AFTER RECORDING MAIL T		4
Name DeAnn Russell		
Address 10282 Washougal Wa	sal Ryp Rd	
City/State Washougal Wi	4 9867/	. (2)
Document Title(s): (or transactions cont 1. Lack of probate affide	tained therein)	ost AMARIC TO A A
1. Lack of probate attitude 2.	CV / /	First American Tit Insurance Compar
3.	/	
4.	- P . 1	1 1
Reference Number(s) of Documents	s assigned or released:	
☐ Additional numbers on page	of document	(this space for title company use only)
Grantor(s): (Last name first, then first name first name first, then first name first name first, then first name first, then first name first name first, then first name first, then first name first name first, then first name first, then first name first	7,	AL ESTATE EXCISE TAN 29049
Grantee(s): (Last name first, then first name 1. Defin Russell 2.	ne and initials)	APR 2 8 2011 Cexempt
3.4.5. □ Additional names on page	Si of document	CAMANIA COUNTY TREASURT
Abbreviated Legal Description as fo	ollows: (i.e. lot/block/plat or s	ection/township/range/quarter/quarter)
Complete legal description is		ment
Assessor's Property Tax Parcel / Ac 02053230/00000	count Number(s):	

AFN #2011178151 Recorded 04/28/2011 at 01:43 PM DocType: ALP Filed by: DE ANN RUSSELL Page: 1 of 6 Auditor Timothy O. Todd Skamania County, WA

98857	DOOK 84 PAGE 278
	PAGE 2/0
Transamerica Transamerica Tritle Insurance Company	THIS SPACE PROVIDED FOR RECORDER'S USE:
制 Title Services	TRATE OF WACHINGTON 1
	HEREBY COSTIFY TRAT THE WITHIN
FILED FOR RECORD AT REQUEST OF	INSTRUMENT CEARNITING FILED BY
6	That Co. Letto Co.
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WHEN RECORDED RETURN TO	17 /6/10 11/5/ 1085
WALL RECORDED REIDAN TO	VAS RECORDED IN DOOK _ 25 5/
(Namo	Asset Mynes 278"
Address	EGORDS OF BRAMANIA COUNTY WITH .
City, State, Zip	Sitering 177 alling
SK-13669	E Michael
\$ 02-05-32-3-0-1000-00 Statutory Warranty Deed	
THE GRANTOR WILLIAM H. CASPER AND LINDA L. CASPE	luvilliam Marald Carnor .
wife and husband the array of a contract the first back	of the same of the
for and in consideration of TEN DOLLARS AND OTHER VALUABLE	the same of the sa
in hand paid, conveys and warrants to STEPHEN E RUSSELL AND DE AN	
" the following described real estate, situated in the County of the Section 1 A Section 5	Intern Washington 1 7 05
4 THE MOTURWESTERLY #130.3%TEET; OI (LOT) 46 FOR WAShouse IT	Riverside Tracts ascontains :
to the official plat thereof on file and recorded at "A" of Plats, records of Skamania County, Washingto	m "described as follows
BEGINNING at the most Northerly corner of said Lot 2 200 feet to the Westerly corner of said Lot; thence	is thence conthias of the
. the westerly line of said Lot 136.51 feet: thence Nor	th 48°04' East 200 feet
the interesection with the Easterly line of said Lot said Easterly line 136.5 feet to the point of beginn	thence 41°56' West along
A = A + A + A + A + A + A + A + A + A +	
SUBJECT:TO: easements, reservations, restrictions and	d provisions of record.
352720	
32 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1010:67
Skarranta County Assessor Date 4-28-11 Parcel 2-5-32-3	1000
Dalle 4 20 77	AND
	JANS
(9885)	Aspendag Vala
REGISTING BY	By Sounds Completion King
Dated January 25 19 85 "	Sylve Marie Williams High
William & Coggett	The state of the s
William H. Casper Linda E. Casper	Credition of the control of the cont
Company of the compan	
STATE OF WASHINGTON STATE OF WASHINGTON	The state of the s
COUNTY OF Clark COUNTY OF	
William H. Casper:	The state of the s
Linda L. Casper to me known to be the individual described in and	
who executed the within and foregoing instrument.	(学学園 日本日本)
and acknowledged that they signed the same	Ap 6
「	he foregoing instrument, and acknowledged and voluntary act and deed of said corporate
	therein tarnitoned, and on eath stated that
	secute the said instrument and that the seal corporation.
19 Of the Walter of the Control of t	I seal hereto affixed the day and year first .
Notary Public in said for the State of Wash- Notary Public in a	nd for the State of Washington,
ington, residing at Vancouver residing at	and the second s
and the second of the second of the second	
Form No. Word, Rev. 4-76	

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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, <u>DeAnn</u> Russell	, executes this affidavit relating to the estate
of Stephen E. Russell (he	rein "Decedent") who died on /-22-10 in
the County of Clackamas, State of Ore	and then being a resident of the City of
WAShougal County of Sko	imania , State of Washington.
(A copy of the death certificate is attached hereto.)	7.5.
The undersigned, being first duly sworn, on oath deposes	s 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 ins	strument creating a joint tenancy with a right of
survivorship identified in that certain deed recor	
Recording No, in, in,	County, washington,
Guer (Idelan).	
decedent left no surviving children surviving parents, brothers and sis	ner; and ue of any predeceased child or adopted child (if n, then the undersigned has listed below all of the sters of decedent); and heirs at law if the decedent had not been married
That the heirs at law and next of kin of the decedent ar	we the time of means: The clist all parties, using the reverse side or attaching
a list if necessary):	
Name & relationship DeAnn Russell Address: 10282 Washougal Rvr Ro Name & relationship	- Spouse
Name & relationship	C, Washougal WH 48671
Address:	
ivante & relationship	
Address: Name & relationship	
Address:	
Address: Name & relationship	
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 APPLY IN EACH SECTION: 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 Defun 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 __, 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

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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.

777	
That the undersigned knows of his/her own knowledge, and so state	
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; installing	nent contracts and mortgages; and state
and federal succession taxes upon Decedent's estate, if applicable) h	
(use reverse side or attach a list if necessary):	
N/A	7. 1.
	-10
That the value of the Decedent's estate at date of death, including all re-	eal 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 appr	
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	-
This affidavit is made to induce Skamania T	
Company) to insure real property covered by the Company's committee	
above, in which Decedent held an interest at the time of the Deced	
Company to issue its policy of title insurance in full reliance upon t	he representations set forth herein. The
undersigned, for himself/herself and for the undersigned's heirs, execu	ntors and administrators, indemnifies the
Company or any other person, including a purchaser of the Real Esta	te, for any loss arising from reliance on
any misstatement of fact herein.	, ,
DATED: 4-28	
Da Anna Dunan	agagaigining garage
(Signature)	LESLIE L. MOORE NOTARY PUBLIC
DATED: 4-28 ,20 1/ DEANN RUSSELL (Signature) De Ann Russell	STATE OF WASHINGTON
(Print or type full name)	COMMISSION EXPIRES
10282 Washougal Kur Rd	JANUARY 9, 2012
(Full address and telephone number) 867/	
,	
SUBSCRIBED and SWORN TO before me this 28th day of A	ari (, 20_//_
Notary Public in and for the State of Washington	
Washington, residing at Carson	

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	Residence C Icamania		-	16, 8	tale or Fore	sign Country		17. Zip Code + - 98671	4		Incide City Lim Yes IL No	
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М	Name and C t. Scoti	omplete Addres t Funera	if of Fu	neral Facili Me	ty (Number 41 #205	SE 591	7.4	Boutlead .	OP 07246			
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•	7	Stillnature			of Director		1.74		41. OR C0	License Nue	· 6	2
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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR.

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

MARTHA FRANC COUNTY REGISTRAR CLACKAMAS COUNTY, OREGON