

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
- 2.

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

YM
12-1-11

REAL ESTATE EXCISE TAX

29327

DEC - 1 2011

PAID

EXEMPT

Midrey Tokuni Deputy
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



1400 Washington St., Suite 100
P.O. Box 1308 • Vancouver, WA 98660
Telephone (360) 694-4722 • Fax (360) 694-4734 • www.clarkcountyttitle.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) ROSELYN T. ANDERSEN (person(s) completing affidavit) declare under penalty of perjury under 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:

SPOUSE of the above-named decedent. Decedent died on MARCH 13 1990 (date), at CLACKAMAS (City, State) within the County of CLACKAMAS. At the time of his or her death, decedent was a resident of HAPPY VALLEY (City, State), County of CLACKAMAS. 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: NONE
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 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.

- ☐ 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~~ ^{OREGON} that the foregoing is true and correct. (Use the reverse side for additional Signatures and Addresses).

X Roselyn T. Andersen 11-29-11
 Signature Date
 Signature Date

Address and Phone Number:

10155 SE 132ND AVE
HAPPY VALLEY OR 97086

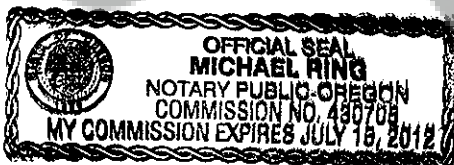
Address and Phone Number:

MAIL TO 904 SE MILLER
PORTLAND, OR 97202
503-233-2710

~~STATE OF WASHINGTON~~ ^{OREGON}
~~MULTNOMAH~~ ^{MULTNOMAH} ss.
 COUNTY OF ~~CLATSOP~~ ^{CLATSOP})

On this day before me personally appeared ROSALYN T. ANDERSEN to me 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.

DATE: 11/29/11



Stephanie Carstensen MICHAEL RING
 Notary Public in and for the State of ~~Washington~~ ^{OREGON}
 Residing in ~~Vancouver~~ ^{SEASIDE, OREGON}
 My appointment expires: 7/15/2012

Title Examiner Initials _____

EDWARD J. JOHNSON II
STATE REGISTRAR

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# 2-5-31-4-3-1200
Jm

Unofficial Copy