

WHEN RECORDED RETURN TO:
<u>Donald E. MacKay</u>
<u>41 Fink Road</u>
<u>Underwood, WA 98651</u>

REAL ESTATE EXCISE TAX
29962
MAR -5 2013
PAID *exempt*
Vickie Chellars, Deputy
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)
<u>Death certificate</u>
REFERENCE NUMBER(S) of Documents assigned or released:
<u>[] Additional numbers on page ____ of document.</u>
GRANTOR(S):
<u>Gayle N. MacKay</u>
<u>[] Additional names on page ____ of document.</u>
GRANTEE(S):
<u>Donald E. MacKay</u>
<u>[] Additional names on page ____ of document.</u>
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
<u>Lot 1 of Section 28, Township 3 North, Range 10 E.W.M.</u>
<u>[] Complete legal on page ____ of document.</u>
TAX PARCEL NUMBER(S):
<u>03102800010000 <i>LM</i></u>
<u>[] Additional parcel numbers on page ____ of document.</u>
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 _____)
COUNTY OF _____) SS:

The undersigned, Donald E. MacKay, executes this affidavit relating to the estate of Gayle N. MacKay (herein "Decedent"), who died on 12-11-09, in the County of Multnomah, State of Oregon, then being a resident of the City of Underwood, 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 James Ivan MacKay (son)
Address: 14119 N.E. 71st Vancouver, WA 98682
Name & relationship Joella Dawn MacKay Sobezak (daughter)
Address: 13105 N.W. 44th Avenue, Vancouver, WA 98685
Name & relationship _____
Address: _____
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 Donald E. MacKay.
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was:
 - ☒ married to Donald E. MacKay.
 - ☐ 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: 03-01, 2013

Donald E. Mackay
(Signature)

Donald E. Mackay
(Print or type full name)

41 Fink Road, Underwood WA 98651
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 1st day of Mar, 2013

[Signature]
Notary Public in and for the State of WA
Washington, residing at Vancouver WA

the following described real estate, situated in the County of Skamania

State of Washington:

That portion of Government Lot 1 of Section 28, Township 3 North, Range 10 E. W. M., described as follows:

Beginning at a point marking the intersection of the west line of the said Section 28 with the southerly right of way line of Primary State Highway No. 8 as now constructed and established; thence following the southerly line of said highway easterly a distance of 350 feet; thence south parallel to the west line of said Government Lot 1 to the meander line of the Columbia River; thence westerly following the meander line of the Columbia River to intersection with the west line of said Government Lot 1; thence north to the point of beginning; SUBJECT TO flowage easement granted to the United States of America;

TOGETHER WITH all water rights appurtenant to the above described real property as recorded on December 10, 1975, in Book J of Misc., pages 619 and 620 and recorded under Auditor's File No. 81497.

SUBJECT TO a life estate in the Grantors.

7288

Skamania County Assessor

Date 3-5-73 Parcel# 3-10-28-0-0-100

ym

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (Include AKA's, if any) First Middle Last Gayle Naomi MacKay					2. Death Date (MON DD YYYY) Dec. 11, 2009				
3. Sex (MF) Female		4a. Age - Last Birthday 63		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. [Redacted]	
7. Birthdate (MON DD YYYY) June 20, 1946		8a. Birthplace (City/Town, or County) White Salmon		8b. (State or Foreign Country) Washington		9. Decedent's Education Some College, No Degree			
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., 824 SE 5th Street, Apt. No. 8) 41 Fink Road					14. City/Town Underwood				
15. Residence County Skamania			16. State or Foreign Country Washington			17. Zip Code + 4 98651		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.) Donald Earl Mackay					
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Customer Service Representative						22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Banking			
23. Father's Name (First, Middle, Last, Suffix) Ivan Kyle Fink					24. Mother's Name Prior to First Marriage (First, Middle, Last) Anabel Blaine				
25. Informant's Name Don Mackay		26. Telephone Number 509/493-8406		27. Relation to Decedent Husband		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 41 Fink Rd. Underwood, WA 98651			
29. Place of Death Inpatient - Hospital				30. Facility Name Providence Medical Center				31. Location of Death (Give address.) 4805 NE Glisan	
32. City/Town or Location of Death Portland				33. State OR		34. Zip Code + 4 97213			
35. Method of Disposition Removal from State				36. Place of Disposition (Name of cemetery, crematory, or other place) White Salmon Cemetery				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 (MON DD YYYY) Dec. 19, 2009				40. Funeral Director's Signature <i>[Signature]</i>				41. OR License Number RR64	
42. Registrar's Signature <i>[Signature]</i>				43. Date Received (MON DD YYYY) DEC 23 2009				44. Local File Number 005709	
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 0853	
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.								Approximate Interval: Onset to Death	
Final disease or condition resulting in death→				IMMEDIATE CAUSE ↓				3 days	
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).				a. Intracerebral hemorrhage				Years	
				b. Hypertension					
				c. Due to (or as a consequence of) ↓					
				d. Due to (or as a consequence of) ↓					
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:									
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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
55. Date of Injury (MON 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) David Lee Hotchkiss 4805 NE Glisan Portland, OR 97213									
63. Name and Title of Attending Physician if Other than Certifier									
64. Title of Certifier Physician MD				65. License Number MD 28972		66. Date Signed (MON DD YYYY) 12/16/2009			
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> MD					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. <i>[Signature]</i>				
69. Record Amendment									

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DEC 24 2009

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Lila Wickham RNMS
LILA WICKHAM RNMS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE