

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:

**First American Title Insurance Company**

(this space for title company use only)

☐ Additional numbers on page _____ of document

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

1. Harris, Mark A.
2. Harris, Jesse L *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
JH

☐ Complete legal description is on page _____ of document

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

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	<u>Jesse L. Harris</u>	<u>Son</u>
Address:	<u>PO Box 8 Stevenson, WA 98648</u>	
Name & relationship	<u>Pamela G. Harris</u>	<u>Daughter</u>
Address:	<u>PO Box 8 Stevenson, WA</u>	
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

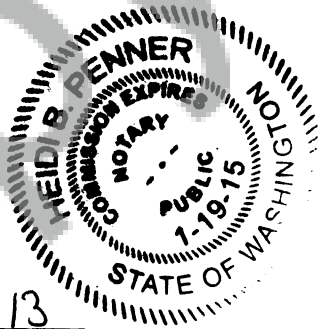
Lesley Harris
(Signature)

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 5 th 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	13e. 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: 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 Transitional Carcinoma 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): c. Due to (or as a consequence of): d. Due to (or as a consequence of): Interval between Onset & Death 4 years					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above None				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"/> 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 checked="" type="checkbox"/> Probably <input 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. Location of Injury: Number & Street: 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)			
47a. 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>				47b. 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	
48. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) R Allen Kaberge 212 Skyline Dr White Salmon WA 98672				49. Hour of Death (24hrs) 1015	
50. Name and Title of Attending Physician if other than Certifier (Type or Print)				51. Date Signed (MM/DD/YYYY) 06/10/2013	
52. Title of Certifier MD		53. License Number 00033032		54. Coroner File Number	
55. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				56. Date Received (MM/DD/YYYY) 06/10/2013	
57. Registrar Signature <i>[Signature]</i>				58. Amendments	



DOH/CHS 003 Rev 07/09/07

DOH 01-003 (6/10)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPY ESTIMATED FIVE-DOLLAR FEE.

***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.

Mark A. Harris

**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.

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,

T. I. R.
Notary Public
TANA I. BERKEMEYER
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
APRIL 19, 2016

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
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:

Glen Daman

Name: Glen Daman
City: Stevenson
State: Washington

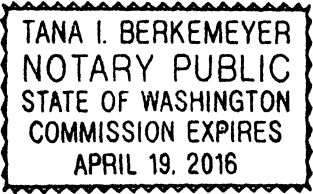
Witness Signature:

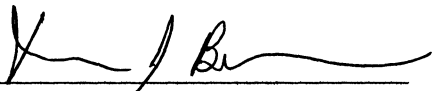
Becky Daman

Name: Becky Daman
City: Stevenson
State: Washington

STATE OF WASHINGTON
COUNTY OF SKAMANIA

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