

WHEN RECORDED RETURN TO:

Cobi Marie Johnson
1165 TUCKER ROAD
HOOD RIVER, OR 97031

DOCUMENT TITLE(S):

Death Certificate / Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR: Estate of Eric Dean Johnson

GRANTEE: Cobi Marie Johnson

ABBREVIATED LEGAL DESCRIPTION: #30 SID TIN R5EWM

TAX PARCEL NUMBER(S): 01-05-10-0-0-0301-00 ACP

REAL ESTATE EXCISE TAX

30272

SEP -9, 2013

PAID Exempt
Audrey Johnson Deputy
CLERK OF COUNTY TREASURER

LACK OF PROBATE AFFIDAVIT
For Separate, Community or
Joint Tenancy Property

STATE OF Washington
COUNTY OF Skamania

Order No.: 612823223

Corbi Marie Johnson (herein, "Affiant"), being first duly sworn, on oath deposes and says:

That Affiant is:
The lawful surviving spouse of the Decedent

All with respect to the estate of Eric Dean Johnson (herein "Decedent"), who died on Jan. 6, 2004, in the County of Skamania, State of Washington, then being a resident of the City of Washougal, County of Skamania, State of Washington. (A copy of the death certificate is attached hereto)

That Affiant has herein below identified each and all of the heirs at law and next of kin of decedent, including but not limited to children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then Affiant has listed below all of the surviving parents, brothers and sisters of decedent), spouse, registered domestic partner, and *including 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: N/A
Address: _____
Name & relationship: _____
Address: _____
Name & relationship: _____
Address: _____
Name & relationship: _____
Address: _____

That among items of real property owned by the Decedent at the time of death was real estate located in County of Skamania, State of Washington, and described in the above referenced Title Insurance Commitment.

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Joint Tenancy Property
(continued)

As to the Decedent, said real estate 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 property was purchased the Decedent was:

- ☒ married to Cobi Marie Johnson
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____

2. That on the date of death the Decedent was

- ☒ married to Cobi Marie Johnson
☐ 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 SKamania-Clark County recording no. _____ (if unrecorded, attach a copy) (unsure exactly which county)

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.

6. ☒ 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.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been 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 said joint tenancy continued in full force until the death of the Decedent

LACK OF PROBATE AFFIDAVIT
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(continued)

with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said 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): pd in full.

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

This affidavit is made to induce Fidelity National Title Insurance Company (the Company) to insure real property covered by the Company's order number set forth above, in which Decedent held an interest at the time of the Decedent's death. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The Affiant, for the Affiant and for the Affiant's heirs, executors and administrators, covenants to indemnify said Company or any other person, including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Cobi Johnson
Signature
Cobi Johnson
Print Name

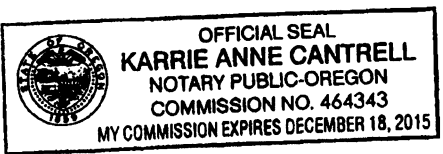
Sept 4, 2013
Date

LACK OF PROBATE AFFIDAVIT
For Separate, Community or
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(continued)

State of ~~Washington~~ Oregon
County of Hood River

Signed and sworn to (or affirmed) before me on September 4, 2013 by Cobi Marie Johnson
(name of person making Statement)

Karrie Cantrell
Name: Karrie Cantrell
Notary Public in and for the State of ~~Washington~~ Oregon
Residing at: Hood River
My appointment expires: 12-18-15



Unofficial Copy

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POSTAL ANNEX

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STATE OF WASHINGTON DEPARTMENT OF HEALTH			
JANUARY 14, 2004			
1. Date of Death		2. County of Death	
January 14, 2004		Skamania	
3. Birthdate		4. Decedent's Race(s)	
January 10, 1967		White	
5. Was Decedent of Hispanic Origin? (Yes or No)		6. Was Decedent ever in U.S. Armed Forces?	
No		No	
7. Residence Number and Street (e.g., 824 5th St.) (Include Apt. No.)			
301 Canyon Creek Road			
8. Residence County		9. State or Foreign Country	
Skamania		WA	
10. Estimated length of time at residence		11. Marital Status at Time of Death	
8 yrs		Married	
12. Usual Occupation (Indicate type of work done during most of working life. You may be retired)		13. Kind of Business/Industry	
Welder		Paper Mill	
14. Father's Name (First, Middle, Last, Suffix)		15. Mother's Name Before Marriage (First, Middle, Last)	
Keith Duane Johnson		Wanell Lane	
16. Informant's Name		17. Relationship to Decedent	
Cobi Johnson		Wife	
18. Mailing Address		19. City or Town	
301 Canyon Creek Road		Washougal, WA 98671	
20. Place of Death, if death occurred in a hospital		21. Facility Name (if not a facility, give number & street)	
Decedent's home		301 Canyon Creek Road	
22. Method of Disposition		23. Place of Disposition (Name of cemetery, crematory, other place)	
Cremation		Oregon Crematory	
24. Name and Complete Address of Funeral Facility		25. Date of Disposition	
Brown's Funeral Home Inc., 410 NE Garfield St., Camas, WA 98608		January 14, 2004	
26. Funeral Director Signature		27. Cause of Death (See instructions and examples)	
Ron Brown		IMMEDIATE CAUSE (Final disease or condition resulting in death)	
		a. Leukemia with lung metastases	
		Due to (or as a consequence of):	
		b. Due to (or as a consequence of):	
		c. Due to (or as a consequence of):	
		d. Due to (or as a consequence of):	
28. Other significant conditions contributing to death but not resulting in the underlying cause given above		29. Autopsy?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30. Manner of Death		31. Were autopsy findings available to complete the Cause of Death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. Date of Injury (mm/dd/yyyy)		33. Did tobacco use contribute to death?	
		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
34. Hour of Injury (24hrs)		35. Injury at Work?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
36. Place of Injury (e.g., Decedent's home, construction site)		37. Zip Code - 4:	
		98671	
38. Location of Injury: Number & Street		39. Describe how injury occurred	
City or Town: County: State:			
40. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place stated due to the cause(s) and manner stated.		41. Medical Examiner/Coroner: On the basis of examination, and/or investigation, in my (date, and place, and due to the cause(s) and manner stated.	
42. Name and Address of Certifier: Physician, Medical Examiner or Coroner (Type or Print)		43. Date Certified (mm/dd/yyyy)	
DAVID Z. ...		1/13/04	
44. Name and Title of Attending Physician if other than Certifier (Type or Print)		45. Was case referred to medical examiner?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
46. Title of Certifier		47. Date Received (mm/dd/yyyy)	
		01/13/2004	
48. Registrar Signature		49. Printed Name	
50. Printed Name		51. Date Received	