

Return Address:

Indecomm Global Services  
2925 Country Drive  
St. Paul, MN 55117

REAL ESTATE EXCISE TAX

29440  
MAR - 8 2012

PAID *Exempt*  
*Vicki Clelland, Deputy*  
SKAMANIA COUNTY TREASURER

Please print or type information WASHINGTON STATE RECORDER'S Cover Sheet (RCW 65.04)

<b>Document Title(s)</b> (or transactions contained therein): (all areas applicable to your document <u>must</u> be filled in) <b>LACK OF PROBATE AFFIDAVIT</b> <i>Record 15<sup>e</sup></i>	
<b>Reference Number(s) of related Documents:</b>  Additional reference #'s on page _____ of document	
<b>Grantor(s)</b> (Last name, first name, initials) COOLISH, ROBERT J  Additional names on page _____ of document.	
<b>Grantee(s)</b> (Last name first, then first name and initials) COOLICH, DIXIE L  Additional names on page <u>2</u> of document.	
<b>Trustee</b>	
<b>Legal description</b> (abbreviated: i.e. lot, block, plat or section, township, range) LOT 8 OF WINDSONG ESTATES NO. 2, BOOK B OF PLATS, PG 105  Additional legal is on page <u>5</u> of document. <div style="text-align: right;"><i>Skamania County Assessor</i> Date <u>3-8-12</u> Parcel <u>2-7-20-422-408</u> <i>DN</i></div>	
<b>Assessor's Property Tax Parcel/Account Number</b> 02072042040800 <i>DN</i>	<input type="checkbox"/> Assessor Tax # not yet assigned
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein. USR / 77473247-01	

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]* \_\_\_\_\_ Signature of Requesting Party

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

Title Insurance Commitment No.: \_\_\_\_\_, County: \_\_\_\_\_  
56092811-1141175  
STATE OF Washington )  
SS:  
COUNTY OF Skamania )

The undersigned, Dixie L Coolich, executes this affidavit relating to the estate of Robert J Coolich (herein "Decedent"), who died on July 26, in the County of Skamania, State of Washington, then being a resident of the City of North Bonneville, County of Skamania, State of Washington.

(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 Dixie L Coolich - wife  
Address: P.O. Box 55 North Bonneville, WA 98039  
Name & relationship Christopher Coolich - son  
Address: P.O. Box 55 North Bonneville, WA 98039  
Name & relationship Emalee m Coolich - daughter  
Address: P.O. Box 55 North Bonneville, WA 98039  
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 Dixie L Coolich.
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_.
- 2. That on the date of death the Decedent was:
  - ☒ married to Dixie L Coolich.
  - ☐ 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 \$ 250,000.00, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ Ø, and including the value of Decedent's separate property, if any, of approximately \$ Ø, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ Ø.

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.

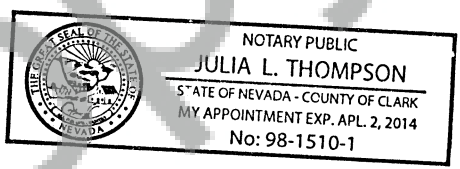
DATED: December 19, 20 11

Dixie L Coolich  
(Signature)

Dixie L Coolich  
(Print or type full name)

P.O. Box 55 (360) 931-8741  
(Full address and telephone number)

North Bonneville, WA 98039



SUBSCRIBED and SWORN TO before me this 19 day of December, 20 11

Notary Public in and for the State of Nevada, residing at Clark County, Las Vegas, NV

**Exhibit A**

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SKAMANIA, STATE OF Washington, AND IS DESCRIBED AS FOLLOWS:

LOT 8 OF WINDSONG ESTATES NO. 2, ACCORDING TO THE PLAT THEREOF, RECORDED IN BOOK "B" OF PLATS, PAGE 105, RECORDS OF SKAMANIA COUNTY, WASHINGTON.

EXCEPT ANY PORTION CONVEYED TO THE CITY OF NORTH BONNEVILLE BY DEED RECORDED UNDER AUDITOR'S FILE NO. 2006162057.

Parcel ID: 02 07 20 4 2 0408 00

Commonly known as 3208 Sunset Dr, North Bonneville, WA 98639  
However, by showing this address no additional coverage is provided

Skamania County Assessor  
Date 1/17/11 Parcel# 2-7-20-4-2-408  
YM



\*U02372953\*  
1632 1/4/2012 77473247/1



# 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		Robert Joseph Coolich				2. Death Date	
						July 26, 2010	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Male	44	Months Days	Hours Minutes		Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
June 13, 1966	Klamath Falls	Oregon		High School Graduate			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No, Not Hispanic				White		Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)					13b. City or Town		
3208 Sunset Drive					North Bonneville		
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country		13f. Zip Code + 4	13g. Inside City Limits?		
Skamania		Washington		98639-0055	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
7 Years		Married		Dixie Lee Buhl			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).				18. Kind of Business/Industry (Do not use Company Name)			
Quality Engineer				High Tech.			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Joseph Aloysius Coolich				Susan Evelyn Class			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Dixie Lee Coolich		Spouse		PO Box 55, North Bonneville, WA 98639			
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street or location)				Decedent's Residence - Hospice			
3208 Sunset Drive				26a. City, Town, or Location of Death 26b. State 27. Zip Code			
				North Bonneville WA 98639			
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Removal From State		Farnstrom Cremation Center		Keizer, Oregon			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Care Cremation Service, 10754 SE Highway 212, Clackamas OR 97015				July 29, 2010			
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) → Pancreatic Cancer							
Due to (or as a consequence of):							
Due to (or as a consequence of):							
Due to (or as a consequence of):							
Due to (or as a consequence of):							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
NA							
36. Manner of Death		39. If female		36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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				Apt. No.			
City or Town:				County:			
46. Describe how injury occurred				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. 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.				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 (Type or Print)				50. Hour of Death (24hrs)			
Dr. Teresa Hildebrand MD, 1000 SE Tech Center DR, #120, Vancouver				0914			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy)			
				7/27/2010			
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
Medical Doctor		031170				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received (mm/dd/yyyy)			
				07/28/2010			
59. Amendments							