

AFTER RECORDING MAIL TO:

Name Lesley Harris
Address PO Box 8
City/State Stevenson, WA 98648

Document Title(s): (or transactions contained therein)

1. Death Certificate
2. Last Will and Testament of Mark A. Harris
- ~~3. Quit Claim Deed JH~~
4. Lack of Probate Affidavit (State of Washington)
- ~~5. Real Estate Excise Tax Affidavit JH~~

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. Harris, Mark A.
2. Harris, Jesse G JH
3. Harris, Pamela G JH
- 4.

5. Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Harris, Lesley M.
- 2.
- 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)

Westerly 43 feet of lot 4, lots 7, 8, 9, 10 and lot 11, Block 4 Upper Cascades Addition of Stevenson, WA As recorded on pg 69 of Book A of Plats

Skamania County Assessor

Date 8-19-13 Parcel 3-7-30-2-4-1600

Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03073624160000 (initials)



REAL ESTATE EXCISE TAX

30242

AUG 19, 2013

PAID Exempt
Shirley Janni Denny
CLERK OF COUNTY TREASURY

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, Lesley Harris, executes this affidavit relating to the estate of Mark Andrew Harris (herein "Decedent"), who died on June 6, 2013, in the County of Skamania, State of Washington, 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 Jesse L. Harris Son
 Address: PO Box 8 Stevenson, WA 98648
 Name & relationship Pamela G. Harris Daughter
 Address: PO Box 8 Stevenson, WA
 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 Lesley M. Harris.
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was:
 - married to Lesley M. Harris.
 - 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): Economic Development Council
Po Box 436 Stevenson, WA 98648

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 120,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 60,000, 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: Aug 19, 20 13

Lesley Harris
(Signature)

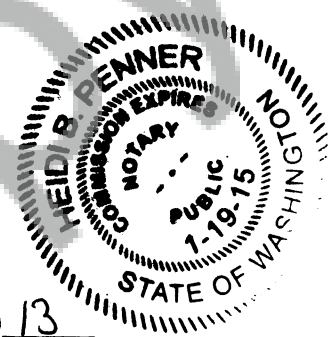
Lesley Harris
(Print or type full name)

Po Box 8 Stevenson, WA 98648
(Full address and telephone number)

509-637-6508

SUBSCRIBED and SWORN TO before me this 19 day of August, 20 13

Heidi B. Penner
Notary Public in and for the State of
Washington, residing at Carson, WA



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Mark Andrew Harris 06/06/2013

| | | | | | |
|--|---|---|---|--|--------------------------------|
| 3. Sex (M/F) M | 4a. Age - Last Birthday 48 | 4b. Under 1 Year Months Days | 4c. Under 1 Day Hours Minutes | 5. Social Security Number [REDACTED] | 6. County of Death Skamania |
| 7. Birthdate 10/23/1964 | 8a. Birthplace (City, Town, or County) Hood River | 8b. (State or Foreign Country) Oregon | 9. Decedent's Education Some College Credit | | |
| 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.) 254 NW Willard Street | | | | 13b. City or Town Stevenson | |
| 13c. Residence: County Skamania | 13d. Tribal Reservation Name (if applicable) N/A | 13a. State or Foreign Country Washington | 13f. Zip Code + 4 98648 | 13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 14. Estimated length of time at residence. 23 years | 15. Marital Status at Time of Death Married | 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Lesley Warren | | | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Chef/Restaurant Owner | | | 18. Kind of Business/Industry (Do not use Company Name) Food Hospitality | | |
| 19. Father's Name (First, Middle, Last, Suffix) Thurlo Harris | | | 20. Mother's Name Before First Marriage (First, Middle, Last) June M. Maxwell | | |
| 21. Informant's Name Lesley Harris | 22. Relationship to Decedent Spouse | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 8, Stevenson, Washington 98648 | | | |
| 24. Place of Death, if Death Occurred in a Hospital: [REDACTED] | | | Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home | | |
| 25. Facility Name (If not a facility, give number & street or location) 254 NW Willard Street | | | 26a. City, Town, or Location of Death Stevenson | 26b. State WA | 27. Zip Code 98648 |
| 28. Method of Disposition Cremation | 29. Place of Final Disposition (Name of cemetery, crematory, other place) Cascade Cremation Center | | 30. Location-City/Town, and State Tualatin, Oregon | | |
| 31. Name and Complete Address of Funeral Facility Crown Memorial Center-832 NE Broadway, Portland, Oregon 97232 | | | | 32. Date of Disposition June 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. *Metastatic Testicular Cancer* Interval between Onset & Death: *4 years*

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. _____ Due to (or as a consequence of): _____ Interval between Onset & Death: _____

c. _____ 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
None

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death
 Natural Homicide Accident Undetermined Suicide Pending

39. If female
 Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death?
 Yes Probably No 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? Yes No Unk

45. Location of Injury: Number & Street: _____ Apt No. _____
City or Town: _____ County: _____ State: _____ Zip Code+ 4: _____

46. Describe how injury occurred _____ 47. If transportation injury, specify:
 Driver/Operator Pedestrian Passenger 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 *[Signature]*

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. X

49. Name and Address of Certifier, Physician, Medical Examiner or Coroner (Type or Print)
R Allen Kaberge 212 Skyline Dr White Salmon WA 98728

50. Hour of Death (24hrs) 1015

51. Name and Title of Attending Physician if other than Certifier (Type or Print) _____ 52. Date Signed (MM/DD/YYYY)
06/10/2013

53. Title of Certifier MD 54. License Number 00033035 55. Coroner File Number _____ 56. Was case referred to ME/Coroner?
 Yes No

57. Registrar Signature *[Signature]* 58. Date Received (MM/DD/YYYY) 06/10/2013

59. Amendments _____



DOH/CHS 003 Rev 07/09/07

DOH 01-003 (6/10)

**LAST WILL AND TESTAMENT
OF
MARK A. HARRIS**

I, Mark A. Harris, of Stevenson, Washington, revoke my former Wills and Codicils and declare this to be my Last Will and Testament.

**ARTICLE I
IDENTIFICATION OF FAMILY**

I am married to Leslye M. Harris and all references in this Will to "my spouse" are references to Leslye M. Harris.

**ARTICLE II
PAYMENTS OF DEBTS AND EXPENSES**

I direct that my just debts, funeral expenses, and expenses of last illness be first paid from my estate.

**ARTICLE III
DISPOSITION OF PROPERTY**

Residuary Estate. I direct that my residuary estate be distributed to my spouse, Leslye M. Harris. If my spouse does not survive me, my residuary estate shall be distributed to my spouse's heirs-at-law, their identities and respective shares to be determined under laws of the State of Washington, then in effect, relating to the succession of separate property that is not attributable to a predeceased spouse, as if my spouse had died intestate at the time fixed for distribution under this provision.

**ARTICLE IV
NOMINATION OF PERSONAL REPRESENTATIVE**

I nominate Glen Daman, of Stevenson, Washington, as the Personal Representative, without bond or security. If such person or entity does not serve for any reason, I nominate Leslye Harris, of Stevenson, Washington, to be the Personal Representative, without bond or security.

M.A.H.

**ARTICLE V
PERSONAL REPRESENTATIVE POWERS**

My Personal Representative, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the right and power to lease, sell, mortgage, or otherwise encumber any real or personal property that may be included in my estate, without order of court and without notice to anyone.

My Personal Representative shall have the right to administer my estate using "informal", "unsupervised", or "independent" probate or equivalent legislation designed to operate without unnecessary intervention by the probate court.

**ARTICLE VI
MISCELLANEOUS PROVISIONS**

A. Paragraph Titles and Gender. The titles given to the paragraphs of this Will are inserted for reference purposes only and are not to be considered as forming a part of this Will in interpreting its provisions. All words used in this Will in any gender shall extend to and include all genders, and any singular words shall include the plural expression, and vice versa, specifically including "child" and "children", when the context or facts so require, and any pronouns shall be taken to refer to the person or persons intended regardless of gender or number.

B. Thirty Day Survival Requirement. For the purposes of determining the appropriate distributions under this Will, no person or organization shall be deemed to have survived me unless such person or entity is also surviving on the thirtieth day after the date of my death.

C. Liability of Fiduciary. No fiduciary who is a natural person shall, in the absence of fraudulent conduct or bad faith, be liable individually to any beneficiary of my estate, and my estate shall indemnify such natural person from any and all claims or expenses in connection with or arising out of that fiduciary's good faith actions or nonactions as the fiduciary, except for such actions or nonactions which constitute fraudulent conduct or bad faith.

D. Beneficiary Disputes. If any bequest requires that the bequest be distributed between or among two or more beneficiaries, the specific items of property comprising the respective shares shall be determined by such beneficiaries if they can agree, and if not, by my Personal Representative.

MLB

IN WITNESS WHEREOF, I have subscribed my name below, this 15 day of April, 2013.

Testator Signature: Mark Harris
Mark A. Harris

We, the undersigned, hereby certify that the above instrument, which consists of 3 pages, including the page(s) which contain the witness signatures, was signed in our sight and presence by Mark A. Harris (the "Testator"), who declared this instrument to be his/her Last Will and Testament and we, at the Testator's request and in the Testator's sight and presence, and in the sight and presence of each other, do hereby subscribe our names as witnesses on the date shown above.

Witness Signature: Glen Daman
Name: Glen Daman
City: Stevenson
State: Washington

Witness Signature: Becky Daman
Name: Becky Daman
City: Stevenson
State: Washington

State of Washington
County of Skamania
Signed and sworn to (or affirmed) before me on 4/15/13 by Mark A. Harris,

Tana I. Berkemeyer
Notary Public

TANA I. BERKEMEYER
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
APRIL 19, 2016


MB

AFFIDAVIT

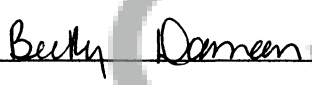
I, Mark A. Harris, the Testator, sign my name to this instrument this 15 day of April, 2013, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Will and that I sign it willingly, in the presence of the undersigned witnesses, that I execute it as my free and voluntary act for the purposes expressed in the Will, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Testator Signature: 
Mark A. Harris

We, Glen Daman and Becky Daman the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as the Testator's will and that the Testator signs it willingly in our presence, and that the Testator executes it as the Testator's free and voluntary act for the purposes expressed in the will, and that each of us, in the presence and hearing of the Testator, at the Testator's request, and in the presence of each other, hereby signs this will, on the date of the instrument, as witness to the Testator's signing, and that to the best of our knowledge the Testator is eighteen years of age or older, of sound mind and memory, and under no constraint or undue influence, and the witnesses are of adult age and otherwise competent to be witnesses.

Witness Signature: 

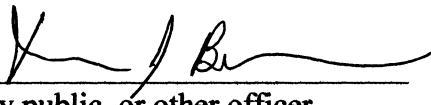
Name: Glen Daman
City: Stevenson
State: Washington

Witness Signature: 

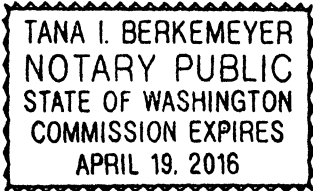
Name: Becky Daman
City: Stevenson
State: Washington

STATE OF WASHINGTON
COUNTY OF SKAMANIA

Subscribed, sworn to and acknowledged before me by Mark A. Harris, the Testator; and
subscribed and sworn to before me by Glen Daman and Becky Daman witnesses, this 15th
day of April, 2013.



Notary public, or other officer
authorized to take and certify
acknowledgments and administer oaths



Unofficial Copy