, OR 97206					
39. Date of Disposition (month day year)		40. Funeral Director's Signature <i>Keith P. [Signature]</i>		41. OR License Number CO-3526	
42. Registrar's Signature <i>Lena M. Watter</i>		43. Date Received (month day year) FEB -1 2010		44. Local File Number 000112	
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 0555					
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 giving the etiology. DO NOT ABBREVIATE.					
Final disease or condition resulting in death: Sequentially list conditions, if any, leading to the cause listed on line 50. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		IMMEDIATE CAUSE cardiopulmonary arrest Due to (or as a consequence of) Septic Due to (or as a consequence of) pneumonia Due to (or as a consequence of) esophageal cancer			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:					
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 (month day year)		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 checked="" 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) Alla Comardelle 10180 SE Sunnyside Rd Clackamas, OR 97015					
63. Name and Title of Attending Physician (if Other than Certifier)					
64. Title of Certifier <i>MD</i>		65. License Number MD27146		66. Date Signed (month day year) 1/22/2010	
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					

ORIGINAL - VITAL RECORDS COPY

45-2 (06/06)

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

DATE ISSUED:

FEB -1 2010

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

Martha Franc
MARTHA FRANC
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

