

WHEN RECORDED RETURN TO:

2052 N Fork Rd  
WASHOUGAL, WA 98671

DOCUMENT TITLE(S):  
LACK OF PROBATE AFFIDAVIT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

KERRI EVON DRAKE

GRANTEE:

BRANDON MICHAEL DRAKE, SINGLE

ABBREVIATED LEGAL DESCRIPTION:  
SE ¼ SEC 20 T2N R5E

Full legal description on page 6

TAX PARCEL NUMBER(S):  
02-05-20-0-0-0901-00

REAL ESTATE EXCISE TAX

30876

SEP 30 2014

PAID

exempt

Vickie Clelland  
SKAMANIA COUNTY TREASURER

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

Title Insurance Commitment No.: \_\_\_\_\_, County: \_\_\_\_\_

STATE OF \_\_\_\_\_ )

SS:

COUNTY OF \_\_\_\_\_ )

The undersigned, BRANDON DRAKE, executes this affidavit relating to the estate of KORI DRAKE (herein "Decedent"), who died on 8/20/14, 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.)

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 BRANDON DRAKE SPOUSE  
Address: 2052 N FORK RD WASHOUGAL WA  
Name & relationship TYLOR DRAKE SON / 13  
Address: 2052 N FORK RD WASHOUGAL WA  
Name & relationship CARLY DRAKE DAUGHTER / 11  
Address: 2052 N FORK RD WASHOUGAL WA  
Name & relationship ALLISON DRAKE DAUGHTER / 6  
Address: 2052 N FORK RD WASHOUGAL WA  
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 BRANDON.
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_.
2. That on the date of death the Decedent was:
  - ☒ married to Aug 28, 2014.
  - ☐ 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 \$ N/A, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ N/A, 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 N/A 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: SEPTEMBER 30, 20 14

Brandon Drake  
(Signature)

BRANDON DRAKE  
(Print or type full name)

2052 N FORK RD WASHOUGA WA  
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 30 day of 09, 20 14

Julie A. Andersen  
Notary Public in and for the State of  
Washington, residing at Carson, Washington



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number <b>2173</b>		Washington State Certificate of Death				State File Number															
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Kerri Evon Drake</b>		2. Death Date <b>08/28/2014</b>		3. Sex (M/F) <b>F</b>		4a. Age - Last Birthday <b>43</b>		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number [REDACTED]		6. County of Death <b>Clark</b>							
7. Birthdate <b>Mar 20 1971</b>		8a. Birthplace (City, Town, or County) <b>Bellevue</b>		8b. (State or Foreign Country) <b>Washington</b>		9. Decedent's Education <b>Master's Degree</b>		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>		11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>		13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>2052 N Fork Rd</b>		13b. City or Town <b>Washougal</b>					
13c. Residence: County <b>Clark</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98671</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>5 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Brandon Drake</b>		17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Teacher</b>		18. Kind of Business/Industry (Do not use Company Name) <b>Education</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Mike Larsen</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Mary Lerch</b>		21. Informant's Name <b>Brandon Drake</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>2052 N Fork Rd Washougal WA 98671</b>		24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>		24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		25. Facility Name (if not a facility, give number & street or location) <b>PeaceHealth Southwest Medical Center</b>		26a. City, Town, or Location of Death <b>Vancouver</b>		26b. State <b>WA</b>		27. Zip Code <b>98664</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Evergreen Memorial Gardens Crematory</b>		30. Location-City/Town, and State <b>Vancouver, Washington</b>		31. Name and Complete Address of Funeral Facility <b>Evergreen Memorial Gardens 1101 NE 112th Ave Vancouver, WA 98684</b>		32. Date of Disposition <b>Sept 03, 2014</b>		33. Funeral Director Signature <b>X</b>		34. Cause of Death (See instructions and examples) 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. <b>a. Pulmonary Thromboemboli</b> Interval between Onset & Death <b>b. Deep Venous Thrombosis</b> Interval between Onset & Death <b>c.</b> Interval between Onset & Death <b>d.</b> Interval between Onset & Death		35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide		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 checked="" 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)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <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>X</b>		48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, inquiry, autopsy, death certificate information, date, time, and place, and due to the cause(s) and manner stated. <b>X</b>		49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>D.J. Wickham, M.D. PO Box 5000, Vancouver, WA 98666</b>		50. Hour of Death (24hrs) <b>1325</b>		51. Name and Title of Attending Physician (if other than Certifier (Type or Print)		52. Date Signed (mm/dd/yyyy) <b>8/31/2014</b>		53. Title of Certifier <b>Medical Examiner</b>		54. License Number		55. ME/Coroner File Number <b>2014-1645</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature <b>X</b>		58. Date Received (mm/dd/yyyy) <b>SEP 03 2014</b>		59. Amendments		60. Date Received (mm/dd/yyyy)		61. Date Received (mm/dd/yyyy)		62. Date Received (mm/dd/yyyy)		63. Date Received (mm/dd/yyyy)		64. Date Received (mm/dd/yyyy)		65. Date Received (mm/dd/yyyy)		66. Date Received (mm/dd/yyyy)		67. Date Received (mm/dd/yyyy)	



DOHCHS 003 Rev 07/09/07

DOH 04-003 (1/14)



EXHIBIT A

A tract of land in the Northeast Quarter of the Southeast Quarter of Section 20, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, describes as follows:

Lot 2 of the Benson Short Plat, recorded in Auditor File No. 2005157989, Skamania County Records.

Excepting therefrom a triangular parcel described as follows: Beginning at the most Northerly corner of Lot 2 of said Benson Short Plat (from which an iron rod bears South 74°08'02" East, 20.98 feet); thence along the Northeasterly line of said Lot 2, South 74°08'02" East, 320 feet; thence South 85°33'17" West, 348.82 feet to a point; thence North 52°16'12" West, 30.66 feet to the centerline of North Fork Road; thence along said centerline North 37°43'48" East, 33.78 feet; thence along said centerline North 32°13'58" East, 81.62 feet to the point of beginning.

Together with a portion of Lot 1 of the Benson Short Plat, described as follows:

Beginning at the Southeast corner of Lot 1 of said Benson Short Plat, which point lies North 1°23'50" East, 241.48 feet from the Southeast corner of said Northeast Quarter Southeast Quarter; thence along the Northeasterly edge of said Lot 1, North 41°42'16" West, 245 feet; thence South 56°36'58" West, 173.43 feet to the Southwesterly line of said Lot 1, thence South 74°08'02" East, 320 feet to the point of beginning.

Skamania County Assessor  
Date 3/31/08 Parcel# 25-20-00-901

Skamania County Assessor  
Date 9-30-14 Parcel# 25-20-00-901  
YM