

REAL ESTATE EXCISE TAX

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

30890
OUT - 7 2014
PAID exempt
cg deputy
SKAMANIA COUNTY TREASURER

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. BK A / Pg 143

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

Skamania County Assessor
Date 10-7-14 Parcel# 3-75-36-2-3-1906
ZM

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

Title Insurance Commitment No. SK-0283KM County: Skamania

STATE OF Washington

SS:

COUNTY OF Skamania

The undersigned, Susan 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 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 Susan Hays Nemchick / child
 Address: 3317 Catching Ct. Forest Grove OR 97116
 Name & relationship James Patrick Hays / child
 Address: 13205 NE 90th Ct. Vancouver WA 98662
 Name & relationship Michael Charles Hays / child
 Address: 5076 Jeffreys #102 Las Vegas NV 89119
 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 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. ☒ 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 \$450,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 0, and including the value of Decedent's separate property, if any, of approximately \$ 0, 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: September 26, 2014

Susan Hays Nemchick
(Signature)

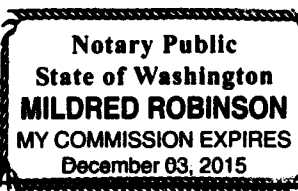
Susan Hays Nemchick
(Print or type full name)

3317 Catching Ct. Forest Grove OR 97116
(Full address and telephone number)

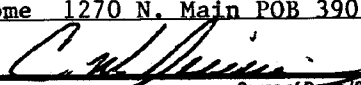

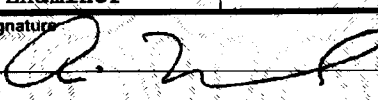
503-357-7078

SUBSCRIBED and SWORN TO before me this 26th day of Sept., 2014

Mildred Robinson
Notary Public in and for the State of
Washington, residing at Clark County



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 Helen Magdalene Hays						2. Death Date 02/11/2011	
3. Sex (M/F) Female		4a. Age - Last Birthday 90		4b. Under 1 Year Months Days 01/27/1921		5. Social Security Number ██████████	
6. County of Death Clark		7. Birthdate 01/27/1921		8a. Birthplace (City, Town, or County) Chicago		8b. (State or Foreign Country) Illinois	
9. Decedent's Education High School Graduate		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? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 10011 NE 118th Ave. #221						13b. City or Town Vancouver	
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98682	
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. 4 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Postmaster				18. Kind of Business/Industry (Do not use Company Name) Postal Service			
19. Father's Name (First, Middle, Last, Suffix) John Ehardt				20. Mother's Name Before First Marriage (First, Middle, Last) Agatha Scheirich			
21. Informant's Name James P. Hays		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 13205 NE 90th Ct. Vancouver, WA 98662			
24. Place of Death, if Death Occurred in a Hospital: Inpatient				25. Facility Name (If not a facility, give number & street or location) SW Washington Medical Center			
26a. City, Town, or Location of Death Vancouver		26b. State WA		27. Zip Code 98662			
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Wind River Cemetery		30. Location-City/Town, and State Carson, Washington			
31. Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N. Main POB 390 White Salmon, WA 98672		32. Date of Disposition 02/15/2011		33. Funeral Director Signature X 			
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. Medical Sequelae of Right Femoral Fracture							
Interval between Onset & Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Due to (or as a consequence of): Interval between Onset & Death							
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. Due to (or as a consequence of): Interval between Onset & Death							
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 Advanced Age, Osteoporosis, Dementia						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 checked="" type="checkbox"/> No						38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" 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"/> Pregnant at time of 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		41. Date of Injury (MM/DD/YYYY) Unknown		42. Hour of Injury (24hrs) Unknown	
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Skilled Nursing Facility		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street: 8507 NE 8th Way		Apt No.	
City or Town: Vancouver		County: Clark		State: WA		Zip Code + 4: 98664	
46. Describe how injury occurred Deceased fell on to floor at care facility				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 X				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 			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner Dennis J. Wickham MD Medical Examiner 10000 Vancouver Wa 98666						50. Hour of Death (24hrs) 0337	
51. Name and Title of Attending Physician if other than Certifier (Type - Print)						52. Date Signed (MM/DD/YYYY) 02/14/2011	
53. Title of Certifier Medical Examiner		54. License Number		55. Certifier File Number 2		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature 				58. Date Received FEB 15 2011			
59. Amendments							