AFN #2014001720 Recorded 10/07/2014 at 01:51 PM DocType: ALP Filed by: COLUMBIA GORGE TITLE Page: 1 of 5 Auditor Timothy O. Todd Skamania County, WA

REAL TOTATE EXCUSE TAK 30890

WHEN RECORDED RETURN TO: Susan Hays Nemchick 3317 Catching Ct. Forest Grove, OR 97116

AID <u>INEMP</u> STAMATIA JUNITY THE ASURER

DOCUMENT TITLE(S):

Lack of Probate Affidavit (State of Washington)

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

Helen Magdalene Hays, deceased

GRANTEE:

Susan Hays Nemchick, a married woman who aquired title as her sole and seperate property

ABBREVIATED LEGAL DESCRIPTION:

Lot 10, , SKAALHEIM TRACT, according to the Plat thereof filed in Volume of Plats at Page(s), records of Skamania County, Washington. BLAIDO 143

TAX PARCEL NUMBER(S): 03-75-36-2-3-1906-00

Skamania County Assessor
Date 10-7-14 Parcel 3-75-34-2-3-1906

LPB 01-05

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LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON) FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY Title Insurance Commitment No. SH - 0283KM County:

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STATE OF Washington
county of Skamania
The undersigned, Sugan H. Nemchick, executes this affidavit relating to the estate of Helen M. Hays (herein "Decedent"), who died on 2/11/2011, in the County of Clark State of Washington, then being a resident of the City of Vancouver County of Clark State of Washingtov (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, inCounty, Washington,
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 SUSAN Hays Nem Mick / Child Address: 3317 Catchiva Ct. Forest Grove OR 97116 Name & relationship James Patrick Hays Child Address: 13205 NE 90th Ct. Vancouver WA 98662 Name & relationship MIChael Charles Hays I child Address: 5076 Jeffreys # 102 Las vegas NV 89119 Name & relationship Address: Name & relationship Address:
LACK OF PROBATE AFFIDAVIT – STATE OF WASHINGTON (5/08) (COMMUNITY PROPERTY, SEPARATE PROPERTY, JOINT TENANCY PROPERTY) PAGE 1 OF 3

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: M married to Victor Eugene Hays 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. Unavailable at present. 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. X That the decedent's estate is not being probated. That the decedent's estate is subject to probate proceedings in County, State _, under Probate No. _ 5. X That the estate of the decedent is exempt from State and/or Federal succession or inheritance 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. X 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

LACK OF PROBATE AFFIDAVIT – STATE OF WASHINGTON (5/08)
(COMMUNITY PROPERTY, SEPARATE PROPERTY, JOINT TENANCY PROPERTY)

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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 oblig	gations
against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the exper	nses of
Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; an	d state
and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as f	ollows
(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 \$450,000, including the value of community property of Decedent and Decedent	nt's
surviving spouse or domestic partner, if any, of approximately \$, and including the va	
Decedent's separate property, if any, of approximately \$, and including the full va	lue of
all other property, if any, held by the Decedent in joint tenancy of approximately \$.
This affidavit is made to induce Columbia Gorge TITLE INSURANCE COMPAN	Y (the
Company) to insure real property covered by the Company's commitment for title insurance number se	
above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urg	
Company to issue its policy of title insurance in full reliance upon the representations set forth herei	
undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnif	
Company or any other person, including a purchaser of the Real Estate, for any loss arising from relia	
any misstatement of fact herein.	
DATED: September 26 2014	
DATED: September 26, 2014 Susan 1 tays menchick	
(Signature)	
Susan Hays Nemchick	
3317 Catching Ct. Forest Grove DR 97116	
(Full address and telephone number)	
303-351-1018	
SUBSCRIBED and SWORN To before me this 26th day of Sept., 20 14	
Notary Public in and for the State of Notary Public	
Washington, residing at Clark County State of Washington	
() MILDRED ROBINSON MY COMMISSION EXPIRES	
December 03, 2015	
LACK OF PROBATE AFFIDAVIT – STATE OF WASHINGTON (5/08) (COMMUNITY PROPERTY, SEPARATE PROPERTY, JOINT TEMANOV PROPERTY)	OF 3

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1001 NR 18th Ave 422	10. Was Decedent of His	spanic Origin? (Yes	or No) if yes, sp	pecify.			3)				
State Teacher State Teacher State	13a. Residence: Numbe			clude Apt. No.)	W11.3	LLC	,	1			
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PostmastSer	4 Years		Widow	hed							
1.5 Televica Name (First, Modes, Last, Sumb) 20. Mother's Name Before First Marriage (First, Modes, Last) 21. Agatha Schefrich 23. Mailling Address. Name and Stever's RPUN 24. Decreed in Hospital 24. Section of Part 25. Section 25. Mailling Address. Name and Stever's RPUN 25. Section 25.	-	dicate type of work do	ne during most o	of working life. (t	DO NOT USE RE	ETIRED) 18. Kind			y Name)		
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The part	James P. na				1	13205 NE	90th Ct. Death, if Death Occurre	Vancouve d Somewhere Other th	an a Hospital:	98662	
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33. Furreral Director Signature X 24. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DC NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add editional lines if necessary. MMEDIATE CAUSE (Final disease or conditions without showing the etiology. DO NOT ABBREVIATE. Add editional lines if necessary. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading be sequentially its conditions, if any, leading be to the cause listed on line a. Enfer the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). As one of the events resulting in death but not resulting in the underlying cause given above 35. Other significant conditions contribution to death but not resulting in the underlying cause given above 36. Autopsy/ 37. Were autopsy findings available to complete the Cause of Death? 48. Did to loace ou see contribution and death but not resulting in the underlying cause given above 36. Autopsy/ 37. Were autopsy findings available to complete the Cause of Death? 38. Other significant conditions contribution to death but not resulting in the underlying cause given above 39. Not result and the conditions contribution to death but not resulting in the underlying cause given above 39. Not result and the conditions contribution to death but not resulting in the underlying cause given above 39. Not result and the conditions contribution to death but not resulting in the underlying cause given above 39. Not result and the conditions contribution to death but not resulting in the underlying cause given above 39. Not result and the conditions contribution to death but not resulting in the underlying cause given above 39. Not result and the conditions contribution to death but not resulting in the underlying cause given above 39. Not result and the conditions contribution to death but not r		Address of Funera		River (Cemetei	ry		Larse	32. Date o	f Disposition	
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46. Describe now injury occurred Deceased fell on to floor at care facility 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 48b. Medical Examiner/Corpher On the basis of examination, and/or investigation in my place and due to the cause(s) and manner stated 48b. Medical Examiner/Corpher On the basis of examination, and/or investigation in my place and due to the cause(s) and manner stated 49b. Medical Examiner/Corpher On the basis of examination, and/or investigation in my place and due to the cause(s) and manner stated 49b. Medical Examiner/Corpher On the basis of examination, and/or investigation in my place and due to the cause(s) and manner stated 49b. Medical Examiner/Corpher On the basis of examination, and/or investigation in my place and due to the cause(s) and manner stated 50b. Hour of Death (24hrs) 0337 51b. Name and Title of Attending Physician if other than Certifier (Type of Print) 52c ler File Number 55c. Was case referred to ME/Coroner? Medical Examiner 56b. Was case referred to ME/Coroner?	34. Enter the chain of eventricular fibrillation with IMMEDIATE CAUSE (Foondition resulting in de Sequentially list condition to the cause listed on linuNDERLYING CAUSE that initiated the events death) LAST 35. Other significant cores and the condition resulting in the condition of the cause listed on linuNDERLYING CAUSE that initiated the events death) LAST 36. Other significant cores and the condition of the cause in the condition of the co	eral Home gnature X vents - diseases, in hout showing the et inal disease or ath) -> ons, if any, leading he a. Enter the (disease or injury resulting in ditions contributing e, Osteopol micide determined hoding 42. H	njuries, or contiology. DO N Media a. b. c. d. to death but rosis, If female Not pregnant at our of Injury (clangement)	rnot resulting in the within past yet time of death	nat directly c. ATE. Add a uelae of the underly Place of Inju killed	Use instructions aused the deat inditional lines in a second of Right. Due to (or as a compute to (or as	s and examples) th. DO NOT enter te if necessary. Femoral Fr onsequence of): onsequence of): onsequence of): th above ut pregnant within 42 ut pregnant 43 days gnant within the past nt's home, construction of	rminal events such acture 36. Autopsy? Yes No days before death to 1 year before dea	as cardiac a 37. Were complete 40.	Interval between the cause of Dea to death? Yes Property of the Cause of Dea to death? Yes Property of the Cause of Dea to death?	Onset & Dear available to sth? Ito contribute blabbly known k?
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