

WHEN RECORDED RETURN TO:
Patricia Edmunds
34156 E Walls Road
Hermiston, OR 97838

DOCUMENT TITLE(S):
LACK OF PROBATE AFFIDAVIT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR :
ROSS COLE HOLDEN

REAL ESTATE EXCISE TAX

30207
JUL 31 2013

GRANTEE :
RUTH HOLDEN

PAID Exempt
Vickie Chelland Depits
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:
Lot 11, Block 4, Plat of Relocated North Bonneville, recorded in Book B of Plats, Page 10, under Skamania County File No. 84429, records of Skamania County, in the State of Washington.

TAX PARCEL NUMBER(S):
02-07-19-4-4-1100-00

Skamania County Assessor
Date 7-31-13 Parcel# 2-7-19-4-4-1100
ym

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

Title Insurance Commitment No.: 513-0220ED, County: Skamania

STATE OF)
COUNTY OF) SS:

The undersigned, Patricia Ruth Edmunds, executes this affidavit relating to the estate of Ross Cole Holden (herein "Decedent"), who died on 3-15-13, in the County of Clark, State of Washington, then being a resident of the City of Vanessa, 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:
- spouse or registered domestic partner; and
 - 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
 - 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 Ruth Holden wife
Address: 34156 E Walls Road Hermiston, OR 97838
Name & relationship Patricia Ruth Holden Edmunds daughter
Address: 34156 E. walls Road Hermiston OR 97838
Name & relationship Clifford Ross Holden son
Address: 2443 Felton Ave, White City, OR 97503
Name & relationship Bradley Neal Holden son
Address: 9345 clowhill court, Manassas, VA 20110
Name & relationship Duane Holden son
Address: 277 SE Courtney Road #30 Milwaukie, OR 97222

see back of page for additional names

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 Ruth Holden
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to Ruth Holden
 - ☐ 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 \$ 200,000 , 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: July 12 , 20 12

Patricia R Edmunds
(Signature)

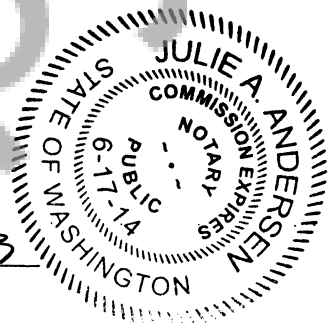
Patricia R Edmunds
(Print or type full name)

34156 E. Walls Road Hermiston, OR 97838
(Full address and telephone number)

541-567-2109

SUBSCRIBED and SWORN TO before me this 15 day of July , 20 13

Julie A Andersen
Notary Public in and for the State of
Washington, residing at Carson, WA



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 764		Washington State Certificate of Death				State File Number		
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Ross Cole Holden					2. Death Date 03/15/2013			
3. Sex (M/F) Male	4a. Age - Last Birthday 89	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Clark			
7. Birthdate 04/02/1923		8a. Birthplace (City, Town, or County) Eager		8b. (State or Foreign Country) Arizona		9. Decedent's Education High School Graduate		
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? Yes		
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 7900 NE Vancouver Mall Dr. #225					13b. City or Town Vancouver			
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98662		
14. Estimated length of time at residence. 7 Months		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Ruth Cluff				
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Power Station Operator				18. Kind of Business/Industry (Do not use Company Name) Power Administration				
19. Father's Name (First, Middle, Last, Suffix) John Wesley Holden				20. Mother's Name Before First Marriage (First, Middle, Last) Edith Marble				
21. Informant's Name Patricia Edmunds		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 34156 E. Walls Rd. Hermiston, OR 97838				
24. Place of Death, if Death Occurred in a Hospital: Assisted Living Facility				25. Facility Name (If not a facility, give number & street or location) 7900 NE Vancouver Mall Dr.				
26a. City, Town, or Location of Death Vancouver		26b. State WA		27. Zip Code 98662				
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Sunset Memorial Gardens		30. Location-City/Town, and State Richland, Washington				
31. Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N. Main/POB 390 White Salmon, WA 98672				32. Date of Disposition 03/22/2013				
33. Funeral Director Signature X <i>[Signature]</i>								
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) →		a. Adult Failure to Thrive Syndrome				Interval between Onset & Death 11 days		
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		b. Senile Dementia with psychosis				Interval between Onset & Death 4 years		
		c.				Interval between Onset & Death		
		d.				Interval between Onset & Death		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Left Heart Failure, Atrial Fibrillation					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 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 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: Zip Code + 4: [REDACTED]					46. Describe how injury occurred [REDACTED]			
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. [Signature] PA-C					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 Cassandra Stell 2701 NW Vaughn St. Richland, OR 97210					50. Hour of Death (24hrs) 2250			
51. Name and Title of Attending Physician if other than Certifier (Type and Print) Karl Winston, PA					52. Date Signed (mm/dd/yyyy) 03/19/2013			
53. Title of Certifier Physician Assistant		54. License Number PA10005149		55. Former File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
57. Registrar Signature [Signature]					58. Date Received (mm/dd/yyyy) MAR 19 2013			
59. Amendments								

Last Will And Testament Of Ross Cole Holden

I, ROSS COLE HOLDEN, being of legal age and of sound and disposing mind, memory, and understanding and not acting under fraud, duress or the undue influence of any person whomsoever, do hereby make, publish and declare this to be my Last Will and Testament and I do hereby expressly revoke any and all former wills and codicils by me made.

ARTICLE I

Identification of Family

I hereby declare that I am married to RUTH HOLDEN and that I have never been married to any other person and that we have as issue of our marriage the following Children to wit:

Patricia Ruth Edmunds born 6 August 1948
Clifford Ross Holden born 6 April 1950
Bradley Neal Holden born 18 November 1951
Duane William Holden born 1 January 1954
Paula Jean Wilson born 26 February 1956
Diana Fitch born 4 March 1959
Steven Richard Holden born 28 March 1965

I declare that I have no other children and any reference to "children" herein refers only to the above listed children.

ARTICLE II

Funeral directions and payment of debts

I direct my body be given a burial befitting my station in life without any undue ostentation or expense. I further direct that all of my just debts, expenses of last illness, funeral expenses and all proper claims and charges against my estate be paid as soon as may conveniently be done after my death.

ARTICLE III

I make no specific devises or bequests

ARTICLE IV

Residuary Devise and Bequest I give devise and bequeath all the rest, residue and remainder of my estate, of whatsoever nature and wherever it may be situate to my wife,


RUTH HOLDEN, but in the event she shall pre-decease me then to my children share and share alike, per stirpes.

ARTICLE V

Personal Representatives

I hereby nominate and appoint PATRICIA RUTH EDMUNDS, CLIFFORD ROSS HOLDEN and DIANA FITCH to be Co-Personal Representatives of my estate to serve without any bond or other undertaking and I further declare that this is a non-intervention will and the Personal Representatives may settle my estate without the intervention of any court.


IN WITNESS WHEREOF, I have hereunto set my hand at Stevenson, Washington this 28th day of September, 1999.

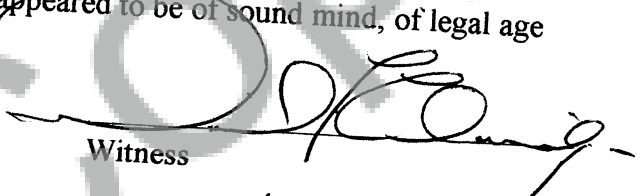

ROSS COLE HOLDEN

STATE OF WASHINGTON)
COUNTY OF SKAMANIA) ss

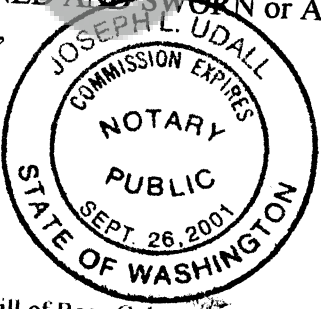
We who have as witnesses signed below, being sworn, say:


Each of us is legal age and competent to be a witness. On the date shown immediately above, ROSS COLE HOLDEN declared in our presence the foregoing instrument to be his Last Will and Testament, signed in our presence, and requested that we sign as witnesses to the Will and that we make this affidavit. Each of us then in the presence of the Testator and each other, did sign below as witness to the Will and did make this affidavit. ROSS COLE HOLDEN appeared to be of sound mind, of legal age and not under duress.


Witness


Witness

SIGNED AND SWORN or AFFIRMED to before me on this 28th day of September 1999,




Notary Public
My Appointment expires Sept. 26, 2001