

REAL ESTATE EXCISE TAX

AFTER RECORDING RETURN TO:

Name: Wyers Law, PC
Address: P. O. Box 421
City/State: Bingen, WA 98605-0421

39338

DEC 12 2011

PAID exempt
Vicki Chelland, Deputy
SKAMANIA COUNTY TREASURER

Document Title(s): (or transactions contained therein)

1. Affidavit Lack of Probate

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Helt, Raymond E.

☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Helt, Eileen M.

☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/
quarter/quarter) Ptn. Sec. 20, Twnshp. 3 N, Range 8 EWM

☒ Complete legal description is on page 5 of document

Assessor's Property Tax Parcel/Account Number(s): 03-08-20-4-4-0900-00 ^{ALP}

AFFIDAVIT Lack of Probate

State of Washington

County of KlickitatEileen M. Heek

, being first duly sworn, deposes and says:

1. The undersigned affiant is the surviving spouse of Raymond E. Heek, who died May 11, 2009, at Carson, State of Washington, then being a legal resident of Carson, Skamania County, Washington.
- (relationship to decedent) (decedent)
(date of death) (year) (city)
(county) (state)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

☐ Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto.

☐ Decedent left no last Will.

☒ Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto. the original of which is filed with Skamania County Superior Court, Cause No. 11-4-00017-5.

☐ Decedent left a Will which was probated in _____ County, State of _____. A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

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

Eileen M. Heek
(full name)

74
(age)

Spouse
(relationship)

6430 Hwy. 35
Mt. Hood, OR 97041
(residence)

HEIRS AT LAW (continued)

<u>Donald P. Helt</u> (full name)	<u>55</u> (age)	<u>Son</u> (relationship)	<u>6430 Hwy. 35 Mt. Hood, OR 97041</u> (residence)
<u>Deborah Ann Young</u> (full name)	<u>52</u> (age)	<u>Daughter</u> (relationship)	<u>P.O. Box 721 Chelan, WA 98810</u> (residence)
<u>Darla Marie Helt</u> (full name)	<u>47</u> (age)	<u>Daughter</u> (relationship)	<u>12903 NE 86th Street Vancouver, WA 98682</u> (residence)
_____ (full name)	_____ (age)	_____ (relationship)	_____ (residence)

(attach additional page for additional names)

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, except as follows: N/A
5. The decedent ☐ had ☒ 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 \$ 200,000.00. The value of all separate property of the decedent was approximately \$ 0.
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN 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. *Or any other title company.

Eileen M. Helt
Affiant's Full Name Eileen M. Helt

12/7/11

Date

Affiant's Full Name

Date

STATE OF WASHINGTON, }
COUNTY OF Klickitat } ss.

On this day personally appeared before me Eileen M. Helt to me known 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 7th day of December, 2011.



Lorrie C. Winkler
Notary Public in and for the State of
Washington, residing at White Salmon
My appointment expires 3/4/14.

A tract of land located in the Southeast quarter of the Southeast quarter of Section 20, Township 3 North, Range 8 East, of the Willamette Meridian, in the County of Skamania and State of Washington, described as follows:

Beginning at a point 576 feet North and 30 feet East of the Southwest corner of the Southeast quarter of the Southeast quarter of said Section 20; thence East 208 feet; thence North 208 feet; thence West 208 feet; thence South 208 feet to the point of beginning.

Skamania County Assessor
Date 12/12/11 Parcel 3-8-20-4-4-900-00

ALP

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Suffix Raymond Edgar HELT		2. Death Date May 11, 2009					
3. Sex (M/F) Male	4a. Age - Last Birthday 72	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 Dec. 4, 1936	8a. Birthplace (City, Town, or County) Chloride		8b. (State or Foreign Country) Missouri		9. Decedent's Education 8th Grade		
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? NO	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1112 Wind River Highway				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 98610	
14. Estimated length of time at residence. 38 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Eileen Marie Warren			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Equipment Operator				18. Kind of Business/Industry (Do not use Company Name) Plywood Mill			
19. Father's Name (First, Middle, Last) Thomas Franklin Helt				20. Mother's Name Before First Marriage (First, Middle, Last) Jesse Edna Sutton			
21. Informant's Name Eileen Helt		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip P.O. Box 64 Carson, WA 98610			
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) 1112 Wind River Highway			
26a. City, Town, or Location of Death Carson		26b. State WA		27. Zip Code 98610			
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Berge Cemetery		30. Location-City/Town, and State Home Valley, Washington			
31. Name and Complete Address of Funeral Facility Gardner Funeral Home PO Box 390 White Salmon, WA 98672				32. Date of Disposition May 15, 2009			
33. Funeral Director Signature <i>[Signature]</i>							
Cause of Death (See Instructions and examples)							
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. Respiratory Failure		Due to (or as a consequence of):		Interval between Onset & Death 6 hours	
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. Metastatic Lymphoma		Due to (or as a consequence of):		Interval between Onset & Death 6 months	
		c.		Due to (or as a consequence of):		Interval between Onset & Death	
		d.		Due to (or as a consequence of):		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Severe Parkinson's Disease				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 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 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: City or Town: County: State: Zip Code + 4:				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 [Signature] Witherrite				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) Troy Witherrite PO Box 1519 White Salmon, WA 98672				50. Hour of Death (24hrs) 2120			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 5/13/2009			
53. Title of Certifier: MD		54. License Number: WA 96697		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) 5/15/09			
59. Amendments							