

WHEN RECORDED RETURN TO: **REAL ESTATE EXCISE TAX**

Gloria D. Bartnick  
4075 S Hackberry Trail  
Gold Canyon, AZ 85118

20448  
DEC 18 2013  
PAID Exempt  
by deputy  
SKAMANIA COUNTY TREASURER

**DOCUMENT TITLE(S):**  
Lack of Probate Affidavit

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR :**  
Richard L. Brannan

**GRANTEE :**  
Gloria D. Bartnick Who Aquired Title As G. Deann Brannan, A Married Woman As Her Sole And Separate Property

**ABBREVIATED LEGAL DESCRIPTION:**  
Lot 3 of Jack and Melba E. Spring's Short Plat  
Full Legal Description on Page 8

**TAX PARCEL NUMBER(S):**  
02-06-34-0-0-0103-00 *AWP*

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

Title Insurance Commitment No.: 513-0379 County: Skamania

STATE OF )

SS:

COUNTY OF )

The undersigned, Gloria DeAnn Bartnick, executes this affidavit relating to the estate of Richard L Brannan (herein "Decedent"), who died on Dec 18, 2006, in the County of Cowlitz, 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>Shawn R. Brannan</u>
Address:	<u>11636 N R Street Washougal WA 98671</u>
Name & relationship	<u>Suzanne M Tittle</u>
Address:	<u>PO Box 316 Stevenson WA 98648</u>
Name & relationship	<u>Shyler C Brannan</u>
Address:	<u>PO Box 1860 Carson WA 98610</u>
Name & relationship	<u>Seth C Brannan</u>
Address:	<u>11628 N Q Street Washougal WA 98671</u>
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 Gloria DeAnn Brannan
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:
  - ☒ married to Gloria DeAnn Brannan
  - ☐ 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): \_\_\_\_\_

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 127,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 126,000, and including the value of Decedent's separate property, if any, of approximately \$ 1000, 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 Columbia Gorge 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: 11-12, 20 13

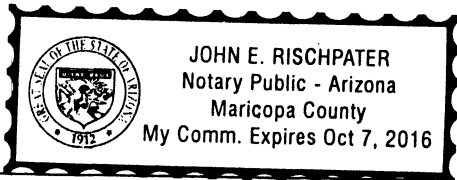
Gloria DeAnn Bartnick  
(Signature)

Gloria DeAnn Bartnick  
(Print or type full name)

4075 S Hackberry Trl  
(Full address and telephone number)  
Gold Canyon AZ 85118 480-474-8759

SUBSCRIBED and SWORN TO before me this 12 day of NOVEMBER 2013

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





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number: <b>1022</b>		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>RICHARD LEE BRANNAN</b>				2. Death Date <b>Dec. 18, 2006</b>	
3. Sex (M/F) <b>Male</b>		4a. Age - Last Birthday <b>61</b>		4b. Under 1 Year Months Days <b>0 0</b>	
4c. Under 1 Day Hours Minutes <b>0 0</b>		5. Social Security Number <b>[REDACTED]</b>		6. County of Death <b>Cowlitz</b>	
7. Birthdate <b>May 19, 1945</b>		8a. Birthplace (City, Town, or County) <b>Dexter</b>		8b. (State or Foreign Country) <b>Iowa</b>	
9. Decedent's Education <b>High School Graduate</b>		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>		11. Decedent's Race(s) <b>White</b>	
12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>		13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>142 Spring Lane</b>		13b. City or Town <b>Stevenson</b>	
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable) <b>N/A</b>		13e. State or Foreign Country <b>Washington</b>	
13f. Zip Code + 4 <b>98648</b>		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. <b>15 Years</b>	
15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Gloria DeAnn Jennings</b>		17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Carpenter</b>	
18. Kind of Business/Industry (Do not use Company Name) <b>Construction</b>		19. Father's Name (First, Middle, Last, Suffix) <b>Charles Brannan</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Alice Whitecotton</b>	
21. Informant's Name <b>Gloria DeAnn Brannan</b>		22. Relationship to Decedent <b>Spouse</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>P.O. Box 603 Stevenson, WA 98648</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Hospice Care Center</b>		25. Facility Name (If not a facility, give number & street or location) <b>Community Home Health &amp; Hospice Care Center</b>		26a. City, Town, or Location of Death <b>Longview</b>	
26b. State <b>WA</b>		26c. Zip Code <b>98632</b>		27. Date of Disposition <b>December 20, 2006</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Lower Columbia Crematory</b>		30. Location-City/Town, and State <b>Vancouver, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Columbia Funeral Service 1105 Maple St. Longview, WA 98632</b>		32. Date of Disposition <b>December 20, 2006</b>		33. Funeral Director Signature X <i>Michele Duxell</i>	
Cause of Death (See instructions and examples)					
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. <i>Broncho pneumonia</i>		Interval between Onset & Death <i>1 week</i>	
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. <i>Lung cancer metastasized to liver and adrenal</i>		Interval between Onset & Death <i>&gt; 1 year</i>	
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				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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		41. Date of Injury (MM/DD/YYYY) <b>12-19-06</b>	
42. Hour of Injury (24hrs) <b>12:00</b>		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>Home</b>		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: <b>1035 - 11th Ave</b>		City or Town: <b>Longview</b>		County: <b>Cowlitz</b>	
State: <b>WA</b>		Zip Code + 4: <b>98632</b>		46. Describe how injury occurred <b>Slipped on stairs</b>	
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. <b>Stanley R. Norquist</b>		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. <b>Stanley R. Norquist</b>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner <b>Stanley R. Norquist 1035 - 11th Ave Longview WA 98632</b>		50. Hour of Death (24hrs) <b>2255</b>		51. Name and Title of Attending Physician if other than Certifier (Type & Print) <b>Stanley R. Norquist, M.D.</b>	
52. Date Signed (MM/DD/YYYY) <b>12-19-06</b>		53. Title of Certifier <b>M.D.</b>		54. License Number <b>4135</b>	
55. Certifier Signature <i>Stanley R. Norquist</i>		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Date Received (MM/DD/YYYY) <b>DEC 20 2006</b>	
58. Amendments		59. Date Received (MM/DD/YYYY)		60. Date Received (MM/DD/YYYY)	



DOH 01-003 (5/99)

## LAST WILL AND TESTAMENT

of

RICHARD LEE BRANNAN

I, RICHARD LEE BRANNAN, a legal resident of the State of Iowa, now serving on active duty in the U.S. Navy, being of full age and of sound and disposing mind and memory, do hereby make, publish, and declare this instrument to be my last will and testament, hereby expressly revoking all former wills and codicils by me heretofore made.

FIRST: I direct the payment of all my just debts and funeral expenses as soon after my decease as shall be convenient.

SECOND: I give, devise, and bequeath, to my wife, GLORIA DeANN BRANNAN, all of the property which I possess at the time of my death, or to which I may be entitled, real, personal, and mixed, and of every kind, whatsoever and wheresoever situated, absolutely and without restriction, knowing that she will make adequate provision for the welfare and education of my child, SHAUN RICHARD BRANNAN, and any children hereafter born of this marriage.

THIRD: In the event of the death of my wife, GLORIA DeANN BRANNAN prior to my decease, or should my wife meet death within three (3) days after the date of my death if our deaths shall not result from a common accident, or within thirty (30) days after the date of my death if our deaths shall result from a common accident, then and in that event, I give, devise, and bequeath, absolutely and without restriction, all of the property which I possess upon my death, or to which I may be entitled, real, personal, and mixed, and of every kind, whatsoever and wheresoever situated, to my child, SHAUN RICHARD BRANNAN, and any children hereafter born of this marriage, equally, share and share alike.

FOURTH: I nominate and appoint my wife, GLORIA DeANN BRANNAN, executrix of this my last will and testament, and as substitute executor I appoint, CHARLES HENRY BRANNAN, residing at RR1, Coon Rapids, Iowa.

FIFTH: I hereby give my said executrix and substitute executor respectively, full power and authority to sell at public or private sale, for cash or credit, and to mortgage, lease, and convey any part of my estate, both real and personal, at such time or times and upon such terms and conditions as either may deem best, all without court order.

SIXTH: I appoint my wife, GLORIA DeANN BRANNAN, guardian of the persons and property of those of my children who may require a guardian and as substitute guardian I appoint, CHARLES HENRY BRANNAN.

SEVENTH: I direct that said guardian, substitute guardian, executrix and substitute executor shall serve without bond or surety or security.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my seal at Portsmouth, Virginia, this 1<sup>ST</sup> day of June, 1966.

Richard Lee Brannan (SEAL)  
RICHARD LEE BRANNAN

The foregoing, consisting of two typewritten pages, this included, was at said date and place subscribed, sealed, published and declared by the above named testator, RICHARD LEE BRANNAN, to be his LAST WILL AND TESTAMENT, in the presence of all of us at one time, and at the same time, we, at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses, and do hereby attest to the sound and disposing mind of said testator and to the performance of the aforesaid acts of execution, at Portsmouth Virginia, this the 1<sup>ST</sup> day of June, 1966.

Arthur John Kaepar residing at 811 Fairview Avenue  
773 8819 mm3 South Milwaukee, Wisc.

Hans August Jurele residing at 3 Greenland Blvd.  
900-30-00 (m2/55) Portsmouth Va.

Kenny Lewis Allen residing at 2008 Maple Drive  
CDR USN 472235/1620 Midwest City, Oklahoma

EXHIBIT "A"

Lot 3 of JACK AND MELBA E. SPRING'S SHORT PLAT, recorded in Book 2 of Short Plats, Page 20, Auditor File No. 85106, records of Skamania County, Washington, more particularly described as follows:

A parcel of property in the Northwest Quarter of Section 34, Township 2 North, Range 6 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point on the North line of said Northwest Quarter of Section 34 a distance of 616.59 feet North 99° 55' 59" West from the Northeast corner of said Northwest Quarter of Section 34; thence South 01° 18' 38" West parallel to the East line of said Northwest Quarter of Section 34 a distance of 423.31 feet; thence North 88° 49' 40" West 151.70 feet; thence North 62° 06' 04" West 182.50 feet; thence North 38° 27' 37" West 72.94 feet; thence North 21° 45' 52" West 156.61 feet; thence North 54° 51' 54" West 55.79 feet to a point 1,091.11 feet North 88° 55' 59" West and 118.42 feet South 01° 04' 01" West from the Northwest corner of said Northwest Quarter of Section 34 as measured along the North line of said Northwest Quarter of Section 34 at a right angle to said North line; thence North 01° 18' 38" East parallel to the East line of said Northwest Quarter of Section 34 a distance of 118.42 feet to the North line of said Northwest Quarter of Section 34; thence South 88° 55' 59" East 474.01 feet to the point of beginning.

\_\_\_\_\_  
Skamania County Assessor  
Parcel# \_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Skamania County Assessor  
Date 12/18/13 Parcel# 2-6-34-103-00

Unofficial Copy