

WHEN RECORDED RETURN TO:
Raymond D. Lueders
11271 Wind River Rd
Carson, WA 98610

DOCUMENT TITLE(S)
LACK OF PROBATE AFFIDAVIT

REFERENCE NUMBER(S) of Documents assigned or released: REAL ESTATE EXCISE TAX
N/A 30027
APR 25 2013

☐ Additional numbers on page _____ of document.

GRANTOR(S):
GLADYS M. LUEDERS PAID exempt
Vickie Clelland Dyck
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

GRANTEE(S):
RAYMOND D. LUEDERS, WILLIAM R. LUEDERS, STEVEN J. LUEDERS

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
SW 1/4 OF SECTION 17 TOWNSHIP 3N, RANGE 8 E.W.M.

☒ Complete legal on page 187 of document.

TAX PARCEL NUMBER(S): 65.
03.08.17.30.03.01-00

☐ 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.

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased, the Decedent was:
☒ married to **Monroe R. Lueders**
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
☐ married to _____
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____
☒ widowed
3. That on or before the date of death, the Decedent had:
☒ left a Will, **a copy of which is attached here**
☐ did not leave a Will
☐ executed a Community Property Agreement, recorded under _____
County Recording No. _____ (if unrecorded, attach a copy)
4. That:
☒ the Decedent's estate is not being probated
☐ the Decedent's estate is subject to probate proceedings in _____
County, State of _____, under Probate No. _____

☒ the estate of the Decedent is exempt from State and/or Federal succession or inheritance taxes
☐ State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. (Copies of the release/discharge are attached hereto)
☐ State and/or Federal succession or inheritance taxes are due, but have not yet been paid
5. That:
☒ the Decedent has not received assistance from the State of Washington for medical care
☐ the Decedent has received assistance from the State of Washington for medical care
☐ the State of Washington has been fully reimbursed for assistance for medical care

(Paragraph 1 (one) applies only if the Real Estate referred to above was owned by the Decedent in Joint Tenancy)

1. That at all times from the date on which the Joint Tenancy was created to the death of the Decent, 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 Tenants, 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.

2. 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 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: N/A
3. That the value of the Decedent's estate at date of death, including all real and personal property was approximately **\$95,000.00**, including the value of community property of Decedent and/or Decedent's surviving spouse or domestic partner (if any) of approximately \$_____, and including the full value of all other property, if any, held by the Decedent in Joint Tenancy of approximately \$_____
4. This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the Company) to insure real property in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue 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.

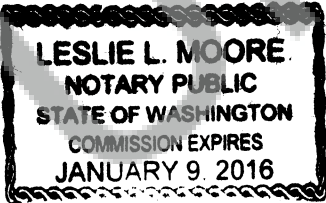
DATED: 4-24-13, 2013

Signature

Ray D. Lueders
Raymond D. Lueders, Claiming Successor, Heir at Law

11271 Wind River Road
Carson, WA 98610
509.427.5985

SUBSCRIBED and SWORN TO before me this 24th day of April, 2013.



Leslie L. Moore
Notary Public in and for the State of Washington,
residing at Carson
My appointment expires: 1-9-2016


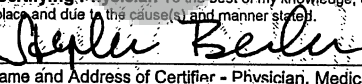
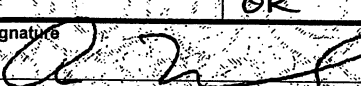
DESCRIPTION:

A parcel of land in the Southwest Quarter (SW ¼) of Section 17, Township 3 North, Range 8 E. W. M., **described as follows:** Beginning at the northwest corner of the said SW ¼ of the said Section 17; thence north 89° 59' 45" east along the north line of said SW ¼ 1,320.00 feet to the initial point of the tract hereby described; thence south 00° 10' 37" west parallel with the west line of said SW ¼ 235.58 feet; thence north 89° 59' 24" east 135.00 feet; thence north 00° 10' 37" east parallel with the west line of said SW ¼ 235.57 feet to the north line of said SW 1/4; thence south 89° 59' 45" west along the north line of said SW ¼ 135.00 feet to the initial point, said tract containing 0.89 acres more or less. **AND** beginning at the northwest corner of the said SW ¼ of the said Section 17; thence north 89° 59' 45" east along the north line of said SW ¼ 1,320.00 feet; thence south 00° 10' 34" west parallel with the west line of said SW ¼ 235.58 feet to the initial point of the tract hereby described; thence south 00° 10' 37" west 104 feet; thence north 89° 59' 24" east 135 feet; thence north 00° 10' 37" east parallel with the west line of said SW ¼ 104 feet; thence south 89° 59' 45" west 135 feet to the initial point; said tract containing 0.34 acres more or less.

Excepting the rights of the public in and to any portion of the herein described premises lying within the boundaries of streets, roads or highways.

Skamania County Assessor
 Date 4/24/15 Parcel# 3-8-17-3-301
 65

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle Last Suffix Gladys May LUEDERS		2. Death Date March 31, 2012					
3. Sex (M/F) Female	4a. Age - Last Birthday 82	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number		6. County of Death Skamania	
7. Birthdate Jan. 21, 1930	8a. Birthplace (City, Town, or County) Dent	8b. (State or Foreign Country) Minnesota		9. Decedent's Education 3 Years College, Nursing 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? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 221 High Bridge 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	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 42 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Registered Nurse				18. Kind of Business/Industry (Do not use Company Name) Health Care			
19. Father's Name (First, Middle, Last, Suffix) Ralph Gilbert Rennpage				20. Mother's Name Before First Marriage (First, Middle, Last) Opal May Jameson			
21. Informant's Name: Ann Lueders		22. Relationship to Decedent Daughter-in-law		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 11271 Wind River Rd. Carson, WA 98610			
24. Place of Death; if Death Occurred in a Hospital: 221 High Bridge Road				25. 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). 221 High Bridge 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./POB 390 White Salmon, WA 98672				32. Date of Disposition Apr 14, 2012			
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) Metastatic Adenocarcinoma of unknown primary 4 wks 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: d. 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? <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 checked="" 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)		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: City or Town: County: State: Apt. No. 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. 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.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Stephen Becker 1750 12th St. Hood River, OR 97031				50. Hour of Death (24hrs) 0735			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 4/2/2012			
53. Title of Certifier MD		54. License Number OR 11746		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature x 				58. Date Received (mm/dd/yyyy) APR 04 2012			
59. Amendments							

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

DIVISION OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

5

LOCAL FILE NUMBER

VITAL RECORDS

CERTIFICATE OF DEATH

1 NAME FIRST, MIDDLE, LAST

2 SEX

3 DEATH DATE (MO DAY YR)

146-8

STATE FILE NUMBER

4 RACE (WHITE, BLACK, AM IND ETC (SPECIFY))

5 AGE - LAST BIRTH DAY (YRS)

6 UNDER 1 YEAR

7 UNDER 1 DAY

8 BIRTHDATE (MO DAY YR)

9 COUNTY OF DEATH

10 CITY, TOWN OR LOCATION OF DEATH

11 PLACE OF DEATH

12 RECEIVED EMERGENCY CARE

13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY)

14 CITIZEN OF WHAT COUNTRY

15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED

16 SPOUSE (IF WIFE GIVE MAIDEN NAME)

17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)

18 SOCIAL SECURITY NO.

19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)

20 KIND OF BUSINESS OR INDUSTRY

21 RESIDENCE - NUMBER AND STREET

22 CITY/TOWN, OR LOCATION

23 INSIDE CITY LIMITS? (YES/NO)

24 COUNTY

25 STATE

26 FATHER - NAME FIRST, MIDDLE, LAST

27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST

28 INFORMANT NAME

29 MAILING ADDRESS

30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)

31 DATE (MO DAY YR)

32 CEMETERY/CREMATORY NAME

33 LOCATION - CITY/TOWN, STATE

34 FUNERAL DIRECTOR SIGNATURE

35 NAME OF FACILITY

36 ADDRESS OF FACILITY

37 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED

41 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) STATED

38 DATE SIGNED (MO DAY YR)

39 HOUR OF DEATH (24 HRS)

42 DATE SIGNED (MO DAY YR)

43 HOUR OF DEATH (24 HRS)

40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

44 PRONOUNCED DEAD (MO DAY YR)

45 HOUR PRONOUNCED DEAD (24 HRS)

46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))

48 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE

49 AUTOPSY? (YES/NO)

50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)

51 ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (SPECIFY)

52 INJURY DATE (MO DAY YR)

53 HOUR OF INJURY (24 HRS)

54 DESCRIBE HOW INJURY OCCURRED

55 INJURY AT WORK? (YES/NO)

56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY OFFICE BLDG ETC (SPECIFY)

57 LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

58 REGISTRAR SIGNATURE

59 DATE RECEIVED (MO DAY YR)

60 ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE:

FOR STATE REGISTRAR USE ONLY

DSHS 9-150 (REV. 1-82)

SOUTHWEST WASHINGTON HEALTH DISTRICT

Wayne X. Shandera, M.D.

District Health Officer

MAY 6 1986

Seal

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

WAIVER BY HEIR OR BENEFICIARY

I, STEVE LUEDERS (non-claiming successor/heir full name) hereby authorize

RAYMOND D. LUEDERS (claiming successor/heir full name) to file an affidavit and claim on my behalf for the following **personal property**: 1971 BROOKWOOD MOBILE HOME, License # V74748

I, STEVE LUEDERS (non-claiming successor/heir full name) hereby authorize

RAYMOND D. LUEDERS (claiming successor/heir full name) to file an affidavit and claim on my behalf for the following **real property**:

Parcel #: 03-08-17-30-03-01-00, described as: A parcel of land in the Southwest Quarter (SW ¼) of Section 17, Township 3 North, Range 8 E. W. M., described as follows: Beginning at the northwest corner of the said SW ¼ of the said Section 17; thence north 89° 59' 45" east along the north line of said SW ¼ 1,320.00 feet to the initial point of the tract hereby described; thence south 00° 10' 37" west parallel with the west line of said SW ¼ 235.58 feet; thence north 89° 59' 24" east 135.00 feet; thence north 00° 10' 37" east parallel with the west line of said SW ¼ 235.57 feet to the north line of said SW 1/4 ; thence south 89° 59' 45" west along the north line of said SW ¼ 135.00 feet to the initial point, said tract containing 0.89 acres more or less **AND** beginning at the northwest corner of the said SW ¼ of the said Section 17; thence north 89° 59' 45" east along the north line of said SW ¼ 1,320.00 feet; thence south 00° 10' 34" west parallel with the west line of said SW ¼ 235.58 feet to the initial point of the tract hereby described; thence south 00° 10' 37" west 104 feet; thence north 89° 59' 24" east 135 feet; thence north 00° 10' 37" east parallel with the west line of said SW ¼ 104 feet; thence south 89° 59' 45" west 135 feet to the initial point; said tract containing 0.34 acres more or less.

By authorizing this affidavit and claim, I am releasing my right to the real and personal property described herein, and acknowledge that I am authorizing and requesting RAYMOND D. LUEDERS to claim, on my behalf, the distributive shares of any proceeds due to me. Further, I irrevocably waive any right I may have to future claims against the estate, or other heirs entitled to or who will or who have received any property or proceeds from decedent's estate.

Signed this 11 day of APRIL, 2013

Steve Lueders
(Signature of Non claiming Successor/Heir)

STATE OF CALIFORNIA)
COUNTY OF Siskiyou)ss.

On this day, personally appeared before me Steve Lueders, known or proved to me to be the individual described in and who executed the within and foregoing document, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposed therein mentioned.

Dated: this 11th day of April, 2013



OR
Notary Public – California
My appointment expires: 8/22/2014

WAIVER BY HEIR OR BENEFICIARY

I, WILLIAM R. LUEDERS (non-claiming successor/heir full name) hereby authorize

RAYMOND D. LUEDERS (claiming successor/heir full name) to file an affidavit and claim on my behalf for the following **personal property**: 1971 BROOKWOOD MOBILE HOME, License # V74748

I, WILLIAM R. LUEDERS (non-claiming successor/heir full name) hereby authorize

RAYMOND D. LUEDERS (claiming successor/heir full name) to file an affidavit and claim on my behalf for the following **real property**:

Parcel #: 03-08-17-30-03-01-00, described as: A parcel of land in the Southwest Quarter (SW ¼) of Section 17, Township 3 North, Range 8 E. W. M., described as follows: Beginning at the northwest corner of the said SW ¼ of the said Section 17; thence north 89° 59' 45" east along the north line of said SW ¼ 1,320.00 feet to the initial point of the tract hereby described; thence south 00° 10' 37" west parallel with the west line of said SW ¼ 235.58 feet; thence north 89° 59' 24" east 135.00 feet; thence north 00° 10' 37" east parallel with the west line of said SW ¼ 235.57 feet to the north line of said SW ¼; thence south 89° 59' 45" west along the north line of said SW ¼ 135.00 feet to the initial point, said tract containing 0.89 acres more or less AND beginning at the northwest corner of the said SW ¼ of the said Section 17; thence north 89° 59' 45" east along the north line of said SW ¼ 1,320.00 feet; thence south 00° 10' 34" west parallel with the west line of said SW ¼ 235.58 feet to the initial point of the tract hereby described; thence south 00° 10' 37" west 104 feet; thence north 89° 59' 24" east 135 feet; thence north 00° 10' 37" east parallel with the west line of said SW ¼ 104 feet; thence south 89° 59' 45" west 135 feet to the initial point; said tract containing 0.34 acres more or less.

By authorizing this affidavit and claim, I am releasing my right to the real and personal property described herein, and acknowledge that I am authorizing and requesting RAYMOND D. LUEDERS to claim, on my behalf, the distributive shares of any proceeds due to me. Further, I irrevocably waive any right I may have to future claims against the estate, or other heirs entitled to or who will or who have received any property or proceeds from decedent's estate.

Signed this 10th day of APRIL, 2013.

William R. Lueders
(Signature of Non claiming Successor/Heir)

STATE OF WASHINGTON)
)ss.
COUNTY OF SKAMANIA)



On this day, personally appeared before me William R. Lueders, known or proved to me to be the individual described in and who executed the within and foregoing document, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposed therein mentioned.

Dated: this 10th day of April, 2013

Melissa A. Anderson
Notary Public – Washington
My appointment expires: 8-19-16

LAST WILL AND TESTAMENT

of

GLADYS M. LUEDERS

I, GLADYS M. LUEDERS, of Skamania County, State of Washington, do hereby declare this to be my last will and testament and revoke all former wills and codicils by me made.

ARTICLE I
Identification of Family

I hereby declare that I am a widow woman and that my immediate family now consists of my three sons, namely: STEVEN JAMES LUEDERS, WILLIAM R. LUEDERS and RAYMOND D. LUEDERS. Except as provided below, I intend to make no provisions in this will for any of my children, whether named herein or hereafter born or adopted, or the descendants of any such child that does not survive me.

ARTICLE II
Payment Directives

I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses of my last illness and funeral be paid by my executor, hereinafter named as soon after my death as is practical; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

ARTICLE III
Alternate Specific Devises and Bequests

I may now have, or in the future may prepare a list of tangible personal property, designating the recipient of each item listed thereon. It is my intent that such writing qualify as a testamentary disposition of these items in accordance with RCW 11.12.260 as now in effect or as amended in the future.

ARTICLE IV
Specific Devises and Bequests

I give, devise and bequeath all of my property, owned by me at the time of my death, wheresoever situated and of whatsoever kind and nature, real or personal, to my three sons hereinabove named, in equal shares, per stirpes.

ARTICLE V
Appointment of Executor

I hereby nominate and appoint my son, WILLIAM R. LUEDERS, as executor of this my Last Will, to act as such without bond and without the intervention of any court, except as may be required under the laws of the State of Washington in the case of nonintervention wills. He shall have full power to sell, convey and encumber without notice or confirmation, any assets of my estate, real or personal, at such prices and terms as to him may seem just; to advance funds and borrow money, secured or unsecured, from any source; to mortgage or pledge estate property;

to select any part of the estate in satisfaction of any partition or distribution hereunder, in kind, in money, or both. Such powers may be exercised whether or not necessary for the administration of my estate.

ARTICLE VI
Taxes

My executor shall pay all estate, inheritance and succession taxes, if any, assessed by reason of my death, whether attributable to property passing under this will or outside of it, from the residue of my estate, disposed of by this will. I waive for my estate all rights of reimbursement for any such payments. If any other person shall pay any such tax, whether such person be a beneficiary under this my last will and testament, or not, my executor shall reimburse such person to the extent of such advance payment made by said person, firm or corporation.

ARTICLE VIII
Miscellaneous Provision

Should any person mentioned in this will, or any person not mentioned in this will, endeavor by legal process or otherwise, to change or alter the terms or conditions of this will, I do direct that in such event, such person or persons be each paid the sum of One Dollar (\$1.00) in full settlement of their claims to my estate.

DATED at Stevenson, Washington, this 16 day
of Jane, 1986.

Gladys M. Lueders
Testatrix

STATE OF WASHINGTON)
) ss. AFFIDAVIT OF ATTESTING
County of Skamania) WITNESSES

The undersigned, competent to testify and each being first duly sworn on oath, depose and say:

The foregoing instrument, to which this affidavit is attached, consisting of Three (3) pages, of which this is the second, dated the 16th day of June, 1986, and which purports to be the last will and testament of GLADYS M. LUEDERS, was signed and executed by her at Stevenson, Washington, in the presence of myself and the other witness.

The testatrix thereupon published the instrument as and declared it to be her last will and testament and requested us to sign the same as witnesses and to execute this affidavit in proof of the will. In the presence of the testatrix and at her request and direction, and in the presence of each other, the other witness and I subscribed our names as witnesses thereto.

At the time of executing her will the testatrix, the other witness and I were each of legal age and competent to act

as witnesses, and the testatrix appeared to be of sound and disposing mind and was not acting under duress, menace, fraud, undue influence or misrepresentation.

Loren S. Wyminger
Residing at Condon Wash 98610
Frank E. Lane
Residing at Vancouver, Washington

SUBSCRIBED AND SWORN to before me this 16 day
of June, 1986.

Rosalind M. Davis
Notary Public in and for the State of
Washington, residing at Stevenson

Unofficial Copy

CODICIL

KNOW ALL MEN BY THESE PRESENTS, that I, GLADYS M. LUEDERS, a widow, of Carson, County of Skamania, State of Washington, being of sound and disposing mind and memory, do hereby make, publish, and declare this to be my CODICIL to my "LAST WILL and TESTAMENT" of June 16, 1986, as follows:

I wish to amend Article V of said "LAST WILL and TESTAMENT" by vacating the nomination and appointment of my son WILLIAM R. LUEDERS as Executor of my "LAST WILL and TESTAMENT," and in his place, I hereby nominate and appoint my son RAYMOND DAVID LUEDERS and my daughter-in-law ANN MARIE LUEDERS as co-Executors of my "LAST WILL and TESTAMENT."

In all other respects, I wish to expressly ratify my former "LAST WILL and TESTAMENT" of June 16, 1986.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name at the City of Stevenson, State of Washington to this CODICIL, and I do declare this to be my CODICIL to my "LAST WILL and TESTAMENT" of June 16, 1986, under my seal this 1st day of July, 2003.


GLADYS M. LUEDERS, Testatrix

Gmail - Gladys M. Lueders Estate

<https://mail.google.com/mail/u/0/?ui=2&ik=2e43144d6d&view=pt&...>



Ann Lueders <annabelle8238@gmail.com>

Gladys M. Lueders Estate

WASHINGTON, Kenneth (DSHS/OFR) <WASHIKE@dshs.wa.gov>
To: "annabelle8238@gmail.com" <annabelle8238@gmail.com>

Wed, Jul 11, 2012 at 1:51 PM

Good Afternoon Mrs. Lueders,

RE: Gladys M. Lueders Estate
Case No. 002306751 ER

Please be advised that the Department of Social and Health Services, Office of Financial Recovery, Estate Recovery Unit has no claim against the estate of Gladys M. Lueders in accordance with RCW 43.20B.080 & 41.05A.090. According to our records no Medicaid benefits or state funded long-term care was paid on the decedent's behalf.

Regards,

Kenneth Washington
Revenue Agent III
Office of Financial Recovery
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