AFN #2012180423 Recorded 04/09/2012 at 02:46 PM DocType: MULTI Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 6 Auditor Timothy O. Todd Skamania County, WA

> REAL ESTATE EXCISE TAX 29479

> > APR -9 2012

**AFTER RECORDING MAIL TO:** 

Name

Akeksandr Fesik

**Address** 

729 NE 117th Avenue

City/State

Portland, OR 97220

Sept 32/85 **Document Title(s):** 

Certificate of Death/ Lack of Probate

Reference Number(s) of Documents Assigned or released:

**Grantor(s):** 

1. Fesik, Natalya

2.

[

] Additional information on page of document

Grantee(s):
1. The Public Fes. K. A/eKSANDR

2.

[

] Additional information on page of document

Abbreviated Legal Description: 5230, 72N, R5E

Tax Parcel Number(s):

02053000130500

[  $m{6}$  ] Complete legal description is on page of document

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.

AFN #2012180423 Page: 2 of 6

## AFFIDAVIT LACK OF PROBATE

File No: <b>4283-1693389</b> (	JH)		Date: <b>April 02, 2012</b>	<u>!</u>
STATE OF Washington	n ) )-ss.			
COUNTY OF Skamania	)			
ALEKSANDS	Fesik			
being first duly sworn, depo	ses and says:			
decedent)		,,	(relationship to	
of <u>HafaLya</u>			(decedent	t
who died on	10	_ (date of death), at	Wahougal 71 Parda Ro	_
State of Wal	, then being a	legal resident of	71 Parda Ro	-
CLATK	(Count	y), Wa	(State) .	
AFFIANT M	JST PROVIDE A DI	EATH CERTIFICAT	E OF DECEDENT	
2. Check the	appropriate box belo	ow:	- A	
[ ] Decedent	and surviving spouse		inity Property Agreement dated of which is attached hereto; or	
[ / ] Decedent	left no last Will; or			
	left a last Will which I hereto; or	has not been proba	ted nor revoked; a copy of which	ch
[ ] Decedent	left a last Will which		County, State of an Order Admitting Will to	of
Probate, D hereto.	ecree of Distribution	or equivalent court	documentation is attached	
	brothers and sisters		dopted children, children of an surviving parents are as	<b>y</b>
IVAN FESIK	34	SON 45	Shied all along 11/	
(full name)	(age)	(relationship) SPTIN	194840210104 AV 194824 140 85810	,

File No.: <b>4283-1693389 (JH)</b>	Affidavit Lack of	Probate - continued		Date	: 04/02/2012
AF KatoyN Chubare	OV 32	Baughte	r 4	3645 H	1020day
Yulian Alexsandrovna	(age)	(relationship)	SPITNG,	r∉∠d (residence)	MO65810
yley NicideN	33	Baughter	4610	NE /15	AV Portland
(full name)	(age)	(relationship)	OR	97 (residence)	
YEGOT FESIK	25	SON	4610	NE 115	AV Portland
(full name)	(age)	(relationship)	OR	of y (pesidence)	•

- 4. All the debts of the decedent's 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:
- 5. The decedent [ ] had [ X ] 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 decedent was approximately \$\_\_\_\_\_\_. The value of all separate property of decedent was approximately \$\_\_\_\_\_\_.
- 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 policy or 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.

AFN #	2012	1804	423	Page:	4	of	6
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STATE OF	Washington	)
		)-ss
COUNTY OF	Skamania	)

I certify that I know or have satisfactory evidence that **Aleksandr Fesik** is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this

instrument.

Dated:

JAN M. HAROLDSON NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JANUARY 1, 2016

Jan M. Haroldson

Notary Public in and for the State of Washington

Residing at: Vancouver, WA My appointment expires: 1/1/2016 AFN #2012180423 Page: 5 of 6

Sex (MMF)  4a. Age Jast Birthday 45, U Female  54  Birthdate  8a Birthplace (City		July	9, 2010	
Female 54 Monti				14.72
	hs Days Hours	Day 5. Social Sacurity Nu Minutes	mber 6.1	County of Death Skaman1a
June 23, 1955	y, Fown, or County) 8b. (State or For		ducation hool Gradua	
0. Was Decedent of Hispanic Origin? (Yes or No.)	If yes, specify: 11. Dece	edent's Race(s) White	and f	12, Was Decedent ever in U.S. Armed Forces? NO
3a. Residence: Number and Street (e.g., 624 SE 5	th St.) (Include Apt. No.)		13b. City or To	wn
	n Avenue Reservation Name (if applicable) 13		13f. Zip Code + 4	
Multnomah  4. Estimated length of time at residence.   15. Ma		Oregon i. Súrviving Spouse's Name (Give name		Mayés □No □Un
7. Usual Occupation (Indicate type of work done during	Married ng most of working life. (DO NOT USE RE	Aleksandr G. Fe	31K Do not use Company Nan	ne)
Homemaker  9. Father's Name (First, Middle, Last, Suffix)		Own Hot 20. Mother's Name Before Firs	ne	
Unknown		Nina Aleksan	lrovna Zhur	)a
1. Informant's Name Aleksandr G. Fesik		failing Address: Number and Street or RFD 610 NE 115th Avenue	Portland,	State Zip Oregon 97220
4. Place of Death, if Death Occurred in a Hospital:		Place of Death if Death Occurred S		
5. Facility Name (If not a facility, give number & street 371 Panda Road	or location)	26a. City, Town, or Lo Washouga		27. Zip Code VA 98671
8. Method of Disposition 29. Pla	ace of Final Disposition (Name of ce	metery, crematory, other place)	30. Location-City/	- N. H. S. B. B. B. S.
1. Name and Complete Address of Funeral Facil		Oreg	n 97202 32.	
Wilhelm's Portland Memor: 3. Funeral Director Signature X  Much	tal Funeral Home o	7UD SE 14th Ave., r	ortiand,	July 13, 2010
4. Enter the chain of events – diseases, injuries,	Cause of Death (S	See Instructions and examples) sused the death. DO NOT enter termi	nal events such as ca	
4. Enter the <u>chain of events</u> – diseases, injuries, entricular fibrillation without showing the etiology	Cause of Death (s, or complications — that directly cause of Do NOT ABBREVIATE. Add ac	aused the death. DO NOT enter terminational lines if necessary.	nal events such as ce	Interval between Onset & Death
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AFN #2012180423 Page: 6 of 6

## EXHIBIT 'A'

A tract of land in the Southwest Quarter of the Northeast Quarter of Section 30, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows:

Lot 2 of the CURTIS SHORT PLAT, recorded in Book 3 of Short Plats, Page 324, Skamania County Records.

Skamania County Assessor

Date 4-9-12 Parcell 2-5-30-0-0-1305