

Return Address:

IRMA D Houston
PO Box 757
Stevenson WA
98648

REAL ESTATE EXCISE TAX

29837
DEC - 4 2012

PAID *[Signature]*
Nicole Chellera
SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained herein: <i>Lack of Probate Affidavit, Statutory Warranty Deed</i> <i>Death Cert, Will, Best Chain Deed</i> <i>ff</i>	
GRANTOR(S) (Last name, first name, middle initial) <i>Howard E Houston</i>	
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial) <i>IRMA D Houston</i>	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) <i>Attached</i>	
<input type="checkbox"/> Complete legal on page _____ of document.	
REFERENCE NUMBER(S) of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER <i>03-07-36-1-4-1400-00</i>	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel numbers on page _____ of document. <i>Jm 12-4-12</i>	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	
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.	
Company Name:	
Signature/Title:	

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, IRMA Houston, executes this affidavit relating to the estate of Howard E Houston (herein "Decedent"), who died on 10/25/12, in the County of Skamania, State of WA, then being a resident of the City of Stevenson, 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):

- Spouse => Name & relationship Holly Dubrasich (Daughter)
Address: 33861 Totem Pole Rd Lebanon, OR 97355
- Name & relationship IRMA D Houston (Wife)
Address: 155 NW Jordan Rd, PO Box 757, Stevenson WA 98648
- Name & relationship Heather Houston (Daughter)
Address: 9039 SW 36th Ave, Portland OR 97219
- Name & relationship Honey O'Connor (Daughter)
Address: 3831 SW Alice St Portland OR 97219
- Name & relationship Dennis Houston (Stepson)
Address: 155 Jordan Rd, PO Box 757, Stevenson WA 98648

Over

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 IRMA Houston.
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was:
 - ☐ married to IRMA Houston.
 - ☐ 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 \$ 115,000, 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: 12/4/, 2012

Irma D. Houston
(Signature)

IRMA D. Houston
(Print or type full name)

PO Box 757, 155 Jordan Rd.
(Full address and telephone number)

STEVENSON WA 98648 5094274216

SUBSCRIBED and SWORN TO before me this 4TH day of DEC, 2012

Lisa M Austin
Notary Public in and for the State of
Washington, residing at STEVENSON
COUNTY OF SKAMANIA

LISA M AUSTIN
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
FEBRUARY 15, 2015

Copy

WILL
OF
Howard E Houston

I, Howard E Houston residing in Stevenson, Skamania County, Washington, being of lawful age and sound mind, and not acting under any duress, menace, fraud, or undue influence, revoke all my former Wills and Codicils and declare that this is my Will.

I am married at this time to Irma Houston. My children are my biological daughters Holly Dubrasich (Lebanon, OR), Heather Houston, (Portland, OR), Honey O'Connor (Portland, OR), and my stepchildren; Richard Doble (Deceased), Dennis Houston (Stevenson, WA), Daniel Doble, (Irvine, CA), David Doble, (Portland, OR), and Roberta Bragan, (Limington, ME).

My wife, Irma Houston and I are executing wills at approximately the same time in which each is the primary beneficiary of the other. All of our financial assets are held as "Joint Ownership with Right of Survivorship". Therefore, all assets and personal possessions upon my death will be the property of my wife.

These will are not being made because of any contractual agreement between us, and either will may at any time be revoked by either maker at the sole discretion thereof.

I appoint my wife, Irma Houston, as independent personal representative of my will. If she is unable or unwilling to act, or to continue to act, as personal representative of my will, I then appoint David E Doble as personal representative of my will.

No bond or other security of any kind shall be required of any personal representative in this will.

In addition to all other powers conferred upon a Personal Representative by law, he/she shall have all the powers as regards a trustee and without the need for notice, hearing, Court authorization, instructions, approval or confirmation.

I direct that my personal representative to finalize all financial issues which include but not limited to the sale of assets such as real estate if any; accessing and closing accounts such as any financial institutes. I direct that my personal representative pay all of my outstanding bills, costs and expenses of last illness, debts and expenses of administration, with available funds. It is understood that my personal representative will not be expected to pay any of the above out of his/her own money.

I direct my personal representative after finalizing my financial affairs, any remaining funds be shared equally among my surviving children; namely; Holly Dubrasich, Dennis Houston, Heather Houston, Roberta Bragan, Honey O'Connor, Daniel Doble and David Doble.


If my wife, Irma precedes me in death, then I direct my personal representative to settle all financial duties as outlined above. However, with regard to my personal possessions and memorabilia I request that my personal representative work with my daughter Holly Dubrasich to make decisions as to the distribution of said personal possessions and memorabilia.

My final wishes with regard to disposition of my body have been made known in a separate document. I sincerely request that my wishes be respected.

Governing Law

The interpretation and construction of any provision of my Will shall be governed by the laws of the State of Washington as of my date of death. If any provision of my Will is unenforceable, its remaining provisions shall remain in full effect.

IN WITNESS WHEREOF, I have signed my Will:

On June 4, 2011
At Stevenson, WA 9864

Howard E Houston


Attestation & Declaration under Penalty of Perjury

In accordance with RCW 9A.72.085, each of us declares under penalty of perjury under the laws of the State of Washington that the following is true and correct:

1. I am of legal age and competent to be a witness to a Will.
2. The Testator appears to me to be of legal age and sound mind and not acting under any duress, menace, fraud, or undue influence.
3. On the date and at the place shown immediately above, in my presence and in the presence of the other witnesses, the Testator declared this document to be his/her Will, requested me and the other witnesses to act as witnesses to his/her signing of the Will, and then signed the Will.
4. Immediately thereafter and at the Testator's request, I and the other witnesses signed the Will as witnesses in the presence of the Testator and each other, on the date and at the place shown immediately above the Testator's signature.

Signature

Erica Jessel
Witness to Testator's Will



Witness to Testator's Will

Witness to Testator's Will

Printed Name & Address

Erica Jessel
120 NW Jordan Rd
Stevenson, WA 98648

DENNIS HOUNSTON
PO BOX 757
STEVENS, WA 98648

103668

BOOK 106 PAGE 368



First American Title
INSURANCE COMPANY

Filed for Record at Request of

Name L. EUGENE HANSON, Attorney at Law.
Address P. O. Box 417
City and State White Salmon, WA 98672

THIS SPACE RESERVED FOR RECORDER'S USE.

FILED FOR RECORD
BY SKAMANIA CO. TITLE

AUG 14 12 12 PM '87
AUDITOR
GARY M OLSON

SK-14591
03-07-36-1-4-1400-00

Statutory Warranty Deed

THE GRANTOR, HELEN C. CARLETON, a widow,

for and in consideration of TEN DOLLARS and other good and valuable consideration

in hand paid, conveys and warrants to HOWARD E. HOUSTON and IRMA DOBLE-HOUSTON, husband and wife,
as joint owners with right of survivorship,
the following described real estate, situated in the County of Skamania, State of Washington:

Commencing at the Southeast corner of Lot 3 of STEVENSON PARK ADDITION according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington; thence West 214 feet along the Southerly line of the said Lot 3 to the initial point of the tract herein described; thence West along the Southerly line of the said Lot 3, 186 feet; thence North 150 feet to the North line of the said Lot 3; thence East along the North line of said Lot 3, 186 feet to a point North of the initial point; thence South 150 feet, more or less, to the initial point; EXCEPT the South 15 feet thereof deeded to Skamania County for Jordan Road by Deed recorded June 12, 1968 in Book 59 on page 134.

SUBJECT TO easement, including its terms, covenants and provisions in favor of Stevenson Water Company, as recorded in Book V, at page 274, for water pipelines.

Transaction in compliance with County Auditor's Affidavit.
Skamania County Auditor - By: *DM*

Skamania County Auditor 11491
Date 12-4-12 Parcel# 3-7-36-1-4-1400 REAL ESTATE EXCISE TAX
AUG 14 1987
LM PAID 120.60
Mark W. Wilson
SKAMANIA COUNTY TREASURER, 19 87.

Dated this 8th day of August

Helen C. Carleton
HELEN C. CARLETON (SEAL)

OREGON
STATE OF OREGON
County of Marion

On this day personally appeared before me HELEN C. CARLETON

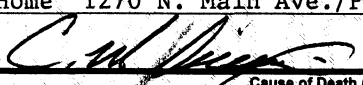
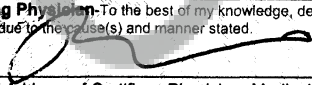

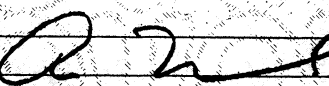
to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.



WA-26

and official seal this 8th day of August, 19 87.
Registered S
Indexed, OK
Filed 7
James M. White
Notary Public in and for the State of Oregon,
residing at Woodburn, therein.
My Commission Expires: 8-19-88

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST				2. Death Date	
Howard Edwin Houston				10/25/2012	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
Male	87	Months	Days		Skamania
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)	9. Decedent's Education	
10/17/1925	Haverhill		Massachussetts	Doctor of Jurisprudence	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes
No			White		
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town	
155 Jordan Rd.				Stevenson	
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Skamania		Washington	98648		
14. Estimated length of time at residence.		15. Marital Status at Time of Death	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)		
26 Years		Married	Irma Irene Robertson		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).			18. Kind of Business/Industry (Do not use Company Name)		
Lawyer			Law		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
Leon Rex Houston			Lizzy Florence Carleton		
21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Holly Dubrasich	Daughter	33862 Totum Pole Rd. Lebanon, OR 97355			
24. Place of Death, if Death Occurred in a Hospital:			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)			26a. City, Town, or Location of Death	26b. State	27. Zip Code
155 Jordan Rd.			Stevenson	WA	98648
28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State		
Cremation	Columbia River Crematory		White Salmon, Washington		
31. Name and Complete Address of Funeral Facility			32. Date of Disposition		
Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672			10/30/2012		
33. Funeral Director Signature X 					
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) → Myocardial Infarction					
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					
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?	37. Were autopsy findings available to complete the Cause of Death?
None				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death		39. If female		40. Did tobacco use contribute to 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		<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		<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.			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 			X 		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner			50. Hour of Death (24hrs)		
Rosie Palisson 12607 SE Mill Plain Blvd. WA 98684			1400		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy)		
			10/29/2012		
53. Title of Certifier	54. License Number	55. File Number	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Physician	MD4774				
57. Registrar Signature			58. Date Received (mm/dd/yyyy)		
X 			10/30/2012		
59. Amendments					