

WHEN RECORDED RETURN TO:

JOHANNA B. CAZANIAS
190 NE RIDGECREST DRIVE
STEVENSON, WA 98648

REAL ESTATE EXCISE TAX

29460

MAR 22 2012

PAID - exempt
Vickie Chellard, Deputy
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)

LACK OF PROBATE AFFIDAVIT

REFERENCE NUMBER(S) of Documents assigned or released:

LOT 11 OF THE RIDGEVIEW TRACTS JBC

[] Additional numbers on page ____ of document.

GRANTOR(S):

THE LATE BARBARA C. BONVELCHIO

[] Additional names on page ____ of document.

GRANTEE(S):

JOHANNA B. CAZANIAS

[] Additional names on page ____ of document.

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

LOT 11 OF THE RIDGEVIEW TRACTS

[] Complete legal on page 5 of document.

TAX PARCEL NUMBER(S):

03753632020400 DW

[] 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, Johann B. Cazan, executes this affidavit relating to the estate of Barbara C. Bonvechio (herein "Decedent"), who died on July 7, 2007, in the County of St. Lucie, State of Florida, then being a resident of the City of Port St. Lucie, County of St. Lucie, State of Florida.

(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:) Sister

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

- spouse or registered domestic partner; and
- 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
- 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 Robert C. Bonvechio Brother Deceased September 3, 2010
Address: Palm Beach Gardens, Florida -Copy of Death Certificate Attached
Name & relationship Constance J. Bonvechio Widow of the late Robert
Address: 8622 Nashua Drive, Palm Beach Gardens, FL 33418
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 _____.
 - ☒ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was:
 - ☐ married to _____.
 - ☒ 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.

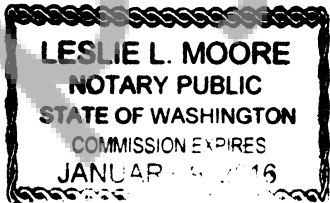
That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts 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): Present mortgage obligations

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 100,000., 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 \$ 80,000., and including the full value of .all other property, if any, held by the Decedent in joint tenancy of approximately \$ 20,000..

This affidavit is made to induce Columbia Gorge 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: 03/22, 20 12

Johann B. Cazan
(Signature)
Johann B. Cazan
(Print or type full name)
190 NE Ridgecrest Drive
(Full address and telephone number)
Stevenson, WA 98648



SUBSCRIBED and SWORN TO before me this 22nd day of March, 20 12
Leslie L. Moore
Notary Public in and for the State of
Washington, residing at Carson

Attachment to
SEPARATE PROPERTY AFFIDAVIT

Description of Real Property

Lot 11 of the Ridgeview Tracts, according to the recorded Plat thereof, recorded in Book "A" of Plats, Page 150, in the County of Skamania, State of Washington.

Together with an Easement for access as disclosed by instrument recorded July 13, 2004 in Auditors File No. 2004153669.

"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 3-22-12 Parcel 3-75-36-3-2-204
(15)

LAST WILL AND TESTAMENT

I, Barbara C. Bonvechio, presently residing at 1504 S.E. Royal Green Circle, C-207 in the city of Port St. Lucie, in the County of St. Lucie and State of Florida, being of sound and disposing mind, memory and understanding, do hereby make, publish and declare this to be me Last Will and Testament, namely:

FIRST: I do hereby revoke all previous testamentary dispositions by me made.

SECOND: I give, devise and bequeath absolutely and forever, all the rest, residue and remainder of my estate, whether real, personal or mixed property, and wheresoever situated that I may own or in which I may have a interest at the time of my death, unto my Sister, Johann B. Cazanias.

THIRD: I nominate, constitute and appoint my Sister, Johann B. Cazanias, as Executrix of this, my Last Will and Testament, and direct that no bond or other undertaking shall be required of her in this or any other jurisdiction or forum.

FOURTH: In the event my Sister, Johann B. Cazanias, shall not survive me, I give, devise and bequeath my entire estate unto my Nephew, Alexander Cazanias, as Executor and I direct that no bond or other undertaking shall be required of him in this or any other jurisdiction or forum.

FIFTH: In the event my Nephew, Alexander Cazanias shall not survive me, I give, devise and bequeath my entire estate unto my Brother, Robert Bonvechio, as Executor and I direct that no bond or other undertaking shall be required of him in this or any other jurisdiction or forum.

SIXTH: In the event of an accident or natural cause, I do not want to have my life sustained by artificial means. The decision maker in regard to this request shall be my Sister, Johann B. Cazanias. In the event of my death I want a simple cremation.

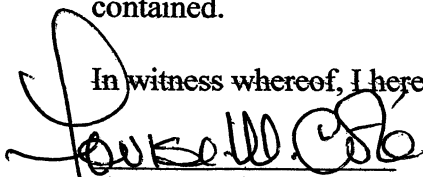
Witness my hand and seal this twenty second day of May 2006



Barbara C. Bonvechio

On this twenty second day of May 2006 before me, personally appeared Barbara C. Bonvechio, known to me to be the person whose name is subscribed to the within instrument and she acknowledged that she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.


Notary Public

Louise- M. Cote
Commission # DD540058
Expires August 11, 2010
Bonded Troy Fam Insurance, Inc 800-385-7019

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

TYPE IN
PERMITS
BLACK INK

LOCAL FILE NO.

FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) BARBARA C. BONVECHIO		2. SEX FEMALE
3. DATE OF BIRTH (Month, Day, Year) OCTOBER 6, 1940	4a. AGE-Last Birthday (Years) 66	4b. UNDER 1 YEAR Months _____ Days _____ Hours _____ Minutes _____
5. DATE OF DEATH (Month, Day, Year) JULY 7, 2007		
6. SOCIAL SECURITY NUMBER [REDACTED]	7. BIRTHPLACE (City and State or Foreign Country) VINELAND, NEW JERSEY	8. COUNTY OF DEATH SAINT LUCIE
9. PLACE OF DEATH (Check only one) HOSPITAL: _____ Inpatient _____ Emergency Room/Outpatient _____ Dead on Arrival NON-HOSPITAL: _____ Hospice Facility _____ Nursing Home/Long Term Care Facility _____ Decedent's Home _____ Other (Specify) _____		
10. FACILITY NAME (If not institution, give street address) 1504 SE ROYAL GREEN CIRCLE, BLDG C #207		11a. CITY, TOWN, OR LOCATION OF DEATH PORT SAINT LUCIE
12. MARITAL STATUS (Specify) Married _____ Married, but Separated _____ Widowed _____ Divorced _____ Never Married <input checked="" type="checkbox"/>		11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		
14a. RESIDENCE - STATE FLORIDA	14b. COUNTY SAINT LUCIE	14c. CITY, TOWN, OR LOCATION PORT SAINT LUCIE
14d. STREET ADDRESS 1504 SE ROYAL GREEN CIRCLE, BLDG C	14e. APT. NO. 207	14f. ZIP CODE 34952
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) FLIGHT ATTENDANT		15b. KIND OF BUSINESS/INDUSTRY AIRLINE
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White _____ Black or African American _____ American Indian or Alaskan Native (Specify tribe) _____ _____ Asian Indian _____ Chinese _____ Filipino _____ Japanese _____ Korean _____ Vietnamese _____ Other Asian (Specify) _____ _____ Native Hawaiian _____ Guamanian or Chamorro _____ Samoan _____ Other Pacific Isl. (Specify) _____		
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) _____ Yes (If Yes, specify) <input checked="" type="checkbox"/> No _____ Mexican _____ Puerto Rican _____ Cuban _____ Central/South American _____ Haitian		
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) _____ 8th or less _____ High school but no diploma _____ High school diploma or GED _____ _____ College but no degree _____ College degree (Specify): _____ Associate's _____ Bachelor's _____ Master's _____ Doctorate		
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? _____ Yes <input checked="" type="checkbox"/> No		
20. FATHER'S NAME (First, Middle, Last, Suffix) ROBERT BONVECHIO		21. MOTHER'S NAME (First, Middle, Maiden Surname) JOHANNA COSLOP
22a. INFORMANT'S NAME JOHANNA CAZANAS		22b. RELATIONSHIP TO DECEDENT SISTER
23a. INFORMANT'S MAILING - STATE WASHINGTON		
23b. CITY OR TOWN STEVENSON	23c. STREET ADDRESS 190 NE Ridgecrest Drive	23d. ZIP CODE 98648
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) ALL COUNTY CREMATORY		25a. LOCATION - STATE FLORIDA
25b. LOCATION - CITY OR TOWN LAKE WORTH		
26a. METHOD OF DISPOSITION Burial _____ Entombment _____ <input checked="" type="checkbox"/> Cremation _____ Donation _____ Removal from state _____ Other (Specify) _____		
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee) FE 6308
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 		28. NAME OF FUNERAL FACILITY ALL COUNTY FUNERAL HOME & CREMATORY
29a. FACILITY'S MAILING - STATE FLORIDA		
29b. CITY OR TOWN STUART	29c. STREET ADDRESS 1010 NW FEDERAL HIGHWAY	29d. ZIP CODE 34994
30. CERTIFIER: <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.		
31a. (Signature and Title of Certifier) 		31b. DATE SIGNED (mm/dd/yyyy) 7/9/07
32. TIME OF DEATH (24 hr.) 1730		33. MEDICAL EXAMINER'S CASE NUMBER
34a. LICENSE NUMBER (of Certifier) 34b. CERTIFIER'S NAME ALAN COLLINS, M.D.	35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
36a. CERTIFIER'S - STATE FLORIDA	36b. CITY OR TOWN STUART	36c. STREET ADDRESS 501 S.E. OSCEOLA STREET
36d. ZIP CODE 34994		
37. SUBREGISTRAR - Signature and Date 		38a. LOCAL REGISTRAR - Signature Linda N. Cruso DR
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) July 10, 2007		

Linda N. Cruso DR 7/17/07

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

OH FORM 1947 (08/04)

33758673

CERTIFICATION OF VITAL RECORD



* 3 3 7 5 8 6 7 3 *



* 3 7 2 0 4 6 8 1 *