AFN #2011179578 Recorded 12/01/2011 at 12:41 PM DocType: ALP Filed by: CLARK COUNTY TITLE COMPANY Page: 1 of 5 Auditor Timothy O. Todd Skamania County, WA

WHEN RECORDED RETURN TO:

Clark County Title Company 1400 Washington Street Vancouver, WA 98660

CCT 00136538 SC

DOCUMENT TITLE(S):

Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

## **GRANTOR:**

- 1. Richard Andersen
- 2.

## **GRANTEE:**

- 1. Roselyn T Andersen

ABBREVIATED LEGAL DESCRIPTION: Lot(s) 1, of MALFAIT RIVER FRONT TTS

Full Legal Description located on Page 5

TAX PARCEL NUMBER(S):

02 05 31 4 3 1200 00 JW

REAL ESTATE EXCICE TAX

DEC -1 2011

EXEMPT PAID

SKAMANIA COUNTY TREASURER

If this box is checked, then the following applies:

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature

indexltr

LPB-01-05

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1400 Washington St., Suite 100
P.O. Box 1308 • Vancouver, WA 98660
Telephone (360) 694-4722 • Fax (360) 694-4734 • www.clarkcountytitle.com

Escrow No.:

00136538 SC

## Lack of Probate Affidavit

YOU ARE ADVISED TO SEEK INDEPENDENT LEGAL COUNSEL PRIOR TO COMPLETING THIS AFFIDAVIT. CLARK COUNTY TITLE CANNOT GIVE LEGAL ADVICE.

I, (We) ROSEWIN TO MORSEM (person(s) completing affidavit) declare under penalty of perjuiunder the laws of the State of Washington that the following is true and correct:
Decedent's name: RICHARD NORMAN ANDERSEN
I (We) am (are) the lawful (CIRCLE ONE) surviving spouse, surviving child(ren), other (If other, identify relation:
March 13 1990 (date), at Cinekam 43 (City, State) within the County
of CLBEKEM 85. At the time of his or her death, decedent was a resident of
ASPRY VOLLEY (City, State), County of CLA-Kay145. A copy of the Death
Certificate (Required in all cases) is attached hereto.
I (We) have listed below (if necessary, use reverse side or additional pages) each and every heir at law of decedent, including, but not limited to children, adopted children, and the issue of any predeceased child or adopted child. (If decedent left no surviving children, affiant has listed below all of the surviving parents, brothers and sisters of decedent):
Check box if heir is a minor child)
1. NAME AND RELATIONSHIP: NO NE
ADDRESS:
2.   NAME AND RELATIONSHIP:
ADDRESS:
3.   NAME AND RELATIONSHIP:
ADDRESS:
4. NAME AND RELATIONSHIP:
ADDRESS:
5.   NAME AND RELATIONSHIP:
ADDRESS:
I personally know that each and all of the obligations of the estate of the decedent have been paid in full (including, but not limited to: all debts of decedent; all expenses of decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; state and federal taxes due), EXCEPT AS FOLLOWS (Use reverse side or attach list) (If none, write "None"):
CHECK ALL THAT APPLY:
Decedent left no will;
Decedent left a will, a copy of which is attached; Decedent's estate is not being probated;
Decedent's estate is not being probated; Decedent's estate is being probated in County, State of, under Case No.
Decedent executed a community property agreement (copy attached), which was recorded in  County, or the original of which will be provided for recording in this transaction.

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Title Examiner Initials

Decedent's estate is exempt from state and/or federal succession or inheritance taxes; State and/or federal succession or inheritance taxes have been paid in the amount of . A copy of the release or discharge is attached; State and/or federal taxes are due, but have not been paid; All creditor claims against decedent's estate have been paid; The value of decedent's estate at the date of death, including all real and personal property, was approximately , including the value of community property of decedent and decedent's surviving spouse of approximately \$ and including the value of decedent's separate property of approximately \$ This affidavit is made to induce Clark County Title Company and/or Commonwealth Land Title Insurance Company, Inc. and/or Old Republic National Title Insurance Company ("Company") to insure real property in which decedent held an interest at the time of his or her death. I (We) urge Company to issue its policy of title insurance in full reliance upon the representations set forth herein, and indemnify Clark County Title Company and/or Commonwealth Land Title Insurance Company, Inc. and/or Old Republic National Title Insurance Company for any damages suffered as a result of such reliance. I (We) declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. (Use the reverse side for additional Signatures and Addresses). /- 29\_/1 Date Signature Date Address and Phone Number: Address and Phone Number: 10155 SE 132 NO MAIL TO 904 SEMILLER OREGON STATE OF WASHINGTON MULTNOMALL)SS COUNTY OF CLARK On this day before me personally appeared \_\_\_ ROSCULN T, ANDGESEN known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned. arstensen MICHAGE RING Notary Public in and for the State of Washington OPEGEN Residing in Vancouver BENGERON, OPEGEN My appointment expires: 7/15/2012

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I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

MAR 27 1990

DATE ISSUED.

EDWARD J. JOHNSON II STATE REGISTRAR



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**EXHIBIT "A"** 

Lot 1, MALFAIT RIVER FRONT TRACTS, according to the plat thereof, recorded in Book "A" of plats, page 123, records of Skamania County, Washington.

Skamania County Assessor

Date 12-1-11 Parcel# 2-5-31-4-3-/200

2m