

WHEN RECORDED RETURN TO:

Kimberly D. DeCriscio
PO Box 363
Washougal, WA 98671

REAL ESTATE EXCISE TAX

29 233
SEP 26 2011
PAID Exempt
9 deputy
SKAMANIA COUNTY TREASURER

SCTC 32365

DOCUMENT TITLE(S)

LACK OF PROBATE AFFIDAVIT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S): MICHAEL ANTHONY DECRISCIO

GRANTEE(S): KIMBERLY D. DECRISCIO

ABBREVIATED LEGAL DESCRIPTION: S28 T2N R6E

FULL LEGAL DESCRIPTION ON PAGE 9

TAX PARCEL NUMBER(S): 02-06-28-0-0-1102-00

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

Title Insurance Commitment No.: 32365, County: Skamania

STATE OF _____)

SS:

COUNTY OF _____)

The undersigned, Kimberly D DeCriscio, executes this affidavit relating to the estate of Michael A DeCriscio (herein "Decedent"), who died on Feb 19 2010, in the County of Skamania, State of Washington, then being a resident of the City of Skamania, 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):

Name & relationship Michael A DeCriscio Son
 Address: Gresham OR

Name & relationship Jessica L DeCriscio Smiley Daughter
 Address: Bellingham WA

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 Kim DeCrisio.
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was:
 - ☒ married to Kim DeCrisio.
 - ☐ 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 _____ 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: September 19, 2011

Kimberly D DeCriscio
(Signature)

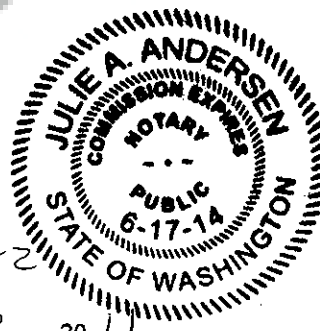
Kimberly D DeCriscio
(Print or type full name)

42 Archer Mtn Rd
(Full address and telephone number)

Skamania WA 98648 509 427 8282

SUBSCRIBED and SWORN TO before me this 19 day of 09, 2011

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



CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136

STATE FILE NUMBER

PERMANENT
BLACK INK

H82650

I.D. TAG NO.

1. Legal Name (include AKA's, if any)				2. Death Date (MON DO YYYY)	
First	Middle	Last	Suffix	February 19, 2010	
Michael Anthony Decriscio					
3. Sex (MF)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
M	56				Clackamas
7. Birthdate (MON DO YYYY)	8a. Birthplace (City/Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education	
January 20, 1954	French Camp	California		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		White		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 6)				14. City/Town	
42 Archer Mtn. Road				Skamania	
15. Residence County		16. State or Foreign Country		17. Zip Code + 4	
Skamania		Washington		98648	
19. Marital Status at Time of Death		20. Spouse's Name (If married or widowed, give name prior to first marriage.)			
Married		Kimberly Seacrest			
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.")				22. Kind of Business/Industry (DO NOT USE COMPANY NAME)	
Light Rail Operator				Transportation	
23. Father's Name (First, Middle, Last, Suffix)				24. Mother's Name Prior to First Marriage (First, Middle, Last)	
Anthony DeCriscio				Mildred Hartline	
25. Informant's Name		26. Telephone Number		27. Relation to Decedent	
Kim DeCriscio		509-427-8282		Wife	
29. Place of Death		30. Facility Name			
Hospital - Inpatient		Kaiser Sunnyside Medical Center			
31. Location of Death (Give address)		32. City/Town or Location of Death		33. State	
10180 S.E. Sunnyside Road		Clackamas		OR	
35. Method of Disposition		36. Place of Disposition (Name of cemetery, crematory, or other place)		37. Location	
Removal From State		Evergreen Mem. Gardens Crem.		Vancouver, WA	
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4)					
Evergreen Staples Funeral Home 3414 NE 52nd Street Vancouver, WA 98661					
39. Date of Disposition (MON DO YYYY)		40. Funeral Director's Signature		41. OR License Number	
February 19, 2010		Daniel L. Jensen		FS-0526	
42. Registrar's Signature		43. Date Received (MON DO YYYY)		44. Local File Number	
Ferna McWalter		FEB 25 2010		000303	
45. Record of Tag No. formerly blank Corr. by S. Dir. Aff. 2/25/10 M. Franc, Co. Reg. rw					

46. Was case referred to Medical Examiner?		47. Autopsy?		48. Were autopsy findings available to complete the cause of death?		49. Time of Death	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		0922	
CAUSE OF DEATH (See instructions and examples.)							
50. 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.						Approximate Interval: Onset to Death	
Final disease or condition resulting in death							
IMMEDIATE CAUSE							
a. Due to (or as a consequence of)						pulmonary asphyxia	
b. Due to (or as a consequence of)						vomiting	
c. Due to (or as a consequence of)						illness	
d. Due to (or as a consequence of)						craniofacial surgery	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:							
52. Manner of Death		53. If Female		54. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year					
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death					
55. Date of Injury (MON DO YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work?	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)							
60. Describe how injury occurred.							
61. If transportation injury, specify.							
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian							
<input type="checkbox"/> Other (Specify)							
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4)							
Richard Polin 10180 S.E. Sunnyside Road Clackamas, Oregon 97015							
63. Name and Title of Attending Physician (If Other than Certifier)							
64. Title of Certifier				65. License Number		66. Date Signed (MON DO YYYY)	
M.D.				MD25930		2/19/2010	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				68. Medical Examiner - 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.			
69. Record Amendment							

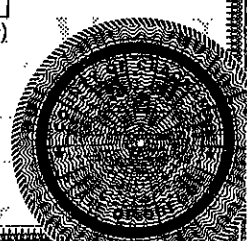
ORIGINAL - VITAL RECORDS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR.

FEB 25 2010

DATE ISSUED:

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

FOR VETERANS
ADMINISTRATION
USE ONLYMARTHA FRANC
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

LAST WILL AND TESTAMENT

OF

MICHAEL A. DECRISCEO

I, MICHAEL A. DECRISCEO a resident of the County of SKAMANEA, State of WASHINGTON, being of sound and disposing mind, memory and understanding, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all wills and codicils at any time heretofore made by me.

ITEM I

For information purposes, at the time of this Will, I am married to KIMBERLY D. DECRISCEO, and have TWO natural born children, namely: MICHAEL A. DECRISCEO II AND JESSICA L. DECRISCEO - SMILEY

ITEM II

I direct that all my legally enforceable debts, funeral expenses, expenses of my last illness and administrative expenses, be paid by my Personal Representative from the assets of my estate as soon as practicable after my death.

I direct that all inheritance, transfer, succession and other death taxes, which may be payable with respect to any property includible as a part of my gross estate, shall be paid from my residuary estate, without any apportionment thereof.

ITEM III

All the rest, residue and remainder of my estate, of every nature and kind, which I may own at the time of my death, real, personal and mixed, tangible and intangible, of whatsoever nature and wheresoever situated, I give, devise and bequeath to my spouse, KIMBERLY D. DECRISCEO, providing he/she survives me.

In the event that my spouse shall predecease me, I give and devise all the rest, residue and remainder of my estate, as aforesaid, to my children, namely: MICHAEL A. DECRISCEO II AND JESSICA L. DECRISCEO - SMILEY

equally, share and share alike, or to their issue, in equal share per stirpes.

ITEM IV

If any part or principal of my estate shall become distributable to any beneficiary hereunder who is then under the age of TWENTY (20) years, my Personal Representative and Trustee named hereinafter is hereby granted a power of trust, without bond or other undertaking, to hold and

Simple Will Form

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administer such property for the benefit of such person until such person shall attain the age of TWENTY ONE (21) years, to invest or reinvest such property, to collect the properly allocable thereto, to pay to or apply to the use and benefit of such person so much of the net income as, in my Trustee's sole discretion, is deemed appropriate and to accumulate for the benefit of such person any income not so paid or applied. My Trustee is authorized to pay to or apply to the use and benefit of such person so much of the principal amount of such person's property and accumulations as is deemed appropriate in the sole discretion of my Trustee. Any remaining principal and income shall be paid to such person when he or she attains the age of TWENTY FIVE (25) years.

ITEM V

I appoint my spouse, KIMBERLY D. DECRISCO as Personal Representative of this Will, with full power and authority to sell, transfer and convey any and all property, real or personal, which I may own at the time of my death, at such time and place and upon such terms and conditions as my Personal Representative may determine, without necessity of obtaining a court order. If my spouse does not survive me or if he/she fails to qualify or, if having qualified should die, resign or become incapacitated, then in that event I nominate and appoint JESSICA DECRISCO-SMITH as successor Personal Representative of this Will and as trustee of any trusts created by this Will, with all the powers and duties afforded my Personal Representative herein.

I direct that no Personal Representative or Trustee nominated and appointed by me shall be required to furnish any bond or other security for the faithful performance of his or her duties, notwithstanding any provision of law to the contrary.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my seal at the City of Vancouver, State of Washington, this 21st day of January, 2010, in the presence of the subscribing witnesses who I have requested to become attesting witnesses hereto.

[Signature] (SEAL)
Testator/Testatrix

This instrument was, on the date hereof, signed, published and declared by Michael A. Decrisco to be his/her Last Will and Testament, in our presence and in the presence of each of us and we, at the same time, at his/her request, in his/her presence and in the presence of each other, have hereunto signed our names and addresses as attesting witnesses.

____ of _____
Witness Address

Simple Will Form

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Sam Deiter of 256 N Garrison Rd VANCOUVER WA 98664
 Witness Address

State of WA)
 County of Clark) ss.

We, Mike DeCriscio,
 and _____, the Testator/Testatrix, and the
 witnesses, respectively, whose names are signed to the attached
 and foregoing instrument, being first duly sworn, do hereby
 declare to the undersigned officer that the Testator/Testatrix
 signed the instrument as his/her Last Will and Testament and
 that he/she signed voluntarily and that each of the witnesses,
 in the presence of the Testator/Testatrix, at his/her request,
 and in the presence of each other, signed the Will as a witness
 and that to the best of the knowledge of each witness the
 Testator/Testatrix was at that time eighteen or more years of
 age, of sound mind and under no constraint or undue influence.

Mike DeCriscio
 Testator/Testatrix

Sam Deiter
 Witness

 Witness

The foregoing instrument was acknowledged by me this 21st
 day of January, 2010 by: Michael A. DeCriscio
 who is/are personally known by me or who has/have produced:
 _____ as identification and who did not take an
 oath.

Patricia S. Bowden (SEAL)
 Notary Public
 State of

My Commission Expires:

4/24/12



EXHIBIT 'A'

A tract of land in the Southeast Quarter of the Southwest Quarter of Section 28, Township 2 North, Range 6 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows:

Lot 3 KINGSLEY SHORT PLAT NO. 1 according to the recorded plat thereof. recorded in Book 3 of Short Plats, Page 57, Skamania County Records.

EXCEPT that portion conveyed to Skamania County by instrument recorded August 21, 1989 in Book 115, Page 569 and Page 571.

Skamania County Assessor
Date 9-26-11 Parcel# 26-28-1102