

WHEN RECORDED RETURN TO:

Kristy Myatt
1000 SE 160th Ave, Apt. E33
Vancouver, WA 98683

DOCUMENT TITLE(S)

Lack of probate

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page ____ of document.

REAL ESTATE EXCISE TAX

GRANTOR(S):

Bonnie J. Myatt

29272
OCT 20 2011

☐ Additional names on page ____ of document.

PAID

EXEMPT

GRANTEE(S):

Kristy Myatt

Audrey Fikiri Deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page ____ of document.

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

Lot 1 of Mary Groat short plat, recorded in book 3 of short
Plats, page 243, Skamania County Records.

☐ Complete legal on page 2 of document.

TAX PARCEL NUMBER(S):

03082120060000

Skamania County Assessor
Date 10-20-11 Parcel# 3-8-21-2-0-600

☐ Additional parcel numbers on page ____ of document.

2m

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.

the following described real estate, situated in the County of SKAMANIA
together with all after acquired title of the grantor(s) therein:

State of Washington,

A TRACT OF LAND IN THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION
21, TOWNSHIP 3 NORTH, RANGE 8 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY
OF SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:

LOT 1 OF THE MARY GROAT SHORT PLAT, RECORDED IN BOOK 3 OF SHORT PLATS, PAGE
243, SKAMANIA COUNTY RECORDS.

Assessor's Tax Parcel Number(s): 03-08-21-20-0600

Proposed
Advised, Lr
Direct

Together w/ MDB 1980 Stone Ridge
Double wide (L Plate) + 686991

Skamania County Assessor

Date 10-20-11 Parcel# 3-8-21-20-600

Y.M.

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, Kristy Myatt, executes this affidavit relating to the estate of Bonnie Myatt (herein "Decedent"), who died on 6/28/11, in the County of Kickitat, State of WA, then being a resident of the City of Carson, County of Shamania, 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 Kristy Myatt, daughter
 Address: 1000 SE 160th Ave, Apt. E33, Vancouver, WA 98683
 Name & relationship _____
 Address: _____
 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 \$ _____, 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: 10/30, 20 11

(Signature) Kristy Myatt

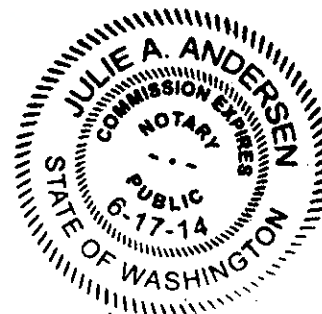
(Print or type full name) Kristy Myatt

(Full address and telephone number) 1000 SE 160th Ave, Apt E33

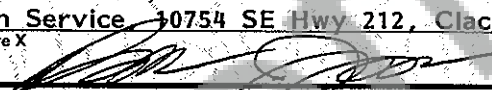
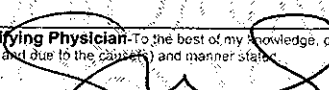
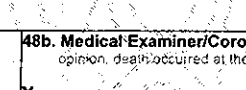
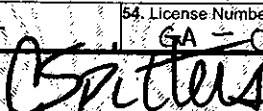
Vancouver, WA 98683

SUBSCRIBED and SWORN TO before me this 20 day of 10, 20 11

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



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 2011-2029		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Bonnie Jean Myatt			2. Death Date June 28, 2011		
3. Sex (M/F) Female	4a. Age - Last Birthday 67	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 Klickitat
7. Birthdate July 1, 1943	8a. Birthplace (City, Town, or County) Portland	8b. (State or Foreign Country) Oregon	9. Decedent's Education Some College, no degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No, Not Hispanic			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.) 782 Metzger Road				13b. City or Town Carson	
13c. Residence: County Skamania	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 th 98610	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 20 Years	15. Marital Status at Time of Death Divorced	16. Surviving Spouse's or Domestic Partner'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). Employment Counselor			18. Kind of Business/Industry (Do not use Company Name) State Government		
19. Father's Name (First, Middle, Last, Suffix) Minor Groat			20. Mother's Name Before First Marriage (First, Middle, Last) Mary Ballard		
21. Informant's Name Kristy Myatt		22. Relationship to Decedent Daughter	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1000 SE 160th Avenue, #E33, Vancouver WA 98683		
24. Place of Death, if Death Occurred in a Hospital: Hospital Inpatient			25. Facility Name (If not a facility, give number & street or location) Skyline Hospital		
26a. City, Town, or Location of Death White Salmon			26b. State WA	27. Zip Code 98672	
28. Method of Disposition Removal From State		29. Place of Final Disposition (Name of cemetery, crematory, other place) Farnstrom Cremation Center		30. Location-City/Town, and State Keizer, Oregon	
31. Name and Complete Address of Funeral Facility Care Cremation Service 10754 SE Hwy 212, Clackamas, Oregon 97015			32. Date of Disposition July 7, 2011		
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. DIABETIC KETOACIDOSIS			Interval between Onset & Death days		
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. DIABETES			Interval between Onset & Death 8 years		
c. RENAL CELL CARCINOMA			Interval between Onset & Death 20 years		
d.			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 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"/> Pregnant at time of 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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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: City or Town: _____ County: _____ State: _____ Zip Code + 4 th : _____			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. X 		
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 Certifying Physician, Medical Examiner or Coroner (Type or Print) Dr. Samantha Kelly MD, 1601 E Forth Plain Blvd, Vancouver WA 98661		
50. Hour of Death (24hrs) 0344			51. Name and Title of Attending Physician if other than Certifier (Type or Print)		
52. Date Signed (MM/DD/YYYY) 07/05/2011		53. Title of Certifier Medical Doctor			
54. License Number GA-0694470		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X 			58. Date Received (MM/DD/YYYY) JUL 06 2011		
59. Amendments					

DOH/CHS 003 Rev 07/09/07

DOH 01-003 (5/99)

**LAST WILL AND TESTAMENT
OF
BONNIE JEAN MYATT**

KNOW ALL MEN BY THESE PRESENTS:

That I, Bonnie Jean Myatt of Carson, Washington, County of Skamania, being of sound and disposing mind and memory, and not acting under menace, fraud, duress or the undue influence of any person or persons, but realizing the uncertainties of life, do make, publish and declare this to be my Last Will and Testament, revoking all other Wills and Codicils thereto by me at any time made.

ARTICLE I

I declare that I am not married. I was previously married to Dalton Myatt, but the marriage was terminated by a Decree of Dissolution of Marriage entered on August 12, 1976, in the proceedings entitled No. 5762. I declare that I have, as issue of my marriage to Dalton Myatt, one child, Kristina Rai Myatt, born March 26, 1974, who presently resides with me in Carson, Washington, of whom I speak when I speak of my child(ren).

ARTICLE II

I direct that all my just debts for which proper claims are filed against my estate and the expense of my last illness and funeral be paid by my executor hereinafter named as soon after my death as convenient; provided, however, that this direction shall not authorize the payment of any debt or obligation prior to its maturity in due course.

ARTICLE III

I may leave a list, signed by me or in my handwriting, in which I dispose of some or all of my tangible personal property. My executor shall carry out the provisions of the list. I give any insurance policy on property contained in the list to the person named to receive such property. If a person named in the list to receive property dies before me, the property will be disposed of under this Will unless I have made an alternate disposition.

ARTICLE IV

I have, except as otherwise provided in this Will, intentionally and with full knowledge, omitted to provide for my heirs who may be living at the time of my death, including any person or persons who may become my heir or heirs by reason of marriage or otherwise.

ARTICLE V

I hereby give, devise and bequeath to Kristina Rai Myatt as her sole and separate property all the rest, residue, and the remainder of my estate, whether real or personal, and wheresoever located, per stirpes.

ARTICLE VI

In the event that Kristina Rai Myatt and her heirs, if any, shall predecease me, or die within 30 days after my death, then and in that event, I give, devise and bequeath to my brothers, David E.

Groat and Raymond Earl Groat of Carson, WA 98610, all of the rest, residue, and the remainder of my estate, whether real or personal, and wheresoever located, to share and share alike.

ARTICLE VII

I nominate and appoint David E. Groat of P.O. Box 251, Carson, Washington, 98610, as executor of this my Last Will and Testament and I direct that he shall serve as such without bond or other undertaking being required of him and without the intervention of any court or courts and without compensation.

In the event David E. Groat fails or refuses or for any reason is incapable of acting in such trust, then I nominate and appoint Raymond E. Groat of Carson, Washington, as executor, to serve as such without bond, without court intervention and with reasonable compensation.

ARTICLE VIII

I hereby direct that my estate be settled without the intervention of any court, except to the extent required by law, and that my executor settle my estate in such manner as shall seem best and most convenient to said executor; and I hereby empower my executor to mortgage, lease, sell, exchange, and convey the personal and real property of my estate without an order of court for that purpose and without notice, approval or confirmation and in all other respects to administer and settle my estate without

the intervention of court.

ARTICLE IX

I hereby revoke any and all former Wills by me made and declare this my Last Will and Testament.

In Witness Whereof, I have hereunto set my hand to the five pages constituting this my Last Will and Testament the 3rd day of October, 1995.

Bonnie J. Myatt
Bonnie Jean Myatt, TESTATRIX

The foregoing instrument consisting of five pages, including this, was at the date thereof by Bonnie Jean Myatt, the testatrix named therein, signed, sealed and published as and declared by her to be her Last Will and Testament in the presence of us, who at her request and in her presence, and in the presence of each other, and who being of the opinion that Bonnie Jean Myatt at the time of executing this Will was of sound and disposing mind and memory and was not acting under duress, menace, fraud or the undue influence of any person or persons, have subscribed our names as witnesses thereto.

Sharon R. Pedlogny Residing at White Salmon, WA
Witness
Kathleen A. Butcher Residing at Cook, WA.
Witness

AFFIDAVIT OF WITNESSES TO WILL

STATE OF WASHINGTON)
) ss.
County of Klickitat)

SHARON Z. PODOLZNY and KATHLEEN A. BURTON
each being first duly sworn on oath, depose and say:

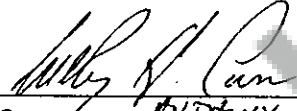
I reside in Klickitat Idaho County, Washington, and am of the age of majority. I am one of the subscribing witnesses to the above and foregoing instrument entitled Last Will and Testament and executed by the said Bonnie Jean Myatt at White Salmon, Klickitat County, Washington, on the date appearing thereon, in my presence and in the presence of the other subscribing witness, and the said Bonnie Jean Myatt thereupon published said instrument as her Last Will and Testament by declaring the same to be such and requesting me in attestation thereof to subscribe my name as a witness to said Last Will and Testament.

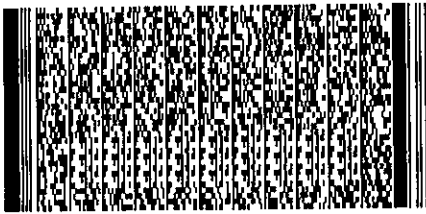
That to the best of my knowledge and belief on the date of said Last Will and Testament and at the time of executing said instrument the said testatrix was of sound and disposing mind and not acting under duress, menace, fraud, undue influence or misrepresentation.

Sharon R. Pedlow
Witness

Kathleen A. Butler
Witness

SUBSCRIBED and SWORN to before me this 5th day of
NOVEMBER, 1995.


Name ANTHONY H. CANNON
NOTARY PUBLIC in the State of
Washington, residing in
WOOD RIVER, OREGON
My commission expires 10/01/96



STATE OF WASHINGTON
DEPARTMENT OF LICENSING
PO Box 9038 • Olympia, Washington 98507-9038

VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

10/20/2011

1129330010296645

+686991

Lic/Plt +686991		Issue-Date 10/2011		Tab-No		Reg-Exp 00/00/0000		Value-Code/Yr 26000/2011		Depre		Mo-Reg		Mo-Gwt	
Power	Use MOB	Mod-Yr 1980	Make STONE	Ser/Body DOUBLE	Model/BT /	VIN or Serial No XXXXXX				Res-Co 06	Prev-Plt				
Sclwt	Seats	Gwt	Gwt-Strt	Gwt-Exp	Fleet	Equip	Prev Title				Prev St				
BRANDS:															
COMMENT: TITLE PURPOSE ONLY -USE TAX WAIVED (C)															

MILEAGE

E

REGISTERED OWNER

LEGAL OWNER

MYATT, KRISTINA R
1000 SE 160TH AVE APT E33
VANCOUVER WA 98683

I certify that the information contained hereon is accurate and complete.

X *Kristina R. Myatt* X
Signature of Registered Owner(s) Signature of Registered Owner(s)
Subscribed and sworn to before *Julia A. [Signature]* This 20 Day of October, 2011.

30.01.16

FILING	\$	4.00	TBD FEE 0605	\$	CHECK	\$	9.00
SUBAGENT	\$		RTA EXCISE	\$	CASH	\$	
LOCAL FEE	\$		USE TAX	\$	TOTAL FEES	\$	9.00
LICENSE SRVC	\$		OTHER	\$			
GWT/VMT FEE	\$		DONOR AWARENESS	\$			
			STATE PARKS	\$			

VALIDATION CODE 16300102112931020110010029664

ORIGINAL

RPT ID: ATITPR-1

THIS DOCUMENT IS NOT PROOF OF OWNERSHIP

FPD: ATITPR:2008/10/12.00003(2)