

REAL ESTATE EXCISE TAX

29479

AFTER RECORDING MAIL TO:

Name Akeksandr Fesik
Address 729 NE 117th Avenue
City/State Portland, OR 97220

APR - 9 2012

PAID *exempt*
Nike Chelland
SKAMANIA COUNTY TREASURER

SRR 32185

Document Title(s):

- 1. 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. *Fesik, ALEKSANDR*
- 2.

[] Additional information on page of document

Abbreviated Legal Description: *Sec 30, T2N, R5E*

Tax Parcel Number(s):

02053000130500

[*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.

AFFIDAVIT
LACK OF PROBATE

File No: 4283-1693389 (JH)

Date: April 02, 2012

STATE OF Washington)
)-ss.
COUNTY OF Skamania)

Aleksandr Fesik
being first duly sworn, deposes and says:

1. That the undersigned Affiant is the Husband (relationship to decedent)
of Natalya Fesik (decedent name),
who died on 07 09 10 (date of death), at Wahouga (City),
State of wa, then being a legal resident of STI Panda Rd (City),
CLARK (County), WA (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; or
- [☒] Decedent left no last Will; or
- [] Decedent left a last Will which has not been probated nor revoked; a copy of which is attached hereto; or
- [] Decedent left a last 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 decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows:

HEIRS AT LAW

IVAN FESIK 34 SON 4364 Holiday AV
(full name) (age) (relationship) (residence)
Springfield MO 65810

File No.: 4283-1693389 (JH)Affidavit Lack of Probate - continuedDate: 04/02/2012

AFKatryn Chubarov32Daughter4364 S Holiday Ave
UleyJuliana Aleksandrova33Daughter4610 NE 115 AV Portland
Uley Nikiden33Daughter4610 NE 115 AV Portland
Yegor Pesik25SON4610 NE 115 AV Portland

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 \$ 365,000 . 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.

NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
JANUARY 1, 2016

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Natalya Kyzminichna Fesik				2. Death Date July 9, 2010	
3. Sex (M/F) Female	4a. Age - Last Birthday 54	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Skamania
7. Birthdate June 23, 1955	8a. Birthplace (City, Town, or County) -		8b. (State or Foreign Country) Tadzikistan		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.) 4610 NE 115th Avenue				13b. City or Town Portland	
13c. Residence: County Multnomah		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Oregon	13f. Zip Code + 4 97220
14. Estimated length of time at residence. 11 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Aleksandr G. Fesik	
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) Unknown				20. Mother's Name Before First Marriage (First, Middle, Last) Nina Aleksandrovna Zhurba	
21. Informant's Name Aleksandr G. Fesik		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 4610 NE 115th Avenue, Portland, Oregon 97220	
24. Place of Death, if Death Occurred in a Hospital: Other - Home				25. Facility Name (If not a facility, give number & street or location) 371 Panda Road	
26a. City, Town, or Location of Death Washougal				26b. State WA	27. Zip Code 98671
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Forest Lawn Cemetery		30. Location-City/Town, and State Gresham, Oregon	
31. Name and Complete Address of Funeral Facility Wilhelm's Portland Memorial Funeral Home 6705 SE 14th Ave., Portland, Oregon 97202				32. Date of Disposition July 13, 2010	
33. Funeral Director Signature <i>Michael C. Acker</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. colon cancer				Interval between Onset & Death 22 months	
Due to (or as a consequence of):				Interval between Onset & Death	
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				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
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				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 type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street: Apt. No. 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. <i>Rebecca L. Orwoll</i>				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) Rebecca L. Orwoll, MD 5050 NE Hoyt, Ste 1250 Portland, OR 97213				50. Hour of Death (24hrs) 0630	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 07/12/2010	
53. Title of Certifier MD		54. License Number MD00041370		55. Certifier 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) 07/14/2010	
59. Amendments					

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 Parcel# 2-5-30-00-1305
Ym

Unofficial
Copy