

WHEN RECORDED RETURN TO:  
Cowlitz County Title Co.  
1159 14th Avenue,  
• Longview, WA 98632

00002267-DLD

**REAL ESTATE EXCISE TAX**

29219

SEP 14 2011

DOCUMENT TITLE(S):  
LACK OF PROBATE AFFIDAVIT

PAID Exempt  
Ca report  
SKAMANIA COUNTY TREASURER

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:  
N/A

GRANTOR:  
MARCIA J. MANSFIELD

GRANTEE:  
MAJEL H. HARMON AND JON M. MANSFIELD

ABBREVIATED LEGAL DESCRIPTION:  
LOT C-39 OF RELOCATED NORTH BONNEVILLE

TAX PARCEL NUMBER(S):  
02 07 20 1 3 0600 00 *Lm*

Skamania County Assessor  
Date 9-13-11 Parcel# 2-7-202-1-3-600  
*JM*

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

Title Insurance Commitment No.: 32292, County: Skamania

STATE OF Nevada )

SS:

COUNTY OF Clark )

The undersigned, Majel H. Harmon, executes this affidavit relating to the estate of Marcia J. Mansfield (herein "Decedent"), who died on 10-15-09, in the County of Clark, State of Washington, then being a resident of the City of Vancouver, County of Clark, 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: MAJEL HARMON (DAUGHTER)

Address: 3020 DIPPY FALLS DR LAS VEGAS NV

Name & relationship: Jon M. Mansfield (son)

Address: 409 Columbia St N. Bonneville, WA 98639

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 \_\_\_\_\_.
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_.
2. That on the date of death the Decedent was:
  - ☐ married to \_\_\_\_\_.
  - ☒ 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 \$325,000, 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 Clark County 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: 7-30 20 11

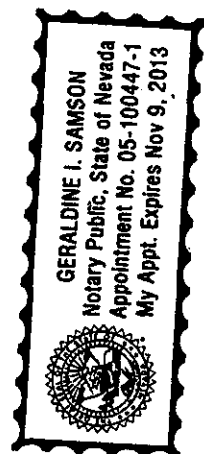
Majel Harmon  
(Signature)

MAJEL HARMON  
(Print or type full name)

3020 DARBY FALLS DR  
(Full address and telephone number)  
LAS VEGAS NV 89134 (702-685-0137)

SUBSCRIBED and SWORN TO before me this 30th day of JULY, 20 11

BN MAJEL HARMON  
Notary Public in and for the State of Nevada Clark County  
Washington, residing at Nevada  
Nevada



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

Title Insurance Commitment No.: 32292, County: Skamania

STATE OF Washington )

SS:

COUNTY OF (CLATSOP)

The undersigned, Jon M. Mansfield, executes this affidavit relating to the estate of Marcia J. Mansfield (herein "Decedent"), who died on 10-15-09, in the County of Clark, State of Washington, then being a resident of the City of Vancouver, County of Clark, 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 Jon M. Mansfield (son)  
 Address: 409 Columbia St N. Bonneville WA 98639  
 Name & relationship Maele Harmon (Daughter)  
 Address: 3020 Darby Falls Drive Las Vegas, NV 89134  
 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 \_\_\_\_\_.
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_.
2. That on the date of death the Decedent was:
  - ☐ married to \_\_\_\_\_.
  - ☒ 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 \$ 325,000, 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 Clark County 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: July 26<sup>th</sup> 2011

Jon M. Mansfield

(Signature)

Jon M. Mansfield

(Print or type full name)

P.O. BOX 309 N. Bonneville, WA 98639

(Full address and telephone number)

509-427-8191

SUBSCRIBED and SWORN TO before me this 26<sup>th</sup> day of July, 20 11

Jayne Borden

Notary Public in and for the State of

Washington, residing at Curson

JAYNE I. BORDEN  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
FEBRUARY 15, 2015

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>2216</b>		<b>Washington State Certificate of Death</b>		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Marcia Jean MANSFIELD</b>		2. Death Date <b>Oct. 15, 2009</b>			
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>89</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Clark</b>
7. Birthdate <b>Sept. 15, 1920</b>	8a. Birthplace (City, Town, or County) <b>Pendleton</b>	8b. (State or Foreign Country) <b>Oregon</b>		9. Decedent's Education <b>Associate Degree</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>		11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>409 Columbia</b>				13b. City or Town <b>North Bonneville</b>	
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98639</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>34 Years</b>		15. Marital Status at Time of Death <b>Widowed</b>		16. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Business Owner</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Insurance Agency</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Burton Greulich</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>LaVerne Delashmutt</b>		
21. Informant's Name <b>Majel Harmon</b>		22. Relationship to Decedent <b>Daughter</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>2458 Paseo Del Rey Palm Springs, CA 92264</b>		
24. Place of Death, If Death Occurred in a Hospital: <b>Ray Hickey Hospice House: 2112 E. Mill Plain Blvd.</b>					
24. Place of Death, If Death Occurred Somewhere Other than a Hospital: <b>Nursing Home</b>					
25. Facility Name (If not a facility, give number & street or location) <b>Ray Hickey Hospice House: 2112 E. Mill Plain Blvd.</b>					
26a. City, Town, or Location of Death <b>Vancouver</b>		26b. State <b>WA</b>		27. Zip Code <b>98661</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Portland Memorial Crematory</b>		30. Location-City/Town, and State <b>Portland, Oregon</b>	
31. Name and Complete Address of Funeral Facility <b>Wilhelm's Portland Memorial Funeral Home 6705 SE 14th Ave. Portland, OR 97202</b>					
32. Date of Disposition <b>October 19, 2009</b>					
33. Funeral Director Signature X <i>William J. Red:</i>					
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. <b>Endometrial Adenocarcinoma</b> Interval between Onset & Death					
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 b. <b>Dementia</b> Interval between Onset & Death					
Due to (or as a consequence of):					
c. Interval between Onset & Death					
d. Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>hypertension</b>					
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 type="checkbox"/> No					
38. 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					
39. If female <input checked="" type="checkbox"/> Not pregnant within past year <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					
40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
41. Date of Injury (mm/dd/yyyy) <b>N/A</b>					
42. Hour of Injury (24hrs) <b>N/A</b>					
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>N/A</b>					
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street: <b>N/A</b> City or Town: <b>N/A</b> County: <b>N/A</b> State: <b>N/A</b> Zip Code + 4: <b>N/A</b>					
46. Describe how injury occurred: <b>N/A</b>					
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 stated and due to the causes stated and not for stated <b>Therapist William Gordon</b>					
48b. Medical Examiner/Coroner - On the basis of examination, autopsy, investigation, or my opinion, death occurred at the time, date, and place and due to the causes and manner stated <b>Jon E. Casebeer</b>					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Jon E. Casebeer, M.D. 7101 NE 137th Ave. Vancouver, WA 98682</b>				50. Hour of Death (24hrs) <b>1445</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) <b>Jon Casebeer</b>				52. Date Signed (mm/dd/yyyy) <b>10/21/2009</b>	
53. Title of Certifier <b>MD</b>		54. License Number <b>25823</b>		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) <b>10/21/2009</b>	
59. Amendments					