

WHEN RECORDED RETURN TO:

Kenneth K Woods
 PO Box 755
 Stevenson, WA
 98648

DOCUMENT TITLE(S)
 LACK OF PROBATE AFFIDAVIT

REFERENCE NUMBER(S) of Documents assigned or released: **REAL ESTATE EXCISE TAX**
 29152
 JUL 28 2011

Additional numbers on page _____ of document.

GRANTOR(S):
 SALLIE T. WOODS

Additional names on page _____ of document.

GRANTEE(S):
 KENNETH K WOODS

Additional names on page _____ of document.

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

Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):
 0207012 00 502 00 AWP

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.

PAID *Exempt*
 Vickie Chelland
 SKAMANIA COUNTY TREASURER

EXHIBIT A

FILED FOR RECORD
SKAMANIA CO. WASH
BY RSB
Apr 28 11:19 AM '94
P. J. OLSON
AUDITOR
GARY M. OLSON

FILED FOR RECORD
SKAMANIA CO. WASH
BY RSB
Apr 28 11:19 AM '94
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AUDITOR
GARY M. OLSON

119283 DEED OF FULL RECONVEYANCE BOOK 142 PAGE 786

The undersigned as Trustee or Successor Trustee under that certain Deed of Trust described as follows
Dated JANUARY 23, 1984 Recorded: JANUARY 31, 1984
Recording Number 97054 Book: 60 Page 22
County Of SKAMANIA
State Of Washington
Grantor FRED L. CLOE and HANCY M. CLOE
Trustee RIVERVIEW SERVICES, INC.
Beneficiary RIVERVIEW SAVINGS BANK
Legal Description

Beginning at the Northwest corner of Section 1, Township 2 North, Range 7, E1W; thence South 89° 59' 27" East along the North line of said Section 965.81 feet; thence South 00° 08' 13" West 213.50 feet to the Northeast corner of a tract of land surveyed by Dennis L. Wallace and recorded in Book 1, page 30, Record of Surveys, Skamania County, Washington; thence South 00° 08' 13" West along the East line of said tract 59.99 feet to the true point of beginning; thence South 00° 08' 13" West 144.25 feet to the Southeast corner of said tract; thence South 78° 36' 13" West along the South line of said tract 164.13 feet; thence North 21° 55' 58" West 121.60 feet; thence North 72° 46' 06" East 229.18 feet, more or less.

SUBJECT TO EASEMENTS and restrictions of record.

Skamania County Assessor
Date 7/28/11 Parcel# 2-7-1-2-502 AWP

Noted
Indexed
Filed
Mailed

I, _____, from the Beneficiary under said Deed of Trust, a written request to reconvey, reciting that the obligations secured by the Deed of Trust have been fully satisfied, does hereby grant, bargain, sell and reconvey unto the Beneficiary here all right, title and interest which was heretofore acquired by said Trustee(s) under said Deed of Trust.

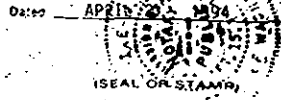


RIVERVIEW SERVICES, INC.
BY Phyllis Kreibich
PHYLLIS KREIBICH - SECRETARY

State Of Washington }
County Of CLARK } SS

I certify that I know or have satisfactory evidence that PHYLLIS KREIBICH is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the SECRETARY of RIVERVIEW SERVICES, INC. (TYPE OF AUTHORITY, E.G., OFFICER, TRUSTEE, ETC.)

(NAME OF CITY OR TOWNSHIP OF WHICH THE INSTRUMENT WAS EXECUTED) _____ to be the free and voluntary act of such party for the use and purposes mentioned in the instrument.



Camas J. Ford
SIGNATURE
Notary Public in and for the State of Washington
residing at: Camas
My Appointment expires April 15, 1997

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No.: _____, County: _____

STATE OF WASHINGTON,

COUNTY OF SKAMANIA, SS:

The undersigned, KENNETH K. WOODS, executes this affidavit relating to the estate of SALLIE T. WOODS (herein "Decedent"), who died on 10-6-96, in the County of SAN FRANCISCO, State of CALIFORNIA, then being a resident of the City of STEVENSON, 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):

DOB 7-30-67
 Name & relationship STEPHANIE KARR KURTZ (DAUGHTER) (2) CHILDREN
 Address: STEVENSON, WA 98648

DOB 4-16-70
 Name & relationship ZACHARIA SCOTT WOODS (SON)
 Address: STEVENSON, WA 98648

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 Kenneth K. Woods.
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - married to Kenneth K. Woods
 - 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 Skamandia 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 23, 20 11

Kenneth Wood
(Signature)

KENNETH R. WOODS
(Print or type full name)

509427 5029

mailing

P/O Box 755
Stevenson, WA
98648

85 SW MONDA Rd - STEVENSON, WA 98648
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 23rd day of June, 2011

Notary Public in and for the State of Washington
Washington, SANDY K SEAMAN

NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
AUGUST 19, 2011

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER					
1. NAME OF DECEDENT—FIRST (GIVEN) SALLIE		2. MIDDLE THERESA		3. LAST (FAMILY) WOODS			
4. DATE OF BIRTH MM/DD/CCYY 06/19/1945		5. AGE YRS. 51		6. SEX F		7. DATE OF DEATH MM/DD/CCYY 10/06/1996	
8. HOUR 2130		9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE 19 TO 19 NONE	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 13		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16. USUAL EMPLOYER Multnomah Falls Lodge		17. OCCUPATION Salesperson		18. KIND OF BUSINESS Gift Shop		19. YEARS IN OCCUPATION 1	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 85 SW Monda Road		21. CITY Stevenson		22. COUNTY Skamania		23. ZIP CODE 98648	
24. YRS IN COUNTY 20		25. STATE OR FOREIGN COUNTRY WA		26. NAME, RELATIONSHIP Kenneth Woods - Husband		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 300 SW 22nd, Space #23, Pendleton, OR. 97801	
28. NAME OF SURVIVING SPOUSE—FIRST Kenneth		29. MIDDLE Karr		30. LAST (MAIDEN NAME) Woods		31. NAME OF FATHER—FIRST Charlie	
32. MIDDLE --		33. LAST Breen		34. BIRTH STATE IL		35. NAME OF MOTHER—FIRST Micky	
36. MIDDLE --		37. LAST (MAIDEN) Grinolds		38. BIRTH STATE ND		39. DATE MM/DD/CCYY 10/08/1996	
40. PLACE OF FINAL DISPOSITION RES: Ken Woods, 300 SW 22nd, Space #23, Pendleton, OR. 97801		41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER Not Embalmed		43. LICENSE NO. None	
44. NAME OF FUNERAL DIRECTOR Neptune Society of No CA.		45. LICENSE NO. FD1306		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE MM/DD/CCYY 10/08/1996	
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY SAN FRANCISCO	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2425 GEARY BOULEVARD		106. CITY SAN FRANCISCO		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS	
IMMEDIATE CAUSE (A) HEPATORENAL SYNDROME		DUE TO (B) END STAGE LIVER DISEASE		DUE TO (C) ALCOHOLISM		DUE TO (D)	
108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 10/01/1996		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	
116. LICENSE NO. G-052274		117. DATE MM/DD/CCYY 10/07/1996		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP LYLE M. SHLAGER, MD., 2200 O'FARRELL ST., SE, CA 94115		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	
120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		127. DATE MM/DD/CCYY	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Sandra R. Hernandez, M.D., Health Officer & Local Registrar		STATE REGISTRAR		A B C D E F G H		FAX AUTH. # CENSUS TRACT	

This is to certify that, if bearing the embossed seal of the San Francisco Department of Public Health, this is a true copy of the document on file in the Bureau of Records and Statistics as of this date.

[Signature] 10/08/1996
Sandra R. Hernandez, M.D., Health Officer & Local Registrar