

**AFTER RECORDING MAIL TO:**

Name Albert T Buckner  
Address PO Box 1110  
City / State Carson WA 98610

**Document Title(s):** (or transactions contained therein)  
1. Lack of Probate Affidavit  
2.  
3.  
4.

**First American Title Insurance Company**

(this space for title company use only)

**Reference Number(s) of Documents assigned or released:**

☐ Additional numbers on page \_\_\_\_\_ of document

**Grantor(s):** (Last name first, then first name and initials)  
1. Buckner, Albert T Bu  
2. Buckner, Patricia Ann  
3.  
4.  
5. ☐ Additional names on page \_\_\_\_\_ of document

**REAL ESTATE EXCISE TAX**  
  
30178  
JUL 22, 2013  
  
PAID Exempt  
Sydney Janni Deputy  
SKAMANIA COUNTY TREASURER

**Grantee(s):** (Last name first, then first name and initials)  
1. Buckner, Albert T  
2. Buckner, Patricia Ann Bu  
3.  
4.  
5. ☐ Additional names on page \_\_\_\_\_ of document

**Abbreviated Legal Description as follows:** (i.e. lot/block/plat or section/township/range/quarter/quarter)

Portion of Section 8-3-8

☐ Complete legal description is on page 10 of document

**Assessor's Property Tax Parcel / Account Number(s):** 03-08-08-3-0-0801-00 10

WA-1

**NOTE:** The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

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

Title Insurance Commitment No.: \_\_\_\_\_, County: \_\_\_\_\_

STATE OF Washington )

SS:

COUNTY OF SKAMANIA )

The undersigned, ALBERT T. BUCKNER, executes this affidavit relating to the estate of PATRICIA ANN BUCKNER (herein "Decedent"), who died on JUNE 30, in the County of SKAMANIA, State of WASHINGTON, then being a resident of the City of CARSON, 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 \_\_\_\_\_  
Address: \_\_\_\_\_  
Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
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 ALBERT T. BUCKNER.
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_.
2. That on the date of death the Decedent was:
  - ☒ married to ALBERT T. BUCKNER.
  - ☐ 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): NONE

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 250,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 250,000, and including the value of Decedent's separate property, if any, of approximately \$ 0, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0.

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: 7/19/13, 20\_\_

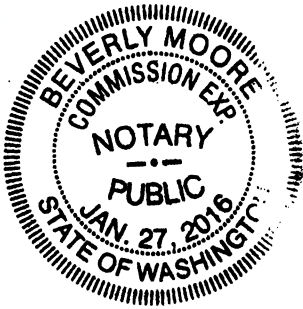
Albert J. Buckner  
(Signature)

ALBERT T. BUCKNER  
(Print or type full name)

3241 Wind River Dr. 1-(509) 427-4558  
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 19 day of July, 2013

Notary Public in and for the State of Washington, residing at White Salmon





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 Suffix Patricia Ann Buckner				2. Death Date June 30, 2013	
3. Sex (M/F) F	4a. Age - Last Birthday 80 Yrs.	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate 3-23-1933		8a. Birthplace (City, Town, or County) Alton		8b. (State or Foreign Country) Illinois	
9. Decedent's Education Highschool Diploma		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 5th St.) (Include Apt. No.) 3241 Wind River 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
14. Estimated length of time at residence. 24 Yrs.		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Albert Buckner	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Homemaker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Allan W. Lawrence			20. Mother's Name Before First Marriage (First, Middle, Last) Irene Miller		
21. Informant's Name Albert Buckner		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip P.O. Box 1110 Carson WA 98610	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence - Hospice			25. Facility Name (if not a facility, give number & street or location) Decedent's Residence 3241 Wind River 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) PFS Crematory		30. Location-City/Town, and State Portland, Oregon
31. Name and Complete Address of Funeral Facility Neptune Cremation Service 17819 NE Riverside Pkwy. #E Port. OR. 97230			32. Date of Disposition 07/11/2013		
33. Funeral Director Signature X <i>[Signature]</i>					
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. <b>IMMEDIATE CAUSE</b> (Final disease or condition resulting in death) → <i>multiple sclerosis</i> <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) LAST <i>multiple sclerosis</i> <b>Other significant conditions contributing to death but not resulting in the underlying cause given above</b> <i>uncontrolled diabetes, severe pressure ulcers, multiple sclerosis</i>					
35. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
37. 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					
38. 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"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year					
39. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown					
40. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
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. Location of Injury: Number & Street: Apt. No. City or Town: County: State: Zip Code + 4:					
45. Describe how injury occurred					
46. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
47. 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 <i>[Signature]</i>					
48. 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					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Deana Dahl RN 212 Skyline Drive Salmon, WA. 98672					
50. Hour of Death (24hrs) 1420					
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)					
52. Date Signed (mm/dd/yyyy) 7/31/13					
53. Title of Certifier Nurse Practitioner					
54. License Number AP 3000					
55. Registrar File Number					
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
57. Registrar Signature X <i>[Signature]</i>					
58. Date Received (mm/dd/yyyy) 07/10/2013					
59. Amendments					



Affidavit for Correction

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.  
**All changes must be established by documentary proof submitted with the affidavit**  
Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts  
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)  
Insurance Records Birth Record Alien Registration Card (front and back)  
Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

JUL 10 2013

Alan Melnick  
Health Officer  
Skamania Co. Public Health

0000110224



LAST WILL AND TESTAMENT

OF

PATRICIA ANN BUCKNER

I, PATRICIA ANN BUCKNER, a resident of Alameda County, State of California, hereby declare this to be my Last Will and Testament.

I, hereby, revoke any and all Wills and Codicils to Wills by me heretofore made.

FIRST: It is my intention to dispose of all my property and to exercise any testamentary power of appointment that I may have at the time of my death.

SECOND: I declare that I am a married Woman. My Spouse is ALBERT THOMAS BUCKNER and we have four Adult Children: ROBERT ALAN BUCKNER, BRIAN KETH BUCKNER, STEPHEN ANDREW BUCKNER and KATHRYN ANN BUCKNER. We have one grandchild: BETHANY ANN BUCKNER.

THIRD: I give, devise and bequeath all of my estate, both real and personal, and wheresoever situated to my Spouse ALBERT THOMAS BUCKNER, provided he survives me.

FOURTH: Should my Spouse ALBERT THOMAS BUCKNER predecease me, or die at the same time that I die, in such a manner so as to prevent determination as to who died first, then it shall be deemed that my Spouse died first and, in that event, I give, devise and bequeath all my estate, both real and personal and wheresoever situated, to my four adult children in equal shares.

-1- P.A.B. PAR

FIFTH: Should my Spouse and any one of my adult children predecease me, then, in that event, I leave my entire estate, both real and personal, wheresoever situated to that deceased child's issue, by right of representation. Should any one of my adult children predecease me, leaving no issue, then that deceased child's share shall be distributed equally among the surviving adult children.

SIXTH: I hereby appoint my Son, ROBERT ALAN BUCKNER, as my Executor. I direct that no bond or bonds of any kind be required of the Executor for any purpose whatsoever, and I empower said Executor to sell all or any part of the property in my estate at public or private sale, with or without notice.

In the event ROBERT ALAN BUCKNER is unwilling or unable to act as my Executor, then, in that event I appoint BRIAN KEITH BUCKNER as Alternate Executor to act under the same terms and conditions set forth for Executor herein.

SEVENTH: It is my express wish that my body be disposed of by the Neptune Society. Costs of disposal to be paid by my Estate.

IN WITNESS HEREOF, I have hereunto subscribed my name in the presence of witnesses this 14 day of Aug. 1989.

Patricia A. Buckner  
PATRICIA ANN BUCKNER

On the date below written, PATRICIA ANN BUCKNER declared to us, the undersigned, that this instrument, con-



sisting of three pages, including the page signed by us as witnesses was her Last Will and Testament and requested us to act as witnesses to it. She, thereupon, signed this Will, in our presence, all of us being present at the same time. We, now, at her request, in her presence, and in the presence of each other subscribe our names as witnesses. Executed on Aug. 14, 1989, at Livermore, California

We declare under penalty of perjury that the foregoing is true and correct

Nancy Holmes Residing at 2167 FIFTH STREET  
561-48-6247 LIVERMORE, CA 94550  
 Social Security Number

Mary G. Calhoun Residing at 490 So. P St.  
561-30-2247 LIVERMORE, CA 94550  
 Social Security Number

Calhoun Residing at 490 So. P St.  
572-24-8778 LIVERMORE, CA 94550  
 Social Security Number

EXHIBIT 'A'

PARCEL I

A tract of land located in Government Lot 4 of Section 8, Township 3 North, Range 8 East of the Willamette Meridian, Skamania County, Washington, described as follows:

Beginning at the Southwest corner of the said Section 8; thence East along the South line of the said Section 8 a distance of 250 feet to the initial point of the tract hereby described; thence North  $00^{\circ}12''$  East parallel with the West line of said Section 8, 130.89 feet; thence North  $54^{\circ}52'12''$  East to intersection with the Southwesterly right of way line of Sate Secondary Highway No. 8-C; thence Southeasterly following said right of way line to a point 600 feet East of the West line of said Section 8; thence South parallel with the West line of said Section 8 to the South line of said Section 8; thence West to the initial point.

PARCEL II

A parcel of land located in Government Lot 4 of Section 8, Township 3 North, Range 8 East of the Willamette Meridian, Skamania County Washington, described as follows:

Beginning at the Southwest corner of the said Section 8; thence East 600 feet to the initial point of the tract hereby described; thence North parallel with the West line of said Section 8 a distance of 85 feet, more or less, to the Southwesterly right of way line of Sate Secondary Highway 8-C; thence following the Southwesterly right of way line of said highway to the South line of said Section 8; thence West along the South line of said Section 8 a distance of 72.61 feet, more ore less, to the initial point.

Skamania County Assessor  
Date 7-22-13 Parcel# 3-8-8-3-801