

WHEN RECORDED RETURN TO:

Anne Winter
PO BOX 648
Newport, OR 97365

DOCUMENT TITLE(S):
Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:
n/a

:
Ronald W. Winter

REAL ESTATE EXCISE TAX

30677

MAY 28 2014

:
Anne V. Winter, a single woman

PAID *Waiver*
Vickie Chelland, Deputy
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:

Lot 2, Windsong Estates No. 2, according to the plat thereof recorded, in Book 'B' of plats 105, Skamania County, State of Washington.

Except that portion conveyed to the City of North Bonneville, recorded in Auditor's File No. 2006162040.

TAX PARCEL NUMBER(S):
02-07-20-4-2-0402-00

Skamania County Assessor
Date 5-28-14 Parcel# 02-07-20-4-2-0402
Lm

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

Title Insurance Commitment No. SK4-0097 HW County: Skamania
CGT

STATE OF Oregon)
COUNTY OF Lincoln) SS:

The undersigned, Sue Keese, executes this affidavit relating to the estate of Ronald W Winter (herein "Decedent"), who died on 10/10/13, in the County of _____, State of Washington then being a resident of the City of North Bonneville County of _____, 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): step daughter

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: Michael Winter / son
- Address: 4207 NE 158th Ave Vancouver WA 98682
- Name & relationship: Jeff Winter / son
- Address: PO Box 475, Lafayette, OR
- Name & relationship: Ann Winter / wife
- Address: 40 PO Box 448, Newport, OR 97365
- 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 Ann U Winter
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - married to Ann U Winter
 - 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): U.S. BANK CL: Unites Credit Union Visa: neither of which is attached to the home

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 200,000, 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 _____ 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: 4/28, 2014

Sue Keezer
(Signature)

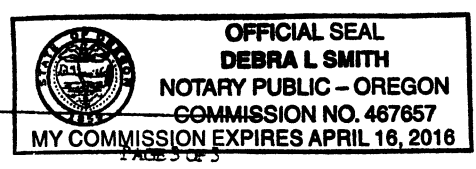
Suzann Keezer (Sue)
(Print or type full name)

P.O. Box 448, Newport, Or 97365
(Full address and telephone number)
541.265.8286

SUBSCRIBED and SWORN TO before me this 28th day of April, 2014

Debra L. Smith
Notary Public in and for the State of
Washington, residing at Newport OR 97365

OR



STATE OF WASHINGTON DEPARTMENT OF HEALTH

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

1. Legal Name (include AKA's if any) First Middle LAST Suffix: **Ronald Wayne Winter** 2. Death Date **Oct. 10, 2013**

3. Sex (M/F) **Male** 4a. Age - Last Birthday **78** 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. Social Security Number [Redacted] 6. County of Death **Skamania**

7. Birthdate **May 2, 1935** 8a. Birthplace (City, Town, or County) **McMinnville** 8b. (State or Foreign Country) **Oregon** 9. Decedent's Education **GED**

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? **Yes**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (include Apt. No.) **3202 Sunset Drive** 13b. City or Town: **North Bonneville**

13c. Residence: County **Skamania** 13d. Tribal Reservation Name (if applicable) **N/A** 13e. State or Foreign Country **Washington** 13f. Zip Code + 4 **98639** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence. **9 Years** 15. Marital Status at Time of Death **Married** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) **Ann Virginia Rowley**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) **Staff Sergeant** 18. Kind of Business/Industry (Do not use Company Name) **United States National Guard**

19. Father's Name (First, Middle, Last, Suffix) **Clifford Paul Winter** 20. Mother's Name Before First Marriage (First, Middle, Last) **Daisy Esther Calkins**

21. Informant's Name **Ann Winter** 22. Relationship to Decedent **Wife** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip **3202 Sunset Drive North Bonneville Washington 98639**

24. Place of Death, if Death Occurred in a Hospital: **Decedent's Home**

25. Facility Name (if not a facility, give number & street or location) **3202 Sunset Drive** 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 **Straub's Funeral Home 325 NE 3rd Avenue Camas, WA 98607** 32. Date of Disposition **10-16-2013**

33. Funeral Director Signature *[Signature]*

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) → **Myocardial Infarction** Interval between Onset & Death **Acute**
Due to (or as a consequence of):
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. **Hypertension** Interval between Onset & Death
c. **Hypercholesterolemia** Interval between Onset & Death
d. **Diabetes** 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 Accident Undetermined Suicide Pending 39. If female Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of 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? No Yes 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: City or Town: County: State: Zip Code + 4: 46. Describe how injury occurred 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger 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. *[Signature]* MO 10-15-13 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at this time, date, and place, and due to the cause(s) and manner stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Dr. Noel Guzman 222 NE Park Plaza Drive Vancouver, Washington 98660** 50. Hour of Death (24hrs) **1715 Hours**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (MM/DD/YYYY) **10/14/2013**

53. Title of Certifier **MD** 54. License Number **MD0003828** 55. Registrar File Number 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature *[Signature]* 58. Date Received (MM/DD/YYYY) **10/16/2013**

59. Amendments

