

WHEN RECORDED RETURN TO:

William Skates
811 Archer Mtn. Road
Stevenson, WA 98648

DOCUMENT TITLE(S):
Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR :
Sharon Lee Skates

GRANTEE:
William A. Skates, A Single Person

ABBREVIATED LEGAL DESCRIPTION:
NE ¼ SEC 32 T2N R6E

FULL LEGAL DESCRIPTION ON PAGE 6

TAX PARCEL NUMBER(S):
02-06-32-0-0-0201-00, 02-06-32-0-0- 0208-00

REAL ESTATE EXCISE TAX
30084
MAY 20 2013
PAID
exempt
Vickie Chelland, Clerk
SKAMANIA COUNTY TREASURER

LM
5-20-13

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No.: 513-0116JA, County: Skamania

STATE OF Washington
COUNTY OF Skamania SS:

The undersigned, WILLIAM A. SKATES, executes this affidavit relating to the estate of SHARON LEE SKATES (herein "Decedent"), who died on 03/23/13, in the County of MULTNOMA, State of OREGON, then being a resident of the City of STEVENSON, 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	<u>WILLIAM A. SKATES - SPOUSE</u>
Address:	<u>811 ARCHER MTN. RD. STEVENSON, WASH.</u>
Name & relationship	<u>THOMAS A. SKATES - SON</u>
Address:	<u>1275 N. HUXFORD LN. ANAHEIM, CA. 92807</u>
Name & relationship	<u>WILLIAM M. CROOKS - SON</u>
Address:	<u>12708 SUGAR LOAF CT. LOMA RICA, CA. 95701</u>
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 WILLIAM A. SKATES
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to WILLIAM A. SKATES
 - ☐ 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 Columbia Gorge 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: 05/09/13, 20 13

William A. Skates
(Signature)

WILLIAM A. SKATES
(Print or type full name)

811 ARCHER MTN. RD
(Full address and telephone number)

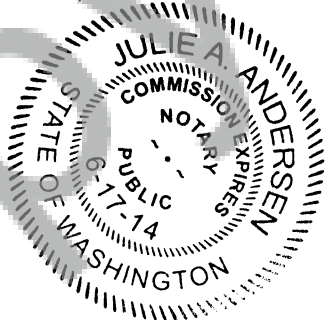
STEVENSON, WA. 98648 (509) 427-9579

SUBSCRIBED and SWORN TO before me this 9 day of May, 20 13

Julie A. Andersen
Notary Public in and for the State of

Washington, residing at Carson, WA

Commission Expires: June 17, 2014



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INKOREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

I.D. TAG NO. 621090

1. Legal Name (Include AKA's, if any) First Middle Last Suffix Sharon Lee Skates					2. Death Date (MM/DD/YYYY) Mar. 23, 2013	
3. Sex (M/F) F	4a. Age - Last Birthday 65	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Multnomah	
7. Birthdate (MM/DD/YYYY) Dec. 27, 1947		8a. Birthplace (City/Town, or County) Alexandria		8b. (State or Foreign Country) Virginia	9. Decedent's Education Some college 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., 324 SE 50th Street, Apt. No. 8) 811 Archer Mt. Road				14. City/Town Stevenson		
15. Residence County Skamania		16. State or Foreign Country Washington		17. Zip Code + 4 98648	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) William A. Skates II			
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED.) Analyst				22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Government		
23. Father's Name (First, Middle, Last, Suffix) Edward L. Heckert			24. Mother's Name (First, Middle, Last, Suffix) Mary V. Eicholtz			
25. Informant's Name William Skates II		26. Telephone Number 509 427 9579		27. Relation to Decedent Husband		
28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 811 Archer Mt. Rd. Stevenson, WA		29. Place of Death Inpatient-Hospital				
30. Facility Name Providence Portland Medical Center		31. Location of Death (City/Town, State, Zip + 4) Portland, OR 97213				
32. Method of Disposition Cremation		33. Place of Disposition (Name of facility, crematory, or other place) Oregon First Call Crematory		34. Location Portland, Oregon		
35. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Brown's Funeral Home 410 NE Garfield St. Camas, WA 98607						
36. Date of Disposition (MM/DD/YYYY) Mar. 28, 2013		37. Funeral Director's Signature Ben A. Brown		38. OR License Number WA-23		
39. Registrar's Signature [Signature]		40. Date Received (MM/DD/YYYY) APR 15 2013		41. Local File Number [REDACTED]		
42. Record Amendment						
43. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
44. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
45. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
46. Time of Death 20:25						
47. 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.						
51. Final disease or condition resulting in death - a. <u>Unknown natural causes</u> b. Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓ d. Due to (or as a consequence of) ↓						
52. Other significant conditions contributing to death, but not resulting in the underlying cause given above. <u>Diabetes, hypertension, hyperlipidemia</u>						
53. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending						
54. 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						
55. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown						
56. Date of Injury (MM/DD/YYYY)		57. Time of Injury		58. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <input type="checkbox"/> Yes <input checked="" 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) Andrew Mills 4805 NE Glisan St Portland, OR 97213						
63. Name and Title of Attending Physician if Other than Certifier						
64. Title of Certifier MD		65. License Number MD28842		66. Date Signed (MM/DD/YYYY) 4/9/13		
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.			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.			
69. Record Amendment						

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED:

APR 15 2013

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

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

EXHIBIT "A"

PARCEL 1:

That portion of the Northwest Quarter of the Northeast Quarter of the Northeast Quarter of Section 32, Township 2 North, Range 6 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Northeast corner of the Northwest Quarter of the Northeast Quarter of the Northeast Quarter of said Section 32 and running thence North 88°48'42" West 660.61 feet, more or less, to the Northwest corner of Lot 2 of the Short Plat recorded in Book 2 of Short Plats, Page 98, Skamania County Records; thence South 2037142" West 226.74 feet to the true point of beginning, thence South 2°37'42" West 430.87 feet; thence South 88°47'37" East 482.25 feet; thence North 3°0'42" East 285.96 feet; thence North 88°48'42" West 103.29 feet; thence North 28°05'18" West 285.67 feet; thence North 88°48'42" West 80 feet; thence South 38°40'12" West 131.20 feet; thence North 88°48'42" West 77.70 feet to the point of beginning.

PARCEL 2

That portion of the Northwest quarter of the Northeast quarter of the Northeast quarter of Section 32, Township 2 North, Range 6 East of the Willamette Meridian, Skamania County, Washington, described as follows:

Beginning at the Northeast corner of the Northwest quarter of the Northeast quarter of the Northeast quarter of said Section 32 and running thence North 88°48'42" West 245.00 feet; thence to the True Point of Beginning; thence North 88°48'42" West 415.61 feet, more or less, to the Northwest corner of Lot 2 of the Short Plat recorded in Book 2 of Short Plats, Page 98, Skamania County records; thence South 2°37'42" West 226.74 feet; thence South 88°48'42" East 77.70 feet; thence North 38°40'12" East 131.20 feet; thence South 88°48'42" East 80.00 feet; thence South 28°5'18" East 285.67 feet; thence South 88°48'42" East 103.29 feet; thence South 3°0'42" West 285.96 feet; Thence South 88°47'37" East 173.98 feet; thence North 3°0'51" East 345.94 feet; thence North 88°48'42" West 245.04 feet; thence North 3°0'42" East 312.00 feet back to the Point of Beginning.

Skamania County Assessor
 Date 5-20-13 Parcel# 2-6-32-0-0-201
2-6-32-00-208
 Jm