253 GLENVISTA DRIVE Spring Créek NV 898	Return Address:	TLLAN (NISE		
		253 (SLENVIST	ra DR	Live
Promo Contract					

Document Title(s) or transactions contained herein:
AFFIRMIT OF SUCCESSOR
GRANTOR(S), (Last name, first name, middle initial)
DECENDENT ELEN J. HASTON
LUZIO J. MASTON
[] Additional names on page of document.
GRANTEE(S) (Last name, first name, middle initial)
Successor
Aum A WISE.
[] Additional names on page of document.
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)
[] Complete legal on page of document.
REFERENCE NUMBER(S) of Documents assigned or released:
[] Additional numbers on page of document.
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
Property Tax Parcel ID is not yet assigned
[] Additional parcel numbers on page of document.
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read
the document to verify the accuracy or completeness of the indexing information.
I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or
otherwise obscure some part of the text of the original document.
Company Name:
Signature/Title:

Deceased Name: EIIEN A	HAX TON	
What is the relationship to the deceased: Spouse (date of marriage) Child	☐ Parent ☐ Granddaughter/son	☐ Niece/Nephew ☐ Other
Did the deceased leave a will? Yes - skip to question 1 No - answer questions 2 through 5		
 If the decedent left a will, was it probated? Yes - Do not use this form, send the factorial of the will. Copy of the will. Addresses for all heirs. No - Complete this form and send a contraction. 	following items:	
2. Was the deceased married when they pas Yes, spouse's name Are they living? Yes No - If no, provide date of deceased.		
3. How many children did the deceased have		Y. 1 / Y
RUBERT W. WI.	or Decease	D 1-19-2009
4. Are the parents of the deceased living? ☐ Yes - If yes, provide their names		
) ·	$\mathcal{O}_{\mathcal{I}}$

5. How many brothers and sisters did the deceased have? List their full names (if deceased, include date of death)

If you are claiming as a remote relative, you must provide a complete family tree showing your relationship to the deceased. The family tree should include names and dates of death for all relatives of the deceased.

For tax assistance, or to request this document in an alternate format, visit http://ucp.dor.wa.gov or call 1-800-435-2429. Teletype (TTY) users may call (360) 705-6718. REV 80 0029 (7/5/12)

			OF NEVA		
	DEI	PARTMENT OF H	IEALTH AND HUM VISION OF HEALTH VITAL STATISTICS ICATE OF DEATH		,
PRINT IN	a DECEASED-NAME (FIRST,MIDDL	100 miles		TOTAL STATE OF THE PROPERTY OF THE PARTY OF	COUNTY OF DEATH
	6. CITY, TOWN, OR LOCATION OF D	EATH 3c. HOSPITAL OR OTHER and number)	INSTITUTION -Name(if not either, give	street 3e.If Hosp. or Inst. Indicate DOA, OF Inpatient(Specify)	/Emer. Rm. 4, SEX
	Elko RACE White Specify)	Northeaste 6. Hispanic Origin No - Non-Hispa		Intensive Care Unit 7b. UNDER 1 YEAR 7c. UNDER 1 DAY 8. 0 MOS DAYS HOURS MINS	
OCCURRED IN	a. STATE OF BIRTH (If not U.S.A.,	9b. CITIZEN OF WHAT COUNTR United States	10 EDUCATION 11 MARRIED, NE 10 DIVORCED (Spec		NG SPOUSE (if wife, give
INSTITUTION SEE HANDBOOK 1 REGARDING COMPLETION OF	3. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Working Life, Even If Retired)	Kind of Work Done During Most of Waitness	14b. KIND OF BUSINESS OR INDUSTRY Restaurant	Ever in US Armed Forces? No
RESIDENCE 1	5a. RESIDENCE ⊹STATE 18b. Co Nevada	DUNTY 15c. CITY		TREET AND NUMBER Cimarron Way #37	15s. INSIDE CITY LIMITS (Specify Yes or No) Yes
PARENTS 1	6. FATHER/PARENT - NAME (First M Spend	liddle Last Suffix) CER LAWRENCE	17: MOTHER/P/	ARENT - NAME (First Middle Last Suffix) Sarah DAUGHERT)	*** ****** ***** ****** ******
1	8a. INFORMANT-NAME (Type or Prin Allain Wis			F.D. No, City or Town, State, Zip) sta Dr. Spring Creek, Nevada 898	15
PISPOSITION	9a. BURIAL, CREMATION, REMOVAL Cremation		Y OR CREMATORY - NAME Sunset Crematory	18a LOCATION CI Elko N	ty or Town State. levada 89803
2	BE FUNERAL DIRECTOR - SIGNATU JASON I	AUTH	20b. FUNERAL 20c. NAM DIRECTOR LICENSE 298	E AND ADDRESS OF FACILITY Burns Funeral Hom PO BOX 669 File NV	0441146444444
TRADE CALL	RADE CALL - NAME AND ADDRESS	AUTHENTIGATED. e, death occurred at the time, date a	and place and	basis of examination and/or investigation, in	
CERTIFIER G	DEVENDRAKUM. 21b. DATE SIGNED (MO/DBY/Y) 21b. DATE SIGNED (MO/DBY/Y) 21c. NAME OF ATTENDING PH (Type or Print) 38. NAME AND ADDRESS OF CERTIF	01:30 YSICIAN IF OTHER THAN CERTIF	EL M.D. John Company (1997)	NOUNCED DEAD (Mo/Day/Yr) 22e. PRO	R.OF DEATH NOUNCED DEAD AT (Hour) IGENSE NUMBER 11068
REGISTRAR		JASON MUTH	Market and the second of the s	ıly 26, 2011 YES [
CAUSE OF 2	PARTI (a) Cardiorespira	The second secon	TOR (a), (b), AND (c).)		erval between onset and death
CONDITIONS IF	DUE TO, OR AS A CO (b) Congestive H	eart Failure		Internation	erval between onset and death
GAVE RISE TO IMMEDIATE CAUSE ->	(C) (C) Annual A	dial Infarction			erval between onset and death
STATING THE UNDERLYING CAUSE LAST	Coronary And	ery Disease			erval between onset and death
			eath but not resulting in the underlying	(Specify Yes or	27. WAS CASE REFERRED. TO CORONER (Specify Yes. O No. No.
	Bai, AGC., SUICIDE; HOM, UNDET. (200 D R. PENDING: INVEST. (Specify)			OW INJURY OCCURRED	
	Be INJURY AT WORK (Specify: 28f F buildi	PLACE OF INJURY- At home, farm, ng, etc. (Specify)	street, factory, office 28g. LOCATION	N STREET OR R.F.D. No. CITY OF	TOWN STATE
6061			STATE REGISTRAR		
13 1					s manual man
			a i da la I		VPS-Pev-20110104
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AFN #2013001592 Page: 4 of 5

DISCLAIMER OF INTEREST

STATE OF COLORADO)
	:ss
COUNTY OF Ampahoe)

I, ROBERT W. WISE, of Acception County, Colorado, being over the age of majority, an heir of the Estate of ELLEN HAXTON, pursuant to NRS 151.005, do hereby absolutely disclaim and renounce without conditions or reservations of any kind all right, title, and interest that I am entitled to as an heir of the Estate of ELLEN HAXTON to any interest inuring to me by reason of the death of my mother, ELLEN HAXTON, and transfer all of my right, title, and interest to my brother, ALLAN A. WISE, including all interest in the 2003 Mercury Sable, VIN 1MEFM58U33A612340, proceeds of the Bankers Life & Casualty life insurance Policy No. 4591140, and the Promissory Note and Deed of Trust granted to ELLEN HAXTON by Cheryl L. Brown for property sold in Skamania County, Washington.



Affidavit of Successor

	Bernecht have a lain rights sording to Washington at tan 1995 at Bisterbuston the second later may consider the later heter with the less ten accress the later of this aircle with the less ten accress the later to this aircle with the less than a constant of the later of the la
The 1.	a undersigned, being first duly sworn, on oath deposes and says: That the name and address of the undersigned successor is as follows: a. Decedent Name: IF IEN I HAX TON
	Successor Name: ALLAN A WISE
	b. Address: 253 Glenvista Dr.
	c. City: Spring Creek State: NU zip: 89815

- 2. The undersigned claimant is a "successor" as defined in Revised Code of Washington (RCW) 11.62.005.
- 3. The decedent was, at the time of their death, a resident of the state of Washington. NCOAOA
- 4. The value of the entire estate of the decedent subject to probate, wherever located, (not including any surviving spouse's community property interest in any assets which are subject to probate in the decedent's estate), less liens and encumbrances, does not exceed \$100,000.
- 5. Forty days have elapsed since the death of the decedent.
- 6. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- 7. All debts of the decedent including funeral and burial expenses have been paid or provided for.
- 8. The undersigned successor claims the following personal property, which property is subject to probate:

Description of Property	Amount
Promissing NU+E	_
DEED OFTRUST	71,000

- 9. The undersigned successor has given written notice, either by personal service or by mail, identifying his or her claim, and describing the property claimed, to all other successors of the decedent, and that at least ten days have elapsed since the service or mail of such notice.
- 10. The undersigned successor is: (One box MUST be checked and the back of this form (page 2) must be completed or the form will be rejected)

Ø	Personally entitled to full payment or delivery of the property described above as the sole heir or,
	Notarized written authority from all heirs is included authorizing the claimant to receive full payment
	An heir entitled to a portion of the property described above and claiming only that portion.

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AFN #2013001592 Page: 5 of 5

STATE OF COLORADO) :ss
COUNTY OF Annahoe)

On the 18th day of January, 2012, personally appeared before me, a Notary

Public, ROBERT W. WISE, who acknowledged that he executed the above instrument.

NOTARY PUBLIC



