

Return Address:
Connors & Lanz
Attorneys at Law
Post Office Box 1116
White Salmon, WA 98672

REAL ESTATE EXCISE TAX

29226

SEP 22 2011

PAID

Exempt

Merle Johnson, Deceased

SKAMANIA COUNTY TREASURER

<i>Document Title(s) or transactions contained herein:</i>	
AFFIDAVIT-Lack of Probate	
<i>GRANTOR(S) (Last name, first name, middle initial)</i>	
JOHNSON, MERLE ROBERT (deceased)	
<input type="checkbox"/> Additional names on page _____ of document.	
<i>GRANTEE(S) (Last name, first name, middle initial)</i>	
JOHNSON, JUDITH FAYE	
<input type="checkbox"/> Additional names on page _____ of document.	
<i>LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)</i>	
Lot 8, TOWN OF UNDERWOOD, according to the Plat thereof, recorded in Book "A" of Plats, Page 14 in the County of Skamania, State of Washington.	
<input type="checkbox"/> Complete legal on page _____ of document.	
<i>REFERENCE NUMBER(S) of Documents assigned or released:</i>	
AFN #2011178861, recorded death certificate	
<input type="checkbox"/> Additional numbers on page _____ of document.	
<i>ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER</i>	
03-10-23-2-0-0412/00	Skamania County Assessor Date <i>9-21-11</i> Parcel# <i>3-10-23-2-0-412</i> <i>Jm</i>
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel numbers on page _____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	

After recording return to:
 CONNORS & LANZ
 Attorneys at Law
 Post Office Box 1116
 White Salmon, WA 98672

**AFFIDAVIT
 Lack of Probate**

STATE OF WASHINGTON)
) ss.
 County of Klickitat)

JUDITH FAYE JOHNSON, being first duly sworn, on oath, deposes and says:

1. The undersigned affiant is the wife of the Merle Robert Johnson, decedent, of Underwood, Washington, who died May 7, 2006 at Underwood, State of Washington, then being a legal resident of Underwood, Skamania County, Washington. A certified Death certificate of decedent was recorded in Skamania County, Washington as Auditor's File No. 2011178861, a copy of which is attached to this Affidavit.

2. Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto and gives the decedent's entire estate to Judith Faye Johnson.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers or sisters, and any surviving parents are as follows:

HEIRS AT LAW

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Residence</u>
Judith Faye Johnson	Majority	Spouse	Post Office Box 137 Husum, WA 98623
Denise R. Campbell	Majority	Daughter	226 ½ N Stillaguamish Ave. Arlington, WA 98223
Kathleen A. Soulier	Majority	Daughter	9708 – 12 th Place SE Lake Stevens, WA 98258

Carla K. Kittle

Majority Daughter

9708 – 12th Place SE
Lake Stevens, WA 98258

4. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid.

5. The decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

6. As of the date of death, the value of all community property of the decedent was approximately \$1,100,000.00. The decedent had no separate property.

7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

This Affidavit affects the following described real property:

Lot 8, TOWN OF UNDERWOOD, according to the recorded Plat thereof, recorded in Book "A" of Plats, Page 14 in the County of Skamania, State of Washington.

Skamania County Tax Parcel No. 03-10-23-2-0-0412/00;

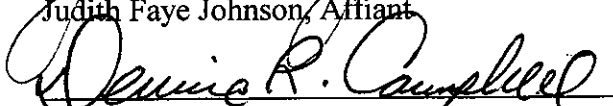
Commonly known as: 131 Weather Rock Road, Underwood, WA 98651.

8. The undersigned affiants agree that all of decedent's estate passes to Judith Faye Johnson.

THIS AFFIDAVIT IS MADE TO INDUCE CHICAGO TITLE INSURANCE COMPANY (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.


Judith Faye Johnson, Affiant

DATE: 9-20-11


Denise R. Campbell, Affiant

DATE: 9/13/11

Kathleen A. Soulier

Kathleen A. Soulier, Affiant

DATE: 9-12-11

Carla K. Kittle

Carla K. Kittle, Affiant

DATE: 9-12-11

STATE OF WASHINGTON)
) ss.
County of Snohomish)

On this day personally appeared before me KATHLEEN A. SOULIER, to me know to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 12 day of September, 2011.



Angelica M J

Name: Angelica M Jernigan

NOTARY PUBLIC in and for the State of Washington.

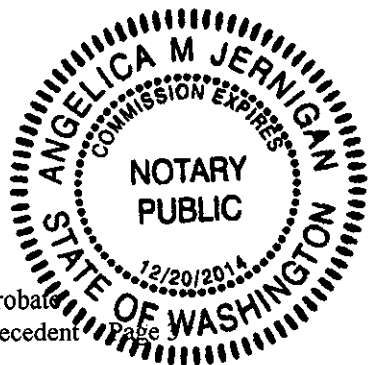
Residing at: Lake Stevens

My Commission expires: 12/20/2014

STATE OF WASHINGTON)
County of Snohomish)

On this day personally appeared before me CARLA K. KITTLE, to me know to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 12 day of September, 2011.



Angelica M J

Name: Angelica M Jernigan

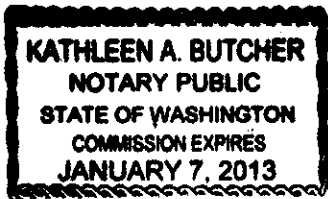
NOTARY PUBLIC in and for the State of Washington.

Residing at: Lake Stevens

My Commission expires: 12/20/2014

On this day personally appeared before me JUDITH FAYE JOHNSON, to me know to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 20th day of September, 2011.



Kathleen A Butcher

Name: Kathleen A. Butcher

NOTARY PUBLIC in and for the State of Washington.

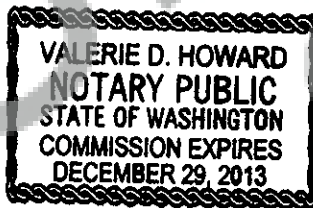
Residing at: Kamania Co.

My Commission expires: 01-07-2013

STATE OF WASHINGTON)
) ss.
County of Snohomish)

On this day personally appeared before me DENISE R. CAMPBELL, to me know to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 13th day of September, 2011.



Valerie D. Howard

Name: Valerie D. Howard

NOTARY PUBLIC in and for the State of Washington.

Residing at: Stanwood, WA 98292

My Commission expires: Dec 29, 2013

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **D-2** **21** Washington State Certificate of Death State File Number **6 57999**

1. Legal Name (include AKA's if any) First Middle LAST Suffix Merle Robert JOHNSON		2. Death Date May 7, 2006	
3. Sex (M/F) Male	4a. Age - Last Birthday 69	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0
5. Social Security Number [REDACTED]	6. County of Death Skamania		
7. Birthdate Oct. 23, 1936	8a. Birthplace (City, Town, or County) White Salmon	8b. (State or Foreign Country) Washington	9. Decedent's Education Bachelor's Degree
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? Yes			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 131 Weather Rock Rd.		13b. City or Town Underwood	
13c. Residence: County Skamania	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98651
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 2 1/2 Years	15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Judith Fay Bryan	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Industrial Design		18. Kind of Business/Industry (Do not use Company Name) Aerospace	
19. Father's Name (First, Middle, Last, Suffix) Clarence O. Johnson		20. Mother's Name Before First Marriage (First, Middle, Last) Maxine B. Headman	
21. Informant's Name Judith Johnson	22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 131 Weather Rock Road Underwood, WA 98651	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence			
25. Facility Name (if not a facility, give number & street or location) 131 Weather Rock Rd.		26a. City, Town, or Location of Death Underwood	26b. State WA
27. Zip Code 98651			
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory	
30. Location-City/Town, and State White Salmon, WA			
31. Name and Complete Address of Funeral Facility Gardner Funeral Home POB 390, White Salmon, WA 98672		32. Date of Disposition May 9, 2006	
33. Funeral Director Signature X <i>[Signature]</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. <i>Metastatic Renal Cancer</i> Interval between Onset & Death 12 months			
Due to (or as a consequence of):		Interval between Onset & Death	
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			
Due to (or as a consequence of):		Interval between Onset & Death	
Due to (or as a consequence of):			
Due to (or as a consequence of):			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <i>Prostate Cancer, Diabetes</i>			
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"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	39. If female <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	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)	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: Country: 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 specified, and manner stated X <i>[Signature]</i> MD		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	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Allen LaBerge, MD POB 1519 White Salmon, WA 98672		50. Hour of Death (24hrs) 1330	
51. Name and Title of Attending Physician [if other than Certifier] (Type or Print)		52. Date Signed (mm/dd/yyyy) 5-8-2006	
53. Title of Certifier MD	54. License Number MD00033033	55. ME/Coroner File Number	56. 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) May 10, 2006	
59. Amendments			



DOH103 003 Rev 2/06/2004

DOH 01-003 (6/10)

LAST WILL AND TESTAMENT

I, MERLE ROBERT JOHNSON, a resident of Snohomish County, Washington, being of sound mind and memory and not acting under duress, menace, fraud or undue influence, do hereby make and declare this my Last Will and Testament and hereby revoke all prior Wills and Codicils made by me.

ARTICLE I

Identification of Family

I declare that I am married. My immediate family living at the time of the execution of this Will consists of my wife, JUDITH FAYE JOHNSON, and my three (3) children, DENISE RENEE JOHNSON, age 26, of King County, Washington, KATHLEEN ANN JOHNSON, age 25, of King County, Washington and CARLA KAY JOHNSON, age 21, of King County, Washington. The provisions of this Will shall apply not only to those above-named but to any children hereafter born to or legally adopted by me unless otherwise set forth herein.

ARTICLE II

Contract

I have not entered into a contract to make a Will nor a contract not to revoke a Will.

ARTICLE III

Payment of Taxes

I direct my Executrix to pay out of my residual estate any and all estate transfer, inheritance or other death taxes as may be required by law.

ARTICLE IV

Personal Items

As to my personal items, unless otherwise specifically set forth herein, I direct my Executrix to distribute them among my family, friends and relatives without designation of value as

MRJ

in her sole discretion would be proper. I will from time to time advise my Executrix of my desires in regards to my personal items, trusting her to follow my wishes.

ARTICLE V

Donative Provision

I hereby give, devise and bequeath to my wife above-named my entire estate of whatsoever kind and wheresoever located whether real or personal, trusting her to take proper care of my children. If my wife should die before me, within sixty (60) after of me or in a common incident with me, then I give, devise and bequeath my entire estate as herein set forth to my children above-named per stirpes and not per capita. If I am required by law to give anything to my other person, then I give to such person the sum of one dollar (\$1.00).

ARTICLE VI

Payment of Debts

I hereby direct that all just debts for which proper claims are filed against my estate and the expenses of my last illness and funeral be paid by my Executrix as soon after my death as is practical, provided, however, that this direction shall not authorize any creditors to require payment of any debt or obligation prior to its normal maturity in due course.

ARTICLE VII

Nomination of Executrix

I nominate my wife, JUDITH FAYE JOHNSON, as Executrix of this my Last Will and Testament, but if for any reason said nominee shall be unable, unwilling or incapable to serve or so act as Executrix, then I nominate my brother, CLARENCE L. JOHNSON, of Washington D.C. as Executor. All Executors to act as such without bond and without the intervention of any Court except as may be required under the laws of the State of Washington in the case of a non-intervention Will. It is my

MJ

intention, hereby, to create a non-intervention Will. My Executors shall have full power to sell, convey, and encumber without notice or confirmation of my estate, real or personal, at such prices and terms as may seem just, whether or not such acts are necessary for the administration of my estate and to do any other act which in the sole discretion of my Executors as may seem necessary or advisable in the administration of my estate.

ARTICLE VII

Burial

I hereby direct that I be buried in a Christian manner as may be appropriate and at the direction of my executrix.

ARTICLE IX

I do not desire my life to be prolonged by medical or artificial means if death appears imminent in the discretion of my executrix.

IN WITNESS WHEREOF, I hereunto set my hand and seal, and publish and declare this to be my Last Will and Testament, on this 11th day of March 1987.

Merle Robert Johnson
MERLE ROBERT JOHNSON

The foregoing instrument, consisting of 3 pages, of which this is the last page, was at the date thereof by the said MERLE ROBERT JOHNSON, signed and declared by him to be his Last Will and Testament in the presence of us, who at his request and in his presence and in the presence of each other, and believing him to be of sound and disposing mind and memory and not acting under duress, menace, fraud or undue influence of any kind, have subscribed our names as witnesses thereto.

Jeanne J. Hicks

Residing at 3701 Rockefeller
Everett, WA 98201

Sallie M. Hatfield

Residing at Everett.

AFFIDAVIT OF SUBSCRIBING WITNESSES TO WILL

STATE OF WASHINGTON)
COUNTY OF SNOHOMISH)^{SS.}

THE UNDERSIGNED, of lawful age and competent witnesses,
being duly sworn each for himself, testifies as follows,
to-wit:

I reside in the County of Snohomish, State of
Washington, am over the age of twenty-one (21) years. Upon
the date of the instrument to which this affidavit is
attached, designated as the Last Will and Testament of MERLE
ROBERT JOHNSON, I knew said testator.

I am one of the subscribing witnesses to said
instrument; I also knew, at the date of said instrument, the
other subscribing witness; said instrument was signed by said
testator at EVERETT, WASHINGTON, on the date it
bears, in the presence of myself and the other witness; said
testator or thereupon published the said instrument as, and
declared the same to be his Last Will and Testament, and
requested us in attestation thereof to sign the same as
witnesses; we then and there in the presence of the testator
and in the presence of each other, subscribed our names as
witnesses to the said instrument.

The testator then and there requested us to sign this
affidavit as a subscribing witness to said instrument.

At the time of so executing the said instrument, the
testator was over the age of twenty-one (21) years and
according to my best knowledge and belief, was of sound and
disposing mind, not acting under duress, menace, fraud, undue
influence, or any other misrepresentation.

WE THE UNDERSIGNED HEREBY DECLARE THE FOREGOING TRUE AND
CORRECT UNDER PENALTY OF PERJURY:

Jean J. Hicks

Sallie M. Hatfield

SUBSCRIBED and SWORN to before me this 11th day of
March, 1987.

Charles R. Quinn
NOTARY PUBLIC in and for the
State of Washington, residing
at Maple.