

WHEN RECORDED RETURN TO:
Lorie Lynne Getsfield
10713 NE 42nd Street
Vancouver, WA 98682

DOCUMENT TITLE(S):
Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR :
The Estate of June H. Keys, Deceased

GRANTEE:
Garry Charles Keys
Mary Ann Jefferson
Lorie Lynn~~2~~Getsfrid

LEGAL DESCRIPTION:
Lot 2, Block 9, relocated North Bonneville, recorded in Book "B", page 7-16 and in Book "B", page 23-32, Plat Records in the County of Skamania and State of Washington

TAX PARCEL NUMBER(S):
02-07-20-3-4-3000-00

REAL ESTATE EXCISE TAX
30408
NOV 27, 2013
PAID Exempt
Sydney James Deputy
SKAMANIA COUNTY TREASURER

Skamania County Assessor
Date 11-27-13 Parcel# 2-7-20-3-4-3000
(PW)

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

Title Insurance Commitment No. 5130232 County: Skamania

STATE OF Washington

COUNTY OF Skamania

SS:

The undersigned, Mary Ann JEFFERSON, executes this affidavit relating to the estate of Jane H. Keys (herein "Decedent"), who died on 4.10.12, in the County of Skamania, State of WA, then being a resident of the City of NORTH BONNEVILLE, 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>Garry C Keys</u>	<u>SON</u>
Address:	<u>520 Gordon Ave. Columbia Falls MT 59912</u>	
Name & relationship	<u>Mary Ann JEFFERSON</u>	<u>Daughter</u>
Address:	<u>P.O. Box 143 510 E Cascade Dr. North Bonneville, WA 98639</u>	
Name & relationship	<u>LORIE L. Getsfrid</u>	<u>Daughter</u>
Address:	<u>10713 NE 42 ST Vancouver WA 98682</u>	
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 _____.
 - ☒ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was:
 - ☐ married to _____.
 - ☒ 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): Balance of mortgage

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 130,000, 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 River 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: Sept. 18, 20 13

[Signature]
(Signature)

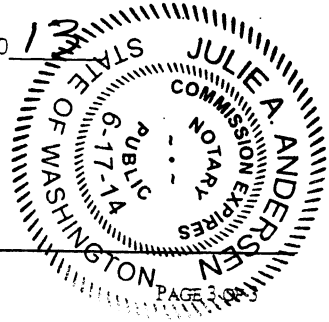
MARY ANN JEFFERSON
(Print or type full name)

P.O. Box 143
910 E Cascade Dr. NORTH Bonneville, WA.
(Full address and telephone number)

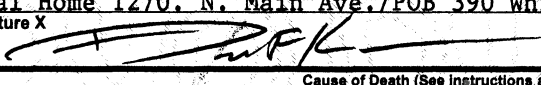
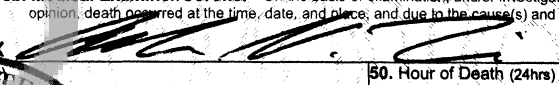
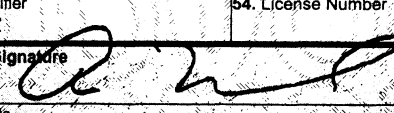
509-427-8752

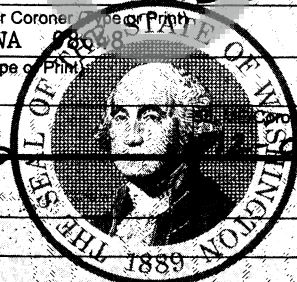
SUBSCRIBED and SWORN TO before me this 18 day of 9, 20 13

[Signature]
Notary Public in and for the State of
Washington, residing at Carson, Washington



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix June Harriet KEYS				2. Death Date April 10, 2012	
3. Sex (M/F) Female	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 Skamania
7. Birthdate June 5, 1922	8a. Birthplace (City, Town, or County) Terry	8b. (State or Foreign Country) Montana		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? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 902 Sun Tillikum St.				13b. City or Town North Bonneville	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98639
14. Estimated length of time at residence. 33 Years		15. Marital Status at Time of Death Divorced		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Custodian				18. Kind of Business/Industry (Do not use Company Name) Power Company	
19. Father's Name (First, Middle, Last, Suffix) David H. Hedvall				20. Mother's Name Before First Marriage (First, Middle, Last) Frida C. Johnson	
21. Informant's Name Mary Ann Jefferson		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip E. Cascade Dr. North Bonneville, WA 98639	
24. Place of Death, if Death Occurred in a Hospital: 902 Sun Tillikum St.				25. Facility Name (If not a facility, give number & street or location) 902 Sun Tillikum St.	
26a. City, Town, or Location of Death North Bonneville				26b. State WA	27. Zip Code 98639
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory		30. Location-City/Town, and State White Salmon, Washington	
31. Name and Complete Address of Funeral Facility Gardner Funeral Home 1270. N. Main Ave./POB 390 White Salmon, WA 98672				32. Date of Disposition April 24, 2012	
33. Funeral Director Signature X 					
34. Enter the <u>chain of events</u> - 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) → <input checked="" type="checkbox"/> Stroke				Interval between Onset & Death Unknown	
Due to (or as a consequence of):				Interval between Onset & Death	
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 <input checked="" type="checkbox"/> Untreated Atrial Fibrillation				Interval between Onset & Death Unknown	
Due to (or as a consequence of):				Interval between Onset & Death	
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				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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		41. Date of Injury (MM/DD/YYYY) [REDACTED]	
42. Hour of Injury (24hrs) [REDACTED]		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) [REDACTED]		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: [REDACTED]				Apt No. [REDACTED]	
City or Town: [REDACTED]				County: [REDACTED]	
State: [REDACTED]				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. X				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) Adam Kick PO Box 790 Stevenson, WA 98648				50. Hour of Death (24hrs) 1708	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) [REDACTED]				52. Date Signed (MM/DD/YYYY) April 23, 2012	
53. Title of Certifier Coroner		54. License Number [REDACTED]		55. Coroner File Number 2523	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature X 	
58. Date Received (MM/DD/YYYY) 04/24/2012				59. Amendments	



Will and Testament of June Harriet Keys

I, June Harriet Keys, of North Bonneville, Washington, Skamania County, declare this to be my Will, and by signing it, invalidate any and all previous Wills and codicils.

Article 1. Identification of Family Members.

1.1 My immediate family consists of my children Garry Charles Keys, Mary Ann Jefferson and Lorie Lynne Getsfrid.

Article 2. Appointment of Executor.

2.1 I appoint Lorie Lynne Getsfrid as the executor of my estate. If at any time Lorie Lynne Getsfrid is unable or unwilling to fulfill the obligations as executor, I appoint Mary Ann Jefferson to act as executor in place of Lorie Lynne Getsfrid.

2.2 I direct that no bond or security be required of my executor for any purpose, and that my executor shall have unrestricted nonintervention powers to settle my estate in the manner set forth in this Will.

2.3 In carrying out the provisions of this Will and administering my estate, my executor shall have full power, authority, and discretion to do all that may seem necessary or desirable to my executor in administering my estate, including, without limitation the authority to make interim distributions of principal to those who are to receive the principal of my estate, and distribute any or all of the income of the assets of my estate to or for the use of the beneficiaries of my estate in accordance with their respective interests; provided that nothing contained in this clause shall require my executor to make any such distributions of principal or income.

Article 3. Taxes.

3.1 My personal representative shall pay from the residue of my estate all proper obligations of my estate, including any estate, inheritance, or other taxes (and interest or penalties on such taxes), expenses of my last illness and funeral, costs of administration, and other proper charges and enforceable claims against my estate. Payments may be charged to estate income or principal in the discretion of my personal representative to the extent no deduction otherwise allowable is reduced thereby.

Article 4. Distribution of Estate.

4.1 The following shall apply to the beneficiary provisions of this Will:

4.1.1 The survivorship period shall be 30 days. In order to inherit, an individual or organization must be alive or in existence on the 30th day after my death. Any beneficiary, except the alternate residuary beneficiary, must survive me to inherit under this Will.

4.1.2 Any property left in this Will shall pass subject to any encumbrances or liens on the property.

4.2 **Specific Gifts.** I leave the following specific gifts:

4.3 **Residuary Estate.**

I leave my residuary estate, that is, the rest of my property not otherwise specifically and validly disposed of by this will or in any other manner, including lapsed or failed gifts, in the following manner:

4.3.1 I give all of my estate in shares in the following manner:

To my son Garry Charles Keys, 34% of my estate.

To my daughter Mary Ann Jefferson, 33% of my estate.

To my daughter Lorie Lynne Getsfrid, 33% of my estate.

Article 5. No-Contest Provision.

If any beneficiary under this Will contests or attacks this Will or any of its provisions in any legal manner, any property, share or interest in my estate left to the contesting beneficiary under this Will is revoked and shall be disposed of as if that contesting beneficiary had predeceased me without children.

Article 6. Witness Affidavit.

I request that the attesting witnesses to my Will make an affidavit before a notary public stating such facts as they would be required to testify to a Court in order to prove such Will.

In witness whereof, I have subscribed by name this 5 day of NOV, 2010.


June Harriet Keys
Attestation Clause and Affidavit of Witnesses

State of Washington
County of Skamania

Each of the undersigned being first duly sworn, states that on this 5th day of NOV, 2010:

1. I am of legal age and competent to be a witness to the Will of June Harriet

Keys, the Testator.

- 2. The Testator, in my presence, and in the presence of the other witnesses whose signatures appear below;
 - a. Declared the foregoing instrument to be his Will;
 - b. Requested me and the other witnesses to act as witnesses to his Will and to make this affidavit, and;
 - c. Signed such instrument.
- 3. I believe the Testator to be of sound mind, and that in so declaring and signing she was not acting under any duress, menace, fraud, or undue influence.
- 4. The other witnesses and I, in the presence of the Testator and each other, now affix our signatures as witnesses to the Will and make this affidavit.

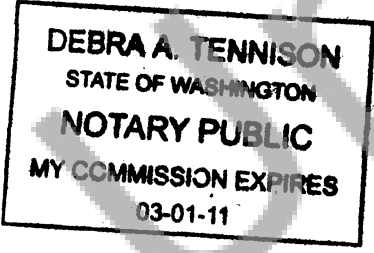
First witness: Jeannie M. Cummings
Print name: Jeannie M. Cummings
Address: 901 Suntillikum St. - P.O. Box 437 - North Bonneville, WA, 98639

Second witness: Robert D. Cummings
Print name: Robert D. Cummings
Address: 901 Suntillikum P.O. Box 437 North Bonneville, WA 986

Third witness: _____
Print name: _____
Address: _____

Given under my hand and official seal this 5th day of NOVEMBER, 2010.

Signature: Debra A. Tennison
Print name: Debra A. Tennison
Notary public for Washington



My commission expires: 3/1/11

Statement of Notary Public.

I believe that Declarant to be, at the time of this Declaration, at least eighteen (18) years of age or older, of sound mind and sane. I believe the Declarant is not under constraint or subject to any duress, fraud, coercion, or undue influence and is able to understand the consequences of health care decisions at the time the document was signed. I declare that the above did not sign the Declarant's signature above for or at the direction of the Declarant. I am not an agent or a proxy for the Declarant in any living will or health care directive of the Declarant, nor a proxy or agent regarding any durable power of attorney for the Declarant. I am of at least twenty-one (21) years of age and am not related to the Declarant by blood or marriage, entitled to any portion of the estate of the Declarant under any operation of law or according to the laws of intestate succession of (this state), or under any will of the Declarant or codicil thereto, or any existing testamentary or trust instrument of the Declarant. I am not directly financially responsible for the Declarant's medical care. I am not a creditor of the Declarant nor am I entitled to any financial benefit by reason of death of the Declarant, financially or otherwise. I am not an employee or agent of any person who has a claim against any portion of the estate of the Declarant upon the Declarant's decease at the time of execution of this directive. I am not the Declarant's attending physician, an employee of the attending physician or an agent, employee or patient of the health care facility, community care facility, residential care facility, residential care facility for the elderly, long term care facility or nursing home facility where the Declarant is a patient. I am mentally and emotionally competent to witness this directive and am not under any force of coercion, duress, fraud or undue influence, and I understand its full import.

DEBRA A. TENNISON
STATE OF WASHINGTON
NOTARY PUBLIC
MY COMMISSION EXPIRES
03-01-11

Signature: Debra A. Tennison
Print name: Debra A. Tennison
Notary public for Washington
My commission expires: 3/1/11