

**WHEN RECORDED RETURN TO:**

DAVID J. KARKOSKY  
P.O. BOX 48  
STEVENSON, WA.  
98648

**DOCUMENT TITLE(S)**

LACK OF PROBATE AFFIDAVIT

**REFERENCE NUMBER(S)** of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_ of document.

**GRANTOR(S):**

MARY DIANE KARKOSKY

☐ Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**

DAVID J. KARKOSKY

☐ Additional names on page \_\_\_\_ of document.

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

LOT 4, 5 AND 6, BLOCK 4 OF THE  
JOHNSON'S ADDITION

☐ Complete legal on page \_\_\_\_ of document.

**TAX PARCEL NUMBER(S):**

03073634690000<sup>65.</sup>

☐ 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**

29128

JUN 29 2011

PAID

*Victor Chelland Regent*  
SKAMANIA COUNTY TREASURER

**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, DAVID J. KARKOSKY, executes this affidavit relating to the estate of MARY D. KARKOSKY (herein "Decedent"), who died on 10/13/10, in the County of SKAMANIA, State of WA, then being a resident of the City of STEVENSON, County of SAME, State of WA.

(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 DAVID J. KARKOSKY, HUSBAND  
 Address: 490 NW VANCOUVER AVE STEVENSON, WA 98648 P.O. BOX 48  
 Name & relationship DAVID M. KARKOSKY  
 Address: 6808 SW CAPITAL HWY PORTLAND, OR. 50A 97219 APT. 3  
 Name & relationship BRYAN C. KARKOSKY, SON  
 Address: 490 NW VANCOUVER AVE STEVENSON, WA 98648 P.O. BOX 48  
 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 MARY DIANE KARLOSKY
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:
  - ☒ married to DAVID KARLOSKY
  - ☐ 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 \$ 200,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 200,000, and including the value of Decedent's separate property, if any, of approximately \$ 0, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0.

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: JUNE 28, 20 11

[Signature]  
(Signature)

DAVID J. BARTON  
(Print or type full name)

490 NW VANCOUVER AVE  
(Full address and telephone number)

STEVENSON, WA 98618

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

Julie A. Andersen  
Notary Public in and for the State of WA  
Washington, residing at Carson



the following described real estate, situated in the County of Skamania, State of Washington:

Lot 4, 5 and 6, Block 4 of the JOHNSON'S ADDITION, according to the recorded plat thereof recorded in Book 'A' of Plats, Page 25, in the County of Skamania, State of Washington.

TOGETHER with the following: Beginning at a point 137.6 feet East of the Quarter post on the South line of Section 36, Township 3 North, Range 7 East of the Willamette Meridian, thence North 03°30' West to a point due West of the Northwest corner of Lot 5 of Block 4 of Johnson's Addition to the Town of Stevenson; thence East to the Northwest corner of said Lot 5 of Block 4 of Johnson's Addition; thence South 29°10' East to the South line of said Section 36 at a point 159.4 feet East of the place of beginning; thence West 159.4 feet to the Point of Beginning.

"This conveyance is subject to Covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey."

Gary H. Martin, Skamania County Assessor

Date ~~11-12-07~~ Parcel # ~~03-07-36-3-4-6900-00~~

Assessor's Property Tax Parcel/Account Number(s): ~~03-07-36-3-4-6900-00~~

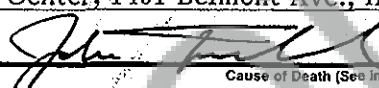
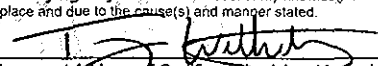
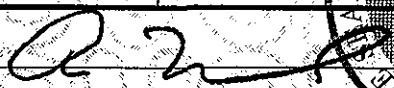
Skamania County Assessor

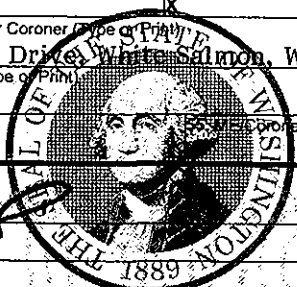
Date 6/28/11 Parcel # 3-7-36-3-4-6900

G.S.



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix		2. Death Date				<b>2010 69103</b>	
MARY DIANE KARKOSKY		Oct. 13, 2010					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Female	65	Months	Days		Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
May 30, 1945	Mesa	Arizona		High School Graduate			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No	
No				Native American			
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (include Apt. No.)					13b. City or Town		
490 Vancouver Avenue					Stevenson		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skamania				Washington	98648	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
8 YEARS		Married		David Karkosky			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).				18. Kind of Business/Industry (Do not use Company Name)			
Painter				Artist			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Joseph Woods				Irene Woods			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
David Karkosky		Husband		490 Vancouver Ave., Stevenson, Washington 98648			
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location)			
				490 Vancouver Avenue			
26. City, Town, or Location of Death				26b. State	27. Zip Code		
Stevenson				WA	98648		
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Columbia Gorge Cremation		Hood River, Oregon			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Anderson's Tribute Center, 1401 Belmont Ave., Hood River, OR 97031						October 18, 2010	
33. Funeral Director Signature X 							
34. 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. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Respiratory Arrest</u> Interval between Onset & Death <u>3 days</u>							
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 b. <u>Recurrent Laryngeal Cancer</u> Interval between Onset & Death <u>3 months</u>							
c. <u>Coagulation Defects with pulmonary embolism</u> Interval between Onset & Death							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<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 before 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		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street				Apt No.			
City or Town:		County:		State:		Zip Code + 4:	
46. Describe how injury occurred							
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)							
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - 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.			
X 				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type of Print)				50. Hour of Death (24hrs)			
Troy Witherrite, MD, 212 NE Skyline Drive, White Salmon, WA 98672				2100			
51. Name and Title of Attending Physician if other than Certifier (Type of Print)				52. Date Signed (mm/dd/yyyy)			
				10/18/2010			
53. Title of Certifier		54. License Number		55. Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature 				58. Date Received (mm/dd/yyyy)			
X				10/18/2010			
59. Amendments							



THE STATE OF TEXAS     §  
  KNOW ALL MEN BY THESE PRESENTS:  
COUNTY OF MONTGOMERY §

That I, MARY DIANE KARKOSKY, of the County of Montgomery, and State of Texas, being in good health, of sound and disposing mind and memory and above the age of eighteen years, do make and publish this my last will and testament, hereby revoking all wills by me at any time heretofore made.

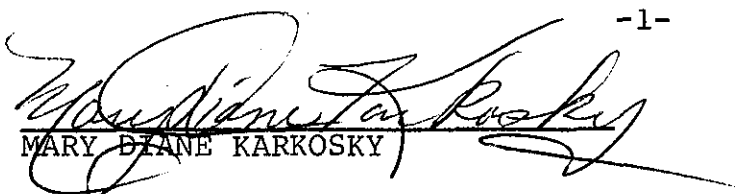
First. I direct that all my just debts shall be paid.

Second. I give, devise and bequeath all my property, real, personal or mixed, wheresoever located, to my beloved husband, DAVID J. KARKOSKY, to have and to hold as his property absolutely.

Third. I hereby appoint my husband, DAVID J. KARKOSKY, independent executor of my will and direct that no bond shall be required of him and that no other action shall be had in the Probate Court in relation to the settlement of said estate than the probating and recording of this my will, and the return of statutory inventory, appraisement and list of claims due or owing by me at the time of my death.

Fourth. If my husband, DAVID J. KARKOSKY, and myself both shall die in the same accident or disaster, all of the estate of every description, real, personal or mixed, which I may own, I give, devise and bequeath to our children, DAVID MICHAEL KARKOSKY and BRYAN CHRISTOPHER KARKOSKY, in equal shares. I hereby appoint EDWARD CHARLES KARKOSKY as independent executor of my will if my death is caused by such accident or disaster. I direct my executor named herein, whom I also designate as my trustee, to collect and convert into money, if necessary, all such parts of my estate which are not considered money, cash, etc., and to invest all such

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MARY DIANE KARKOSKY

money, or any other money owned by me, in fully insured United States Government Home Savings and Loan Institutions or Banks, and such money distributed as follows: I direct my executor, in his discretion, as he may determine to be necessary and desirable, to use this portion of my estate for the support, maintenance and education of my children, and at the time each child shall reach the age of twenty-one (21) years, his unused portion shall be given to him, if my death is caused by such accident or disaster. I hereby appoint EDWARD CHARLES KARKOSKY and wife, PATRICIA M. KARKOSKY, to be guardian of my minor children if my death is caused by such accident or disaster. I direct that no bond or other security be required of my executor above named and that no other action shall be had in the Probate Court in relation to the settlement of my estate than the probating of this will and the return of an inventory, appraisement and list of claims due or owing by me if my death is caused by such accident or disaster.

This I make and publish as my last will, hereunto signing and subscribing my name, this 30th day of May, 1980 in the presence of Michael L. Chambers and Shannon E. Taylor who attest the same at my request.

Mary Diane Karkosky  
MARY DIANE KARKOSKY

Michael L. Chambers  
WITNESS

Shannon E. Taylor  
WITNESS



THE STATE OF TEXAS X

COUNTY OF HARRIS X

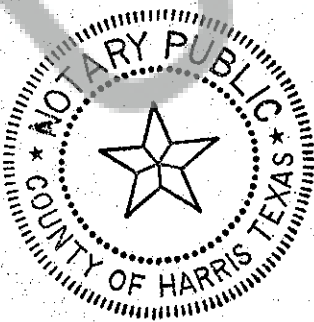
BEFORE ME, the undersigned authority, on this day personally appeared Mary Diane Taylor and Michael L. Chambers and Shannon L. Taylor, known to me to be the testatrix and the witnesses, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the said testatrix declared to me and to the said witnesses in my presence that said instrument is her last will and testament, and that she had willingly made and executed it as her free act and deed for the purposes therein expressed; and the said witnesses, each on his oath stated to me, in the presence and hearing of the said testatrix, that the said testatrix had declared to them that said instrument is her last will and testament, and that she executed same as such and wanted each of them to sign it as a witness; and upon their oaths each witness stated further that they did sign the same as witnesses in the presence of the said testatrix and at her request; that she was at that time eighteen years of age or over and was of sound mind; and that each of said witnesses was then at least fourteen years of age.

Mary Diane Taylor  
TESTATRIX

Michael L. Chambers  
WITNESS

Shannon L. Taylor  
WITNESS

SUBSCRIBED AND ACKNOWLEDGED BEFORE ME by the said testatrix, and subscribed and sworn to before me by the said witnesses, this 20th day of May, 1980.



Frank B. Stafford  
Notary Public in and for  
Harris County, Texas