

WHEN RECORDED RETURN TO:
GARY W PETERSEN
P.O. Box 249
CARSON, Wa 98610

DOCUMENT TITLE(S)
Lack of Probate Affidavit

REFERENCE NUMBER(S) of Documents assigned or released:
Elimination 2010-175237

☐ Additional numbers on page _____ of document.

GRANTOR(S):
MARY C PETERSEN

REAL ESTATE EXCISE TAX
29437
MAR - 7 2012

☐ Additional names on page _____ of document.

GRANTEE(S):
GARY W PETERSEN

PAID exempt
Vicki Chelland
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

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

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):
03082136210200

☐ Additional parcel numbers on page _____ of document.

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.

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

Title Insurance Commitment No.: _____, County: _____

STATE OF WASHINGTON)

SS:

COUNTY OF SKAMANIA)

The undersigned, GARY WAYNE PETERSEN, executes this affidavit relating to the estate of MARY C. PETERSEN (herein "Decedent"), who died on Sept 9, 2011, in the County of SKAMANIA, State of WASHINGTON, then being a resident of the City of PARSON, County of WASHINGTON, State of WASHINGTON.
(A copy of the death certificate is attached hereto.) SKAMANIA

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: JAMES T. PETERSEN SON
Address: 1002 ANHURST WENATCHEE, WA 98801
Name & relationship: WAYNE T. PETERSEN SON
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 MARY C. PETERSEN
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to MARY C. PETERSEN
 - ☐ 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: MARCH 7th, 2012

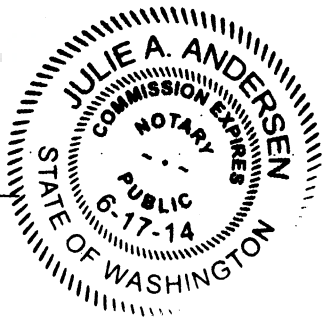
[Signature]

GARY WAYNE PETERSEN
(Print or type full name)

PO BOX 249 Carson, Wash 98610-0249
(Full address and telephone number)
509-427-5859

SUBSCRIBED and SWORN TO before me this 7th day of March, 2012

[Signature]
Notary Public in and for the State of
Washington, residing at Carson



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 Mary Catherine PETERSEN				2. Death Date Oct. 9, 2011							
3. Sex (M/F) Female		4a. Age - Last Birthday 65		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number [REDACTED]		8. County of Death Skamania	
7. Birthdate Aug. 30, 1946		8a. Birthplace (City, Town, or County) Wapato		8b. (State or Foreign Country) Washington		9. Decedent's Education High School Graduate					
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.) 42 Walter Lane								13b. City or Town Carson			
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable) [REDACTED]		13e. State or Foreign Country Washington		13f. Zip Code + 4 98610		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 1 1/2 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Gary Wayne Petersen							
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Homemaker				18. Kind of Business/Industry (Do not use Company Name) Own Home							
19. Father's Name (First, Middle, Last, Suffix) Miles Farris				20. Mother's Name Before First Marriage (First, Middle, Last) Rosemary Faucher							
21. Informant's Name Gary Petersen		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 249 Carson, WA 98610							
24. Place of Death, if Death Occurred in a Hospital: [REDACTED]				Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence							
25. Facility Name (If not a facility, give number & street or location) 42 Walter Lane				26a. City, Town, or Location of Death Carson		26b. State WA		27. Zip Code 98610			
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory				30. Location-City/Town, and State White Salmon, Washington					
31. Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672								32. Date of Disposition Oct. 15, 2011			
33. Funeral Director Signature [Signature]											
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. Cardiac Arrest						Interval between Onset & Death Immediate			
		Due to (or as a consequence of):						Interval between Onset & Death Unknown			
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. Congestive Heart Failure						Interval between Onset & Death Unknown			
		Due to (or as a consequence of):						Interval between Onset & Death Unknown			
		c. Hypertension						Interval between Onset & Death Unknown			
		Due to (or as a consequence of):						Interval between Onset & Death Unknown			
		d.									
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Morbid Obesity								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 checked="" 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code+ 4:											
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.								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.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner Dan McGill PO Box 790 Stevenson, WA 98647								50. Hour of Death (24hrs) 1315			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)								52. Date Signed (MM/DD/YYYY) Oct. 14, 2011			
53. Title of Certifier Deputy Coroner		54. License Number		55. Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature [Signature]								58. Date Received (MM/DD/YYYY) Oct 14 2011			
59. Amendments											

Exhibit A

Parcel number 03082130210200

A tract of land in the Southwest Quarter of the Southwest Quarter of Section 21, Township 3 North Range East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the ROSS SHORT PLAT, recorded in Book 3 of Short Plats, Page 184, Skamania County Records. Elimination 2010-175237

"THIS CONVEYANCE IS SUBJECT TO COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS. IF ANY, AFFECTING TITLE, WHICH MAY APPEAR IN THE PUBLIC RECORD, INCLUDING THOSE SHOWN ON ANY RECORDED PLAT OR SURVEY."

Skamania County Assessor

Date 3-7-12 Parcel# 3-8-21-3-2102

