

WHEN RECORDED RETURN TO:
Wanda K Dawdy-Wirths
PO Box 794
Carson, WA 98610

DOCUMENT TITLE(S)
Lack of Probate AFFIDAVIT

REFERENCE NUMBER(S) of Documents assigned or released:

REAL ESTATE EXCISE TAX
29743
OCT - 8 2012
PAID exempt
Vicki Chellard DePinto
SKAMANIA COUNTY TREASURER

☐ Additional numbers on page _____ of document.

GRANTOR(S):
Raymond J Wirths

☐ Additional names on page _____ of document.

GRANTEE(S):
wanda K Dawdy Wirths

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
LOT 3, DE GIBBORE SHORT PLAT, a replat of lots 6+7 of CARSON VALLEY PARK

☒ Complete legal on page 6 of document.

TAX PARCEL NUMBER(S):
03 0817 40 4500 00 AUP

☐ 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 Washington)

SS:

COUNTY OF Skamania)

The undersigned, Wanda K Dawdy-Wirtns, executes this affidavit relating to the estate of Raymond Joseph Wirtns (herein "Decedent"), who died on May 24, 2010, in the County of Skamania, State of Washington then being a resident of the City of Carson, 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 Deborah Evans - daughter
Address: PO Box 65, Cascade Locks, OR 97014
Name & relationship Lisa Hoffman - daughter
Address: 2561 Pleasant Dr, San Diego, CA 92123
Name & relationship Robert Fletcher - Son
Address: 13255 Plum Tree Lane #24, Poway, CA 92064
Name & relationship Ann Marie Helgstad - daughter
Address: 1546 W. Chanticleer Rd, Anaheim, CA 92802
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 Wanda K Dawdy-Wirtus
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to Wanda K Dawdy-Wirtus
 - ☐ 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 \$ 150,000, 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: 10/4, 2012

Wanda K Dawdy-Wirths
(Signature)

WANDA K DAWDY-WIRTHS
(Print or type full name)

102 VINE MAPLE LODGE RD
(Full address and telephone number)

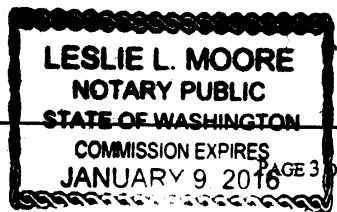
CARSON WA 98610 509-460-1508

SUBSCRIBED and SWORN TO before me this 4th day of October, 2012



Notary Public in and for the State of Washington
Washington, residing at Carson

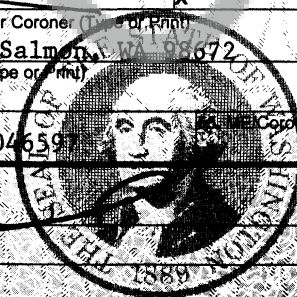
Leslie L Moore

LACK OF PROBATE AFFIDAVIT – STATE OF WASHINGTON (5/08)
(COMMUNITY PROPERTY, SEPARATE PROPERTY, JOINT TENANCY PROPERTY)



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1. Legal Name (include AKA's if any) First Middle LAST Raymond Joseph WIRTHS				2. Death Date May 24, 2010	
3. Sex (M/F) Male	4a. Age - Last Birthday 75	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate Oct. 23, 1934		8a. Birthplace (City, Town, or County) Jamaica	8b. (State or Foreign Country) New York	9. Decedent's Education GED	
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 5 th St.) (Include Apt. No.) 102 Vine Maple Loop Road				13b. City or Town Carson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98610
14. Estimated length of time at residence. 8 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Wanda Kay Sheldon	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Foreman				18. Kind of Business/Industry (Do not use Company Name) Gas and Electric Company	
19. Father's Name (First, Middle, Last, Suffix) Raymond V. Wirths				20. Mother's Name Before First Marriage (First, Middle, Last) Margaret Mallory	
21. Informant's Name Wanda Wirths		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 794 Carson, WA 98610	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence				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) 102 Vine Maple Loop Road				26a. City, Town, or Location of Death Carson	26b. State WA
27. Zip Code 98610				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 Gardner Funeral Home 1270 N. Main Ave./PO Box 390 White Salmon, WA 98672				32. Date of Disposition May 27, 2010	
33. Funeral Director Signature 					
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. Congestive Heart Failure				Interval between Onset & Death 30 Days	
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 b. Ischemic Cardiomyopathy				Interval between Onset & Death 3 Years	
Due to (or as a consequence of):				Interval between Onset & Death	
c. Diabetes Type II, Chronic Kidney Disease				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
d. Diabetes Type II, Chronic Kidney Disease				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Diabetes Type II, Chronic Kidney Disease				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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY) May 24, 2010		42. Hour of Injury (24hrs) 12:00		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Home	
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" 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 Slipped on stairs					
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. X					
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. X					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Troy Witherrite PO Box 1519 White Salmon, WA 98672				50. Hour of Death (24hrs) 1210	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) May 27, 2010	
53. Title of Certifier MD		54. License Number 252-09-00046597		55. Medical Examiner File Number	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature 					
58. Date Received (MM/DD/YYYY) MAY 27 2010					
59. Amendments					



DOH-CHS 003 Rev. 07/2007
CHS Form 003 (5/99)

142065

BOOK 213 PAGE 696

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Chris Day*

AUG 20 4 14 PM '01

U. S. District
AUDITOR

GARY M. OLSON

REAL ESTATE EXCISE TAX

Filed for Record at request of: 21711

Christopher R. Lanz
Attorney at Law
P.O. Box 848
Stevenson, WA 98648

AUG 21 2001
PAID \$6,216.00
Raymond, D. Pelt
SKAMANIA COUNTY TREASURER

Supervisor ☒
Auditor ☒
Recorder ☒
Clerk ☒
Notary ☒

Real Estate Contract

1. **Parties and Date:** This contract is entered into on the 6th day of August, 2001, between GEORGE D. DeGROOTE and GLORIA Z. DeGROOTE, Trustees of the DeGROOTE FAMILY TRUST, hereinafter referred to as SELLER and RAYMOND JOSEPH WIRTHS and WANDA K. DAWDY-WIRTHS, husband and wife, hereinafter referred to as PURCHASER.
2. **Sale and Legal Description:** SELLER agrees to sell to PURCHASER and PURCHASER agrees to purchase from SELLER the following described real estate in Skamania County, Washington:

Lot 3, DeGROOTE SHORT PLAT, a replat of lots 6 & 7 of CARSON VALLEY PARK, Sec. 17, T3N, R8E, W.M., according to the plat thereof as recorded on Book 3, Page 40 of Short Plats, Records of Skamania County, Washington, including a 30-foot radius circular drive way easement from the southeast corner of lot 2.

Tax Lot No.: 03 08 17 40 4500 00

Gary H. Martin, Skamania County Assessor

Date 8/20/2001 Parcel # 3-8-17-44500
ADT 3 2001

3. (a) **Price:** PURCHASER agrees to pay:

Total Purchase Price

\$ 95,000.00

Skamania County Assessor
Date 10/4/12 Parcel # 3-8-17-44500

Less Down Payment

\$ 40,000.00

Results in Amount financed by SELLER

\$ 55,000.00

- (b) **Payment of Amount Financed by Seller:** PURCHASER agrees to pay the sum of FIFTY-FIVE THOUSAND and 00/100 Dollars (\$55,000.00) as follows:

FIVE HUNDRED, TEN and 00/100 Dollars (\$510.00), or more at PURCHASER's option on or before the fifth (5th) day of September, 2001, and a like amount or more at PURCHASER's option each and every month thereafter on

COPY

1 LAST WILL AND TESTAMENT
2 OF
3 RAYMOND JOSEPH WIRTHS

4 I, RAYMOND JOSEPH WIRTHS, a resident of Yuma County,
5 State of Arizona, hereby make, publish and declare this as and to
6 be my Last Will and Testament, hereby revoking all Wills and
7 Codicils by me heretofore made.

8 FIRST: I declare that I am the husband of WANDA K.
9 DAWDY-WIRTHS and that I have no children.

10 SECOND: I give, devise and bequeath all of my
11 property, real and personal, of whatsoever nature and wheresoever
12 situate, which I shall own or otherwise have the right to dispose
13 of by will at the time of my death to my wife, WANDA K. DAWDY-
14 WIRTHS.

15 THIRD: In the event that my wife, WANDA K. DAWDY-
16 WIRTHS, shall fail to survive me, then I give, devise and
17 bequeath all of the property enumerated and described in Article
18 SECOND above in equal shares to my step-children, ROBERT E.
19 FLETCHER, LISA LYNN POLAKOFF, and DEBORAH EVANS. In the event
20 that any of my step-children predecease me, then I give his or
21 her share to his or her issue by right of representation. In the
22 event that any of my step-children predecease me leaving no
23 issue, then I give his or her share to those persons named in
this paragraph who do survive me.

FOURTH: I nominate and appoint my wife, WANDA K.

JENSEN & IRWIN
ATTORNEYS AT LAW
888 W. 16TH STREET
YUMA, ARIZONA 85364-0602

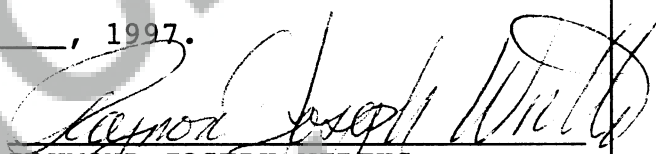
JENSEN & IRWIN
ATTORNEYS AT LAW
888 W. 16TH STREET
YUMA, ARIZONA 85364-0602

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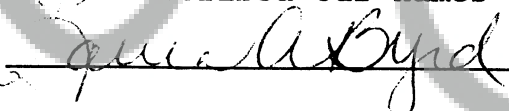
DAWDY-WIRTHS, as Personal Representative, and alternatively, if
for any reason she should fail to qualify or cease to act as
such, ROBERT E. FLETCHER as Alternate Personal Representative of
this, my Last Will and Testament.

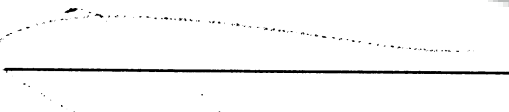
My Personal Representatives shall have all of
the powers and rights granted by law under Arizona Revised
Statutes, Section 14-3715, or any amendments thereto, in
connection with the settlement of my estate. My Personal
Representative and Alternate Personal Representative shall be
permitted to qualify and act as such without bond or other
security in any jurisdiction.

IN WITNESS WHEREOF, I have hereunto set my hand this
_____ day of April, 1997.


RAYMOND JOSEPH WIRTHS

The foregoing instrument, consisting of two (2) pages,
including this page, was at the date hereof by the said RAYMOND
JOSEPH WIRTHS, the Testator, signed, published and declared to be
his Last Will and Testament, in the presence of us who, at his
request and in his presence and in the presence of each other,
have subscribed our names as witnesses thereto.

 residing at 2236 E. 27th St.
Yuma, Arizona

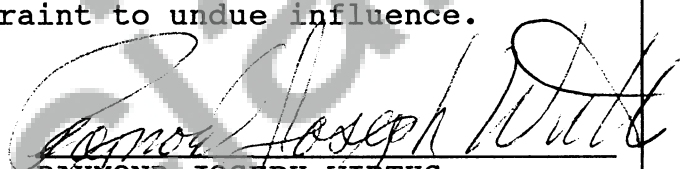
 residing at 2431 W 5th St.
Yuma, Arizona

JENSEN & IRWIN
ATTORNEYS AT LAW
888 W. 16TH STREET
YUMA, ARIZONA 85364-0602

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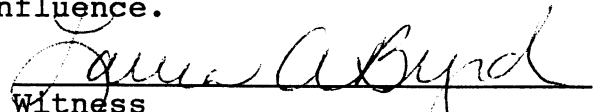
STATE OF ARIZONA)
) ss.
County of Yuma)

I, the testator, sign my name to this instrument this
15th day of April, 1997, and being first duly
sworn, do hereby declare to the undersigned authority that I sign
and execute this instrument as my Last Will and Testament and
that I sign it willingly or direct another to sign for me, and
that I execute it as my free and voluntary act for the purposes
therein expressed, and that I am eighteen years of age or older,
of sound mind, and under no constraint to undue influence.


RAYMOND JOSEPH WIRTHS

We, Laura A. Byrd and Jay R. Irwin

the witnesses, sign our names to this instrument, being first
duly sworn, and do hereby declare to the undersigned authority
that the testator signs and executes this instrument as his Last
Will and Testament and that he signs willingly or willingly
directs another to sign for him, and that each of us, in the
presence and hearing of the testator, signs this will as witness
to the testator's signing, and that to the best of our knowledge,
the testator is eighteen years of age or older, of sound mind,
and under no constraint or undue influence.

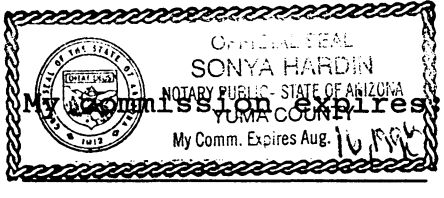

Witness

Witness

JENSEN & IRWIN
ATTORNEYS AT LAW
888 W. 16TH STREET
YUMA, ARIZONA 85364-0602

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SUBSCRIBED AND SWORN to before me this 15th day of
April, 1997, by RAYMOND JOSEPH WIRTHS, Laura A. Byrd
and Jay R. Irwin.



Sonya Hardin
Notary Public

Unofficial Copy