

WHEN RECORDED RETURN TO:

PATRICIA A. SPENCER  
P.O. Box 946  
Washougal, wa. 98671

REAL ESTATE EXCISE TAX

29626

JUL - 9 2012

PAID

exempt

Vickie Chelland  
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)

Lack of probate affe

REFERENCE NUMBER(S) of Documents assigned or released:

[ ] Additional numbers on page \_\_\_\_ of document.

GRANTOR(S): Edmund C. Spencer

[ ] Additional names on page \_\_\_\_ of document.

GRANTEE(S): Patricia A. Spencer

[ ] Additional names on page \_\_\_\_ of document.

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

S19, T2N, R5E

[ ] Complete legal on page 4 of document.

TAX PARCEL NUMBER(S): 02051900130700

G.S. 7/5/12

[ ] 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 \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS:

The undersigned, PATRICIA A. SPENCER, executes this affidavit relating to the estate of Edmund C. SPENCER (herein "Decedent"), who died on 6-26-2011, in the County of SKAMANIA, State of Washington then being a resident of the City of Leavenworth, 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 CHRISTOPHER CHARLES SPENCER (SON)  
Address: 4520 NE 412th Ave. WAASHONGA, WA 98671  
Name & relationship CONSTANCE MARIE STEPHENS DAUGHTER  
Address: 1112 N.E. 109th St. VANCOUVER WA 98125  
Name & relationship CREEY ANN SPENCER DAUGHTER  
Address: 420 KOCIA St BARABO, WI. 53913  
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 PATRICIA SPENCER
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_.
2. That on the date of death the Decedent was:
  - ☒ married to PATRICIA SPENCER
  - ☐ 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: 7-5, 2012

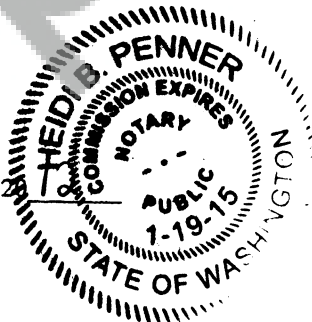
Patricia A. Spencer  
(Signature)

PATRICIA A. SPENCER  
(Print or type full name)

P.O. Box 946 391 Harder Rd.  
(Full address and telephone number)  
Washougal, WA 98671

SUBSCRIBED and SWORN TO before me this 5 day of July

Heidi B. Penner  
Notary Public in and for the State of Washington  
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 Edmund C. Spencer				2. Death Date 06/26/2011							
3. Sex (M/F) Male		4a. Age - Last Birthday 72		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number [REDACTED]		6. County of Death Skamania	
7. Birthdate 10/15/1938		8a. Birthplace (City, Town, or County) Port Jervis		8b. (State or Foreign Country) New York		9. Decedent's Education Associate Degree					
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? Yes			
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 391 Harder Rd.								13b. City or Town Washougal			
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98671		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Usual Occupation: length of time at residence. 32 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Patricia Ann Stephens							
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Chief of Security & Law Enforcement				18. Kind of Business/Industry (Do not use Company Name) U.S. Government							
19. Father's Name (First, Middle, Last, Suffix) Edmund Corey Spencer				20. Mother's Name Before First Marriage (First, Middle, Last) Loretta Fern Fahey							
21. Informant's Name Patricia Spencer		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip P.O. Box 946, Washougal, WA 98671							
24. Place of Death, if Death Occurred in a Hospital: 391 Harder Rd.				24. 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) 391 Harder Rd.				26a. City, Town, or Location of Death Washougal		26b. State WA		27. Zip Code 98671			
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 Straub's Funeral Home 325 NE 3rd Ave. Camas, WA 98607								32. Date of Disposition 06/28/2011			
33. Funeral Director Signature X <i>Ced [Signature]</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) → <i>End stage renal disease</i>											
Due to (or as a consequence of): <i>End stage cardiac disease</i>											
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 <i>Myocardial infarction, with new 60% stenosis of left anterior descending artery</i>											
Due to (or as a consequence of): <i>Atrial Fibrillation</i>											
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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 checked="" type="checkbox"/> Unk			
45. Location of Injury: Number & Street: City or Town: County: 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)			
46. Describe how injury occurred											
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. x <i>Nadia Davis</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) <i>Nadia Davis 12607 SE Mill Plain Blvd, WA 98684</i>								50. Hour of Death (24hrs) 1455			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)								52. Date Signed (MM/DD/YYYY) 6/27/2011			
53. Title of Certifier <i>M.D.</i>		54. License Number <i>MD000461</i>		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) 06/28/2011			
59. Amendments											

88754

BOOK 76 PAGE 695



First American Title  
INSURANCE COMPANY

Filed for Record at Request of

Name SENTRY GUARANTEE & ESCROW, INC.

Address P.O. Box 1849

City and State Vancouver, WA 98663

REGISTERED  
INDEXED: DIR.  
RECORDED:  
FILED

COMPTON RECORDING SERVICE  
I HEREBY CERTIFY THAT THE WITHIN INSTRUMENT OF WRITING, FILED BY First American Title Co. OF Vancouver, WA AT 1:45 P.M. June 15, 1979 WAS RECORDED IN BOOK 76 PAGE 695 RECORDS OF SKAMANIA COUNTY, WASH.  
SP Till  
COUNTY AUDITOR

88754

AUDITOR FOR

SK 11502  
245-19-1387

Statutory Warranty Deed

THE GRANTOR RICHARD E. SPENCER AND CAROLYN L. SPENCER, husband and wife

for and in consideration of TEN AND NO/100 (\$10.00) DOLLARS AND OTHER CONSIDERATIONS

in hand paid, conveys and warrants to EDMUND C. SPENCER AND PATRICIA A. SPENCER, husband & wife

the following described real estate, situated in the County of SKAMANIA, State of Washington:

The East 165 feet of the West 660 feet of the North half of the Southwest quarter of Section 19, Township 2 North, Range 5 East of the W.M.;

Also known as Lot 4 of David and Jennette Palmer's short plat, recorded March 8, 1977 in Book I of Short Plats, page 69, Auditor's file No. 83826, records of Skamania County, Washington.

County Auditor in conformity with County Auditor's Division Ordinance - By: Skamania County Auditor - By: H



Skamania County Assessor  
Date 7/5/12 Parcel# 2-5-19-1387  
CS 6772

Amount Paid 2.140.00  
By William J. Gorman  
Skamania County Treasurer

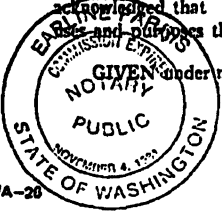
Dated this 4th day of June, 19 79.

Richard E. Spencer (SEAL)  
Richard E. Spencer  
Carolyn L. Spencer (SEAL)  
Carolyn L. Spencer

STATE OF WASHINGTON, } ss.  
County of CLARK

On this day personally appeared before me RICHARD E. SPENCER AND CAROLYN L. SPENCER

to me known to be the individual s described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the



GIVEN under my hand and official seal this 11th day of June, 19 79.

Eleanor James  
Notary Public in and for the State of Washington,  
residing at Vancouver.

215 2317

(4)