

When recorded return to:
Doyce N. Johnson
9837 Silvretta Drive
Cypress, CA 90630

Filed for record at the request of:
Fidelity National Title
COMPANY OF WASHINGTON, INC
500 E. Broadway, #425
Vancouver, WA 98660

Escrow No.: 612824027

REAL ESTATE EXCISE TAX
30430
DEC 10 2013
PAID Exempt
by deputy
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)
Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____
Additional reference numbers on page _____ of document

GRANTOR(S)
Estate of William L. Johnson
☐ Additional names on page _____ of document

GRANTEE(S)
Doyce N. Johnson
☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION
Cabin 141, North Woods
Skamania County Assessor
Date 12-10-13 Parcel # 96000141
Complete legal description is on page 1 of document

TAX PARCEL NUMBER(S)
96000141 Y
Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

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

Title Insurance Commitment No.: _____, County: _____

STATE OF California)

SS:

COUNTY OF Orange)

The undersigned, Douglas Johnson, executes this affidavit relating to the estate of Washington (herein "Decedent"), who died on 12-7-09, in the County of Clark, State of Washington, then being a resident of the City of Vancouver, County of Clark, 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: Sandra G Mc Gaffie Daughter
Address: 9208 Blomfield #69 Cypress CA 90630

Name & relationship: Sharon V Otander Daughter
Address: 4837 S. Luke Ave Cypress CA 90630

Name & relationship: William H Johnson Son
Address: 31958 Livingston St. Menifee CA 92584

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 Doyle N. 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 Doyle N. 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 _____ 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):

N/A

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$300,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$100,000, and including the value of Decedent's separate property, if any, of approximately \$ N/A, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ N/A.

This affidavit is made to induce Fidelity 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: DEC 4, 2013

X Doyce N. Johnson
(Signature)

Doyce N. Johnson
(Print or type full name)

714- 826- 5405
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this see attached Jurat day of , 2013

Notary Public in and for the State of
residing at

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 4th
day of December, 2013, by Doyce N. Johnson

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature

A handwritten signature in black ink, appearing to read "Relly Trinidad", written over a horizontal line.

Unofficial Copy

Oct.29.2013 11:52

BRILL MCGAFFIC

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number **0557** Washington State Certificate of Death State File Number

672

1. Legal Name (include AKA's if any) First Middle Last Suffix
William Lloyd Johnson

2. Death Date
December 07, 2009

3. Sex (M/F)
Male

4a. Age - Last Birthday
77

4b. Under 1 Year
Months Days

4c. Under 1 Day
Hours Minutes

5. Social Security Number
[REDACTED]

6. County of Death
Clark

7. Birthdate
September 09, 1932

8a. Birthplace (City, Town, or County)
Vancouver

8b. (State or Foreign Country)
Washington

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)
Caucasian

12. Was Decedent ever in U.S. Armed Forces? Yes

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)
14808 NE 26th Street

13b. City or Town
Vancouver

13c. Zip Code - 4
98684

13d. Inside City Limits? ☐ Yes ☐ No ☐ Unk

14. Estimated length of time at residence.
Life long resident

15. Marital Status at Time of Death
Married

16. Surviving Spouse's Name (Give name prior to first marriage)
Doyce Novell Gilbert

17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED). Kind of Business/Industry (Do not use Company Name)
Mechanic

18. Father's Name (First, Middle, Last, Suffix)
Erik Johnson

19. Mother's Name Before First Marriage (First, Middle, Last)
Doris Knapp

20. Informant's Name
Sandra McGaffic

21. Relationship to Decedent
Daughter

22. Mailing Address: Number and Street or RFD No. City or Town State Zip
17418 N. 20th Place Phoenix, AZ 85022

23. Place of Death, if Death Occurred in a Hospital:
Residence Hospice

24. Place of Death, if Death Occurred Somewhere Other Than a Hospital:
Residence Hospice

25. Facility Name (if not a facility, give number & street or location)
14808 NE 26th Street

26a. City, Town, or Location of Death
Vancouver

26b. State
WA

27. Zip Code
98684

28. Method of Disposition
Cremation

29. Place of Final Disposition (Name of cemetery, crematory, other place)
Aloha Crematory

30. Location-City/Town, and State
Aloha, Oregon

31. Name and Complete Address of Funeral Facility
Springer and Son Aloha Funeral Home 4150 SW 185th Ave. Aloha, Oregon 97006

32. Date of Disposition
DEC 7, 2009

33. Funeral Disposition
CO-3830

34. Enter the chain of events, injuries, or complications which 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.
Metastatic pancreatic cancer

IMMEDIATE CAUSE (Final disease or condition resulting in death) → **Metastatic pancreatic cancer**

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

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
Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy?
☐ Yes ☒ No

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

38. Manner of Death
☒ Natural ☐ Homicide ☐ Undetermined ☐ Suicide ☐ Pending

39. If female
☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before 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 ☒ No ☐ Probably ☐ 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 State Zip Code - 4

46. Describe how injury occurred

47. If transportation injury, specify:
☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician: (Name and Address of Physician, Medical Examiner or Coroner)
C. Puhel

48b. Medical Examiner/Coroner: (Name and Address of Medical Examiner or Coroner)
C. Puhel

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner
C. Puhel

50. Hour of Death (24hrs)

51. Name and Title of Attending Physician (other than Certifier) (Type)
CLIFFORD S. PUKER

52. Date Signed (mm/dd/yyyy)
12/7/9

53. Title of Certifier
MD

54. License Number
MD 0003

55. File Number

56. Was case referred to ME/Coroner?
☐ Yes ☒ No

57. Registrar Signature
[Signature]

58. Date Received (mm/dd/yyyy)
DEC 07 2009

59. Amendments

60. Seal of the State of Washington, Department of Health, 1889

DOH 01-000 (Rev. 01/01)