

WHEN RECORDED RETURN TO:
BOYD, GAFFNEY, SOWARDS, MCCRAY & TREOSTI
ATTN: CAROLYN CRAIG, LEGAL ASSISTANT
PO BOX 5
BATTLE GROUND, WA 98604

REAL ESTATE EXCISE TAX

29934
FEB 12 2013

PAID *account*
Victor Celler
SKAMANIA COUNTY TREASURER



CHICAGO TITLE COMPANY

32645

DOCUMENT TITLE(s)

1 LACK OF PROBATE AFFIDAVIT

Order Number: 002085874

2

3

4

REFERENCE NUMBER(s) OF DOCUMENT ASSIGNED OR RELEASED:
☐ Additional reference numbers on page _____ of document

GRANTOR(s):

1 ~~MELVIN E. DOETSCH~~

2 *Marken's*

3

☐ Additional names on page _____ of document

GRANTEE(s):

1 *Doetsch, Melvin E*

2

3

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION:

Lot-Unit: 1 Block: Volume: 3 Page: 109

Section: Township: Range: Portion:

Plat Name: M. DOETSCH SHORT PLAT

☐ Complete legal description is on page 5 of document

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(s):

02-06-35-0-0-0200-00 *(V)*

☐ Additional Tax Accounts are on page _____ of document

Note: This cover sheet is prepared to conform to the requirements of Chapter 143, Laws of 1996. Nothing on this sheet alters the names, legal description or other information in the attached document. The only purpose of this cover sheet is to assist the auditor in indexing the document in conformance with statute.

The 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 provided herein.

COVER2/RDA/0999

Property	Approximate Value
Presumptively One-half share of community property	\$50,000
Separate property	\$ -0-
Total	\$50,000

5. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full.

6. Federal Estate Tax.

Decedent's estate was not liable for federal estate tax.

7. Washington Estate Tax.

Decedent's estate was not liable for Washington estate tax.

8. Washington Assistance.

Decedent was not liable for repayment for subsistence or medical care to the state of Washington.

9. Purpose of Affidavit. I am making this Affidavit to induce in reliance on the representations made in this Affidavit, to issue one or more policies of title insurance on the real property passing to me, as Decedent's surviving spouse, because the real property was Decedent's and my community property.

Dated: 01/28/13

Melvin E. Doetsch
MELVIN E. DOETSCH, AFFIANT

SUBSCRIBED & SWORN TO before me on: 1-28-13

LISA S MITCHELL
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
FEBRUARY 01, 2013

Lisa S Mitchell
Printed Name: Lisa Mitchell
Notary Public in and for the State Washington
Of Washington, residing at: Stevenson
My Commission expires: 2/1/2013

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

43

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Marlene Middle: Sue Last: DOETSCH				2. SEX (M / F) Female		3. DEATH DATE (Mo. Day, Yr) November 13, 2000									
4. AGE LAST BIRTHDAY (Yrs) 66		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		7. BIRTHDATE (Mo. Day, Yr) 12/24/1933		8. BIRTHPLACE (City, State or Foreign Country) Spokane, WA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Skamania					
11. CITY, TOWN OR LOCATION OF DEATH Skamania				12. PLACE OF DEATH— <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 82 Wahclella Rd.						13. SMOKING IN LAST 15 YEARS? (Yes / No) No					
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Melvin Edgar Doetsch				16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 2 College (1-4 or 5+): 2							
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		19. KIND OF BUSINESS OR INDUSTRY Own Home		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No				21. RACE (Specify) White							
22. RESIDENCE—NUMBER AND STREET 82 Wahclella Rd.		23. CITY/TOWN, OR LOCATION Skamania		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skamania		25B. LENGTH OF RES. IN CO. 27 Yrs		26. STATE WA		27. ZIP CODE 98648			
28. FATHER'S NAME—FIRST, MIDDLE, LAST Ronald John Hopper				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Susan Myra Gifford											
30. INFORMANT—NAME Melvin Doetsch				31. MAILING ADDRESS STREET OR RFD NO.: 82 Wahclella Rd. CITY OR TOWN: Skamania STATE: WA ZIP: 98648											
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo. Day, Yr) 11/15/2000		34. CEMETERY/CREMATORY—NAME Portland Cremation Center				35. LOCATION—CITY/TOWN, STATE Portland, Oregon							
36. FUNERAL DIRECTOR SIGNATURE X C.M. Diddie		37. NAME OF FACILITY STRAUB'S FUNERAL HOME				38. ADDRESS OF FACILITY 325 NE 3rd Ave. Camas, WA 98607									
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: X Christopher J. Dumm						43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: X Christopher J. Dumm									
40. DATE SIGNED (Mo., Day, Yr) 11-16-00				41. HOUR OF DEATH (24 Hrs.) 1754		44. DATE SIGNED (Mo., Day, Yr) 11-16-00				45. HOUR OF DEATH (24 Hrs.) 1754					
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Christopher Dumm, Deputy Coroner P.O. Box 790, Stevenson, WA 98648						46. PRONOUNCED DEAD (Mo., Day, Yr) November 13, 2000				47. HOUR PRONOUNCED DEAD (24 Hrs.) 1754					
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Christopher Dumm, Deputy Coroner P.O. Box 790, Stevenson, WA 98648						49. ME/CORONER FILE NUMBER									
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:															
IMMEDIATE CAUSE (Final disease or condition resulting in death): A. Atherosclerotic cardiovascular disease												INTERVAL BETWEEN ONSET AND DEATH Immediate			
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.												INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:												52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo. Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:									
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (Specify) [REDACTED]													
61. RECORD AMENDMENT (Registrar use only) ITEM: 1 DOCUMENTARY EVIDENCE: 1 REVIEWED BY: [REDACTED] DATE: 11/16/2000		62. REGISTRAR SIGNATURE [REDACTED]				63. DATE RECEIVED (Mo., Day, Yr.) 11/16/2000									

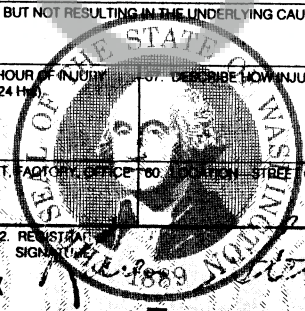



EXHIBIT 'A'

A tract of land in the Northeast Quarter of Section 35, Township 2 North, Range 6 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the M. Doetsch Short Plat, recorded in Book 3 of Short Plats, Page 109, Skamania County records.

Skamania County Assessor
Date 2-12-13 Parcel# 2-6-35-700


Unofficial
Copy