

\$-11

WHEN RECORDED RETURN TO:

Duane L. Huber
P.O. Box 772
Carson wa 98610

REAL ESTATE EXCISE TAX
29632
JUL 12 2012
PAID exempt
Vicki Chelland
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)
Leak of Probate Affidavit

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):
Carolyn R. Huber

☐ 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 Section, Township, Range, Quarter):
All that portion of Section 17, ^{Township 3, Range 8} ~~Section~~

☐ Complete legal on page _____ of document. See Attached

TAX PARCEL NUMBER(S):
03081730090000 Jm

☐ 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.

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 7-12-12 Parcel# 3-8-17-3-0-900

SN

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, Duane L. Huber, executes this affidavit relating to the estate of Carolyn R. Huber (herein "Decedent"), who died on May 6 2012, in the County of Heard River, State of Oregon, then being a resident of the City of Carson, WA, County of Skamania, State of WA.

(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	<u>Duane L. Huber</u>	<u>Spouse</u>
Address:	<u>P.O. Box 772 202 Fuller Rd Carson WA 98610</u>	
Name & relationship	<u>Michelle E. Frink</u>	<u>Daughter</u>
Address:	<u>1637 Truckee Way Woodland Ca. 95695</u>	
Name & relationship	<u>Brandee Huber</u>	<u>Daughter</u>
Address:	<u>P.O. Box 719 202 Fuller Rd Carson, WA 98610</u>	
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 Duane 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 _____ 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: 7-12, 20 12

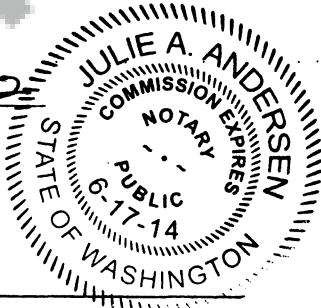
Duane L. Huber
(Signature)

Duane L. Huber
(Print or type full name)

P.O. Box 772 Carson, WA 98610
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 12 day of July, 20 12

Julie A. Andersen
Notary Public in and for the State of
Washington, residing at Carson



145852

BOOK 229 PAGE 84

FILED
SKAGAMIA CO. WASH
SEP 6 1 47 PM '02
J. MICHAEL BALLIGAN

RETURN ADDRESS

STATE OF WASHINGTON Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 48.12.210)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1. MANUFACTURED HOME					
TPD / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
771347	1979	BRKFD	70 X 28	2546AB	
2. LAND					
LEGAL DESCRIPTION ON PAGE 3					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
LOT				REAL PROPERTY TAX PARCEL NUMBER	
BLOCK				03-08-17-3-0-0900-00	
PLAT NAME				SECTION/TOWNSHIP/RANGE	
				S17, T3N, R8E	
3. GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		2		1	
NAME OF REGISTERED OWNER					
Duane L. Huber					
NAME OF ADDITIONAL REGISTERED OWNER					
Carolyn R. Huber					
ADDRESS					
10 802 772 City WA 97610					
NAME OF LEGAL OWNER					
Greenpoint Mortgage Funding, Inc.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
777 Post Oak Blvd. #700 Houston TX 77056					
GRANTEE					
NAME					
DEPARTMENT OF LICENSING					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I AM AWARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE Duane L. Huber					
Signature of Additional Registered Owner and Title, IF APPLICABLE Carolyn R. Huber					
NOTARY SEAL OR STAMP		NOTARIZATION CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
Notary Public State of Washington JAMES R COPELAND, JR. MY COMMISSION EXPIRES September 13, 2003		State of Washington County of Skamania Signed or attested before me on July 10, 2002 Signature of Notary or Agent James R. Copeland Jr. PRINTED NAME OF NOTARY Title Notary County/Office No. OR Dealer No. OR Notary Expiration Date 9-17-03			
TITLE COMPANY CERTIFICATION					
I certify that the legal description of the land and ownership is true and correct per the real property records.					
NAME (TYPED OR PRINTED)					
TITLE COMPANY / PHONE NUMBER					
SIGNATURE / POSITION					
DATE					
Present this application with a Licensing Agent within 10 calendar days of the date of Company Representative's signature.					
BUILDING PERMIT OFFICE CERTIFICATION					
I certify that:					
<input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED)					
509-427-9484					
BUILDING PERMIT #					
BUILDING INSPECTOR					
DATE 8-30-02					

BOOK 229 PAGE 86

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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 54, Page 574.

CERTIFICATION OF VITAL RECORD

3
TYPE OR
PRINT IN
PERMANENT
BLACK INK.

H100341

I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (First, Middle, Last, Suffix) Carolyn Rae HUBER				2. Death Date (MM/DD/YYYY) May 6, 2012	
3. Sex (M/F) Female	4a. Age - Last Birthday 60	4b. Under 1 Year Months: 0 Days: 0	4c. Under 1 Day Hours: 0 Minutes: 0	5. Social Security Number [REDACTED]	6. County of Death Hood River
7. Birthdate (MM/DD/YYYY) Jan. 8, 1952		8a. Birthplace (City/Town, or County) Glendive		8b. (State or Foreign Country) Montana	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				13. Residence: Number and Street (e.g., 123 SE 5th Street, Apt. No. 8) 202 Fuller Road Skamania	
14. City/Town Carson		15. Residence Country Washington		16. State or Foreign Country Washington	
17. Zip Code + 4 98610		18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		19. Marital Status at Time of Death Married	
20. Spouse's Name (if married or widowed, give name prior to first marriage.) Duane Huber		21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Homemaker		22. Kind of Business/Industry (DO NOT USE COMPANY NAME) Own Home	
23. Father's Name (First, Middle, Last, Suffix) Raymond Leroy Carlson		24. Mother's Name Prior to First Marriage (First, Middle, Last) Ruth Delila Gaub		25. Informant's Name Duane Huber	
26. Telephone Number 509-427-5706		27. Relation to Decedent Husband		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) PO Box 772 Carson, WA 98610	
29. Place of Death Inpatient-Hospital		30. Facility Name Providence Hood River Memorial Hospital		31. Location of Death (Give address) 810 12th St.	
32. City/Town or Location of Death Hood River		33. State OR		34. Zip Code + 4 97031	
35. Method of Disposition Removal From State		36. Place of Disposition (Name of cemetery, crematory, or other place) Columbia River Crematory		37. Location White Salmon, Washington	
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672					
39. Date of Disposition (MM/DD/YYYY) May 8, 2012		40. Funeral Director's Signature <i>[Signature]</i>		41. OR License Number RR64	
42. Registrar's Signature <i>[Signature]</i>		43. Date Received (MM/DD/YYYY) MAY 15 2012		44. Local File Number 063-2012	
45. Record Amendment					
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. Time of Death 1310					
CAUSE OF DEATH (See instructions and examples.)					
50. 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.					
Final disease or condition resulting in death →		IMMEDIATE CAUSE End Stage Heart Failure		Approximate Interval: Onset to Death Years	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓			
		Due to (or as a consequence of) ↓			
		Due to (or as a consequence of) ↓			
		Due to (or as a consequence of) ↓			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Chronic obstructive pulmonary disease, COPD, Hypertension, HTN					
52. 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		53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)					
60. Describe how injury occurred.					
61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) James Brauer 1021 June St. Hood River, OR 97031					
63. Name and Title of Attending Physician (If Other than Certifier)					
64. Title of Certifier Physician		65. License Number 15304 Oregon		66. Date Signed (MM/DD/YYYY) 05/08/2012	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>					
68. Medical Examiner - 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.					
69. Record Amendment					

ORIGINAL - VITAL RECORDS COPY

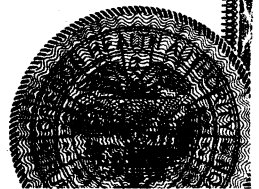
45-2 (01/11)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED:

MAY 15 2012

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR



MARRIAGE RECORD

No. 1274

Marriage License

STATE OF MONTANA, } ss.
County of Prairie,

To Any Person Authorized to Solemnize Marriages, Greeting:

You are hereby authorized to join in lawful wedlock and celebrate within this County the rites and ceremonies of Marriage between Duane L. Huber a man whose color is white whose residence is Fallon, Montana; whose age is 19 years; born at Glendive, Montana - August 28, 1950 and who has not been previously married. His father's Christian and Surname is was John Philip Huber His mother's Christian and Maiden name was Hulda Alvina Miller and Carolyn Rae Carlson a woman, whose color is white; whose residence is Ferry, Montana; whose age is 17 years, born at Glendive, Montana - January 8, 1952 and who has not been previously married. Her father's Christian and Surname is was Raymond Leroy Carlson Her mother's Christian and Maiden name was Ruth Delila Haub both parties being legally competent to enter into such contract of marriage. And this shall be your good and sufficient warrant therefor.

IN WITNESS WHEREOF,

(SEAL)

I have herunto set my hand and official seal this 13 day of November A. D. 1967.

Borghild Carlson
Clerk District Court.

By _____ Deputy.

Marriage Certificate

STATE OF MONTANA, } ss.
County of Prairie,

This is to Certify, That the undersigned, a licensed minister did, on the 14th day of November A. D., 1967, at Ferry, Montana in the said County of Prairie and State of Montana, join in lawful wedlock Duane L. Huber and Carolyn Rae Carlson with their mutual consent.

In the Presence of

Robert W. Reed
Norma Heleman } Witnesses

Witness my hand this 14th day of November 1967.
Rev. Rudy Hauck
(Signature only) Officiating.

Filed for Record this 18th day of November 1967.
Borghild Carlson
Clerk District Court.