AFN #2012181068 Recorded 07/12/2012 at 10:38 AM DocType: ALP Filed by: DUANE L. HUBER Page: 1 of 10 Auditor Timothy O. Todd Skamania County, WA

WHEN RECORDED RETURN TO:

5-71

REAL ESTATE EXCISE TAX

	10.00
Duane L. Huber	29637
P.O. Box 772	JUL 1 2 2012
Carson Wa 98610	RATO CHEMPT A NOTE
Caron ag 1000	The Classical Matter
	SKAMANIA COUNTY TREASURER
	SKAMANIA COCKET THE SECOND
DOCUMENT TITLE(S)	
Lack of Probate Affi	davit
REFERENCE NUMBER(S) of Documents assigned or releas	red:
[] Additional numbers on page of document.	+ (/ >
GRANTOR(S):	
Carolyn R. Huber	
J	
[] Additional names on page of document.	
GRANTEE(S):	
Duane L. Huber	
[] Additional names on page of document. LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or .	Continue Township Roman Quarters
LEGAL DESCRIPTION (Abbreviated: I.e. Lot, Biock, Plat of)	Tourn stud 3
All that pertion of Section 17,	Section S, Range 8
	Attached
[] Complete legal on page of document.	***
030817300 90000 ym	
[] Additional parcel numbers on page of document.	
The Auditor/Recorder will rely on the information provided on the	is form. The staff will not read the document to
verify the accuracy or completeness of the indexing information.	

AFN #2012181068 Page: 2 of 10

EXHIBIT "A"

A tract of land located in the South Half of the Northeast Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, described as follows:

Beginning at the Northwest corner of the South Half of the Northeast Quarter of the Southwest Quarter of the said Section 17; thence South 416 feet; thence East 208 feet; thence North 416 feet; thence West 208 feet to the point of beginning.

TOGETHER with a Non-exclusive easement for Access Road across the North 25 feet of the South Half of the Northeast Quarter of the Southwest Quarter of said Section 17, recorded in Book 64, Page 574.

Skamania County Assessor

Date 7-/2./2 Parcell 3-8-/7-3-0-9 00

w

AFN #2012181068 Page: 3 of 10

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

Title Insurance Commitment No.:	, County:
STATE OF WAShington	
COUNTY OF Skening)	
of Carolyn R. Huber (her	executes this affidavit relating to the estate
the County of Hand River, State of Or.	the best of the best of the Comment
CArson, County of Ska	then being a resident of the City of
(A copy of the death certificate is attached hereto.)	Maniac , State of Co/4.
The undersigned, being first duly sworn, on oath deposes	
That the undersigned is (check one):	and says:
· · · · · · · · · · · · · · · · · · ·	
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 ins	trument creating a joint tenancy with a right of
survivorship identified in that certain deed recor	ded on[mm/dd/yyyy], under
Recording No, in	County, Washington
other (identify:)	,, ,
That the heirs at law and next of kin of the decedent are a list if necessary): Name & relationship Name & relationship	the of any predeceased child or adopted child (if the the undersigned has listed below all of the ters of decedent); and the ters at law if the decedent had not been married in the date of death: It is all parties, using the reverse side or attaching the control of the terms o
LACK OF PROBATE AFFIDAVII – STATE OF WASHINGTON (5/08) (COMMUNITY PROPERTY, SEPARATE PROPERTY, JOINT TENANCY PROBE	PAGE 1 OF 3

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: That on the date the Real Estate was purchased the Decedent was: married to Dugne L. Huber. unmarried, not a registered domestic partner unmarried, a registered domestic partner of 2. That on the date of death the Decedent was: married to Duane L. Huber 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 . (if unrecorded, attach a copy) County recording number ___ 4. That the decedent's estate is not being probated. That the decedent's estate is subject to probate proceedings in County, State _, under Probate No. _ 5. X 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. A 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

Lack of Probate Affidavit – State of Washington (5/08) (Community property, Separate Property, Joint Tenancy Property)

AFN #2012181068 Page: 4 of 10

AFN #2012181068 Page: 5 of 10

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	f decedent; all of the expenses of
Decedent's last illness, funeral and burial; promissory notes; installment con	ntracts and mortgages; and state
and federal succession taxes upon Decedent's estate, if applicable) have bee	n paid in full, except as follows
(use reverse side or attach a list if necessary):	
· · · · · · · · · · · · · · · · · · ·	
That the value of the Decedent's extens at data of death, including all male and	nomenal property was
That the value of the Decedent's estate at date of death, including all real and p	
approximately \$, including the value of community property	
surviving spouse or domestic partner, if any, of approximately \$	
Decedent's separate property, if any, of approximately \$	
.all other property, if any, held by the Decedent in joint tenancy of approximat	ely \$
This affidavit is made to induceTITLE I	NSURANCE COMPANY (the
Company) to insure real property covered by the Company's commitment for	and the second s
above, in which Decedent held an interest at the time of the Decedent's de	eath. The undersigned urges the
Company to issue its policy of title insurance in full reliance upon the repr	esentations set forth herein. The
undersigned, for himself/herself and for the undersigned's heirs, executors an	d administrators, indemnifies the
Company or any other person, including a purchaser of the Real Estate, for a	any loss arising from reliance on
any misstatement of fact herein.	-
DATED: 7-/2 ,20/2	
DATED. 1	
(Signature)	
Duane L. Hubrr	
(Print or type full name)	
P.O. Box 772 CArson, was 98610 (Full address and telephone number)	
(7 ил иши г. или гегерионе питьег)	WILLIE A AND
SUBSCRIBED and SWORN TO before me this 12 day of July	20 / 2 Sound Mission Of Market
All Maria	TO NO A THE PLANE
Notary Public in and for the State of Washington, residing at	SE/ PICE (NEW PORTE)
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	Walliam A TON
	ASHINGTON =
LACK OF PROBATE AFFIDAVIT – STATE OF WASHINGTON (5/08) (COMMUNITY PROPERTY, SEPARATE PROPERTY, JOINT TENANCY PROPERTY)	OTATE OF 3 OF 3
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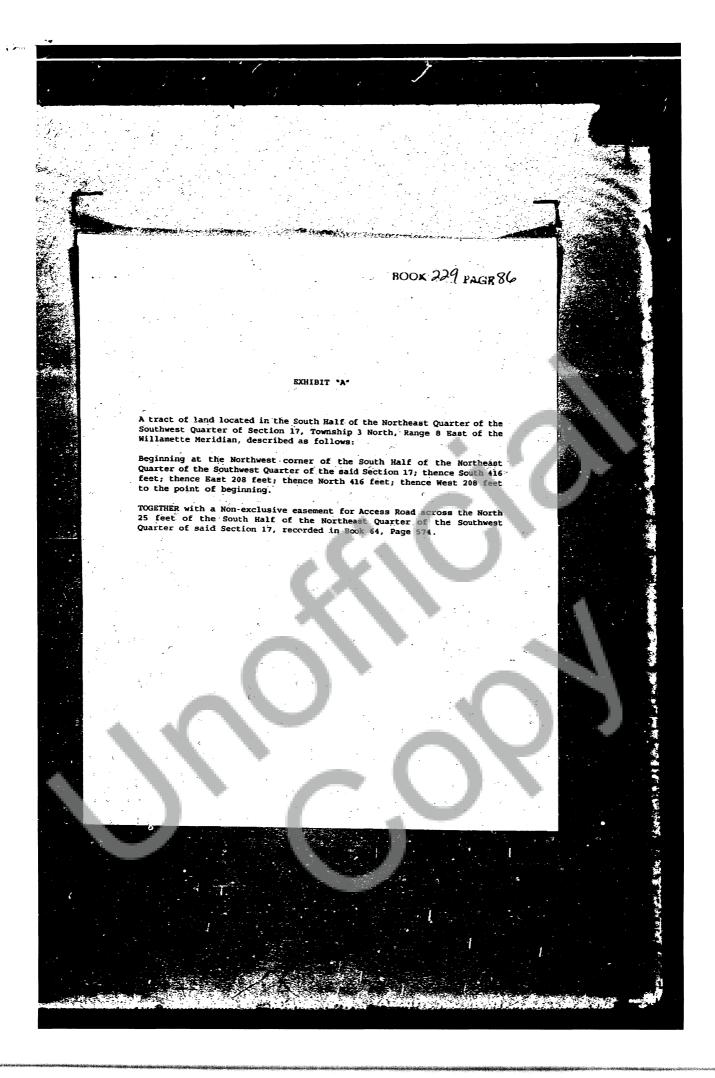
AFN #2012181068 Page: 6 of 10

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			Times -		
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	MANUFACTURED HOME		SHOLE IDENTIFICATION NUMBER (VM)		
	\$71347 1979 2 LAND	BRKFD 70 X 28	2546AB DESCRIPTION ON PAGE _3		
	MANUFACTURED HOME WILL BI		PEAL PROPERTY TAX PARCEL NUMBER 03-08-17-3-0-0900-00	1. //1	
	LOT . BLOCK .:	PLAT NAME	SECTION! OWNSHIP/PANGE	* # I	
	GRANTOR(S) REGISTERECAL COUNTY MARGER	EGAL OWNER(S) ADDITION MARKER OF REGISTERED OWNERS	S17, T3N, R8E	انسارا	
	30 NAME OF REGISTERED OWNER	2	NUMBER OF LEGAL OWNERS		
	Duane L. Huber			36.	
	Carolyn R. Huber	city		7	
	PO BOS 77	2 C-150%	STATE EMPCODE A 976/0		
7-44	Greenpoint Mortgage	Funding, Inc.			
	ADDRESS	any			
	777 Post Oak Blvd.		TX 77056		
	DEPARTMENT OF LICENS	TNO			
	IDO SOLEMNLY ATTEST UNDER VEHICLE AND THIS INFORMATION		MARE THE REGISTERED OWNER(S) OF THIS	-	
		wher and Title, IF APPLICABLE	one L. Lel.		
	Signature of Additional Registered D HOTARY SEAL OR STANF	wierand Title, IF APPLICABLE	arolyn of Suller		
	Notary Public Su	potWashington/	FOR REGISTERED OWNER(S) SIGNATURE Signed or attested		
	State of Washington, AMES R COPELAND, 18,	County of 3/Cartan		3	
	MY COMMISSION EXPIRES	INT NAME OF REGISTERED OWNER	Signature Sid 7 Mel T		
	September 13,2003 by	IN NAME OF REGISTERED OWNER	FRINTED NAME OF NOTARY COUNTY/DECA NO. OF		
	TITLE COMPANY CERTIFICATE	EALERSHEP POSTTONIAGERT MOTARY	AND: County/Office No. Off 9 • / 7 - 0 Notery Expiration Date	Z	
	I contify that the legal description of the NAME (TYPED OR PRINTED)	land and ownership is true and correct p	or the real property records.	-	
	SIGNATURE / POSITION				
	Profes this application with a Lice	Mino Agent within 10 coloreday days	the date Till Company Representative - 3ns.		3
	Lawrence Management	and home has been detailed as			
	MAKE (TYPED OR PRINTING)	nil has been issued for this purpose and to supply property of the purpose and to supply the purpose of the pur	he attachment will be inspected upon completion.		
	Marlon Morat	509-427-9			
	Mala Mar	Bulging In	pector 8-30-02		
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AFN #2012181068 Page: 7 of 10

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	Signature of Legal Own	mand Tide, !FAPPLICABLE	180		
	Signature of Additional Legal Own	erand Title, IF APPLICABLE			
	NOTARY SEAL OR STAMP	THOTARIZATION/CERTIFICA	ATION FOR LEGAL OWNER(S) SIGNATURE		
	'l`	County of HARR	Signed or attested before me on	14-02	
	NOEL G. PHILLIPS HY COMMISSION EXPIRES	, Phillip Michae	L'Moni		
	August 31, 2004	PRINT NAME OF LEBAL OWNER	Alone Contract		
		PRINT NAME OF LEGAL OWNER	PRINTED NAME OF TOTARY		
		JE DEALERSHIP POSITION/AGENT/MOTARY	AND: Oseler No. OR Notary Expiration Date	-31-64	
	LAND DESCRIPTION (A logs	description of the land can be obtain	ned from the local County Assessor's Office		
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		E 20			
	8 DEALER'S REPORT OF SAL				
		ATION IS CORRECT, THE VEHICLE IS IAS BEEN COLLECTED.	CLEAR OF ENCUMBRANCES EXCEPT AS	SHOWN	
	DEALER NAME (TYPED OR PRINTED)		WA DEALER NUMBER DATE OF SALE		
	PURCHASE PRICE TAX JUR	SDICTION TAX RATE DEALER'S AUTHOPIZED	SIGNATURE		
	USE TAX EXEMPT Sale	to a Certified Tribal member on the reser	valion (attach notarized statement of delivery).		
	I confly that the above application as	REPRESENTE CEPTICE APPROVAL : (NA)	for use by Subagants) nd the applicant has sufficient documentation top		6.1
	the recording of this form. NAME (TYPED OR PRINTED)			Pocesid with	
	Anapla Mas	e _y	COUNTY OFFICE/VFS OFFINTON NUMBER		
	COLAR ON	1082	Onte 9-1-0)	
	PLING FEE APPLICATION				
		- The state of the	TON FEE USE TAX SUBAGENT	PEES /	2
			TOTAL PER	Sarex	
	IMPORTANT: Orce th				
		e application has been approved big Office, take your application form			数
		roof of the recording feet paid. If I jinal application form, obtain a cer			
	APPLICANTS:	Once recorded you must return to	y a Vehicle I invenion office to first		*
		Manufactured Home Application, p Scensing subspens charge a serv	DEVIDO All requirer! force Vehicle		39
	For full instructions of	O completion this farm has Title CE.	40 - 43		7
	or Transfer in Locati	on, see form TD-420-730, Manufac	stured Home Application Instructions.		3
		The Department of Licensing	has a policy of providing equal access to its se	rvices.	· ·
	TO 400 730 MANUE HOME APPL (RESIDENCE	Page 2 of 2	cal (360) 902-3600 or TDO (360)	664-8005.	i i
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AFN #2012181068 Page: 9 of 10

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NT IN H100341	· · · · · · · · · · · · · · · · · · ·		TH AUTHORITY ALTH STATISTICS			
IX INK. LD. TAG NO.		CERTIFICAT	E OF DEATH	130-	STATE FILE NUMBER	 1
1. Legal Name First (Include AKAs, if any) Caroly	Middle yn Rae	HUBER		Suffix	May 6, 2012	
3. Sex (MF) 4a. Age-Laste Female 60		r 4c, Under 1 Day Hours Minutes	5. Social Security Nur	mber	6. County of Death Hood River	
7. Birthdate (MON DO YYYY) 8:	n. Birthplace (Cayronn or Cou Glendive	mty) 8tb.	(State or Foreign Country) Ontana		Decedent's Education Ligh School Graduate	
10. Was Decedent of Hispanic On No.	igin? (Yes or No. 11 yes, specify.)	11. Decedent's Race White			L. Was Decedent Ever in ☐ Yes U.S. Armed Forces? 第 No	
13. Residence: Number and Str	and the control of the control	194 - A	14. City/Town Carson		18. Inside City Limits?	
202 Fuller Road 15. Residence County Skamania 19. Marital Status at Time of Dec	Washin		17. Zip Code + 4 98610 at or wislowed, give name prior to first m		☐ Yes ☑ No ☐ Unknown	_
Married 21. Usual Occupation (micros type	D	uane Huber			IO NOT USE COMPANY NAME)	
Homemaker			Own Hom	le		1 11
Darmond Lavor Car	1801 26. Telephone Num	her 27. Relation to De	Ruth Delila	Gaub		_
Duane Huber	509-427-57	06 Husband	PO Box 7	72 Carso	n, WA 98610	_
29. Piace of Death Inpatient-Hospita 31. Location of Death (Give address	<u>L</u>		me ace Hood River I n or Location of Death	Memorial 33. State	Hospital 34. Zip Code +4	_
31. Location of Death (Glor address 810 12th St. 35. Method of Disposition	36. Place of Dis	Hood Ra	LVET prestory, or other place) 37. LOCAL	OR	97031	_
Removal From State 38. Name and Complete Address	e Columbia	River Cremat	tory White	e Salmon.	Washington	
Gardner Funeral He	ome 1270 N. Ma	in Ave./POB 3	390 White Salmo	1. WA 98	672 icense Number	
May 8, 2012	1 +	The K	Date Received MION DO YYYY	RR64	Local File Number	
22 Registrar's Signature	nom	43.	MAY 1 5 2012		63-2012	
45. Repord		7.34		- 1	~	
48. Was case referred to Medica			e autopsy findings available	to complete the o	ause of death? 49. Time of Death	
☐ Yes □No		CAUSE OF DEATH (Se	e instructions and exemples.)	ITER TERMINAL	EVENTS such Approximate Inter	va i:)
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MAY 1 5 2012 DATE ISSUED: ___

JENNIFER A. WOODWARD, Ph.D. STATE REGISTRAR



MARRIAGE RECORD

No. 1274

	marriage	Licens	P	
STATE OF MONTANA, \ County of Prairie, \ \ \}				
To Any Person Autho	rized to Solemnize M:	arriages, Greeti	ng:	
	join in lawful wedlock and cele	brate within this Co	unty the rites and cere	monies of Marriage
between Duane L.			. a man whose color is	•
whose residence is 7 allos	v, montana			
Il lendine, Mi	antana - august			
and who has set been	- 1			
John Phile	p Theber	(0 . 0	.His mother's Christian an	nd Maiden name was
- Dulda al	vina Miller and	mili	Mae (alles	~
a woman, whose color is while	lendine, Montan	//		
is years, born at _A			ho has enct bee	
			Her father's Christian an	
Raymond)	Geroy Caelson			er mother's Christian
and Maiden name was Rect				
legally competent to enter into such	contract of marriage. And this she	all be your yood and s	ufficient warrant therefor	
	IN WITNESS WHEREOF,			
			my hand and official seal	
(SEAL)	day of		er A.D.	
•	- 4	Dougl	hed Carlson	District Court.
	•	Ву		
		K . //	-	Deputy.
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	Marriage (Lertificate		
STATE OF MONTANA, } ss. County of Prairie, }		1		— —
	licer	nel min	·	
This is to Certify, That	the undersigned, a		ister	······································
did, on the	day of Bour			A. D., 1969, at
join in lawful wedlock. Dele	ane L. Tuler	in t	he said County of Prairie a	md State of Montana,
and Carolin Pac	Carlson		with	their mutual consent.
In the Pres			_	
Robert W. Re	ed (Wiinesses		
Maximal He	10-20	***************************************	,	
77 - 00 - 11 - 10 - 10 - 10 - 10 - 10 -			r	
	1470	Daziem (z.)	. 19	
Witness my hand this	day of	R. R.	19 <u>.</u>	
	14 Th any of 7	seo ofu	Signature only)	Officiating.
and the second s	The state of the s	otusalin ir usta sen — gar dens vingumm	randran vilkelija (r. 1. s. broj Graja (r. 1. s. vilkelija)	nath is statistic through the state
Filed for Record this 187	h day of So	vember	19 6 9	
	,	Dorah.e	d Carlson	
		The state of the s	Clark	District Count