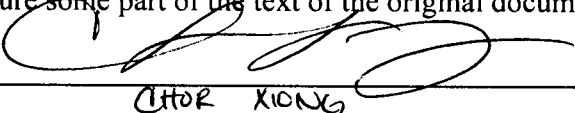


Return Address:
Indecomm Global Services
2925 Country Drive
St. Paul, MN 55117

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document <u>must</u> be filled in) LACK OF PROBATE AFFIDAVIT	
Rec 1st	
Reference Number(s) of related Documents:	
Additional reference #'s on page _____ of document REAL ESTATE EXCISE TAX	
Grantor(s) (Last name, first name, initials) POND, WALLACE E.	
NA NOV 24, 2014	
Additional names on page _____ of document. PAID NA	
Grantee(s) (Last name first, then first name and initials) SKAMANIA COUNTY TREASURER	
POND, DOROTHY L.	
Additional names on page _____ of document.	
Trustee	
Legal description (abbreviated: i.e. lot, block, plat or section, township, range) PTN LT 9, ALL LT 10, BLK 4, 2ND ADD, HILL CREST ACRE TRACT, BK A, PG 100.	
Skamania County Assessor Date 11-24-14 Parcel # 3-75-36-2-3-1700 Jim	
Additional legal is on page <u>7</u> of document.	
Assessor's Property Tax Parcel/Account Number 03753623170000	
<input type="checkbox"/> Assessor Tax # not yet assigned	
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein. USR / 79613563	

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.



Signature of Requesting Party

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

Title Insurance Commitment No.: J1896643, County: Skamania
59347222-2714344 File # 28223
 STATE OF Washington Pol # J1896643
 COUNTY OF Skamania SS: 357 205866

The undersigned, Dorothy L Pond, executes this affidavit relating to the estate of Wallace E Pond (herein "Decedent"), who died on 9.16.2011, in the County of Wasco, State of Oregon, then being a resident of the City of The Dalles, County of Wasco, State of Oregon.

(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 Dorothy L. Pond Spouse
 Address: 270 Columbia View PO Box 609 Stevenson WA 98648
 Name & relationship Sue A BROWN Daughter
 Address: 270 Columbia View PO Box 609 Stevenson WA 98648
 Name & relationship Michael L Pond, Son
 Address: Stevenson, WA
 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 Dorothy W. Bond.
 - ☐ 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*.
☒ 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): NO DE

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 215,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 250,000, and including the value of Decedent's separate property, if any, of approximately \$ 25,000, 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 First American 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: 8-15-14, 20 14

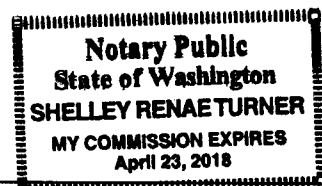
Dorothy J. Pond
(Signature)

Dorothy J. Pond
(Print or type full name)

240 Columbia View Stevens WA 98406
(Full address and telephone number)
509-424-8609

SUBSCRIBED and SWORN TO before me this 15th day of August, 20 15

Shelley R. Turner
Notary Public in and for the State of Washington
Washington, residing at Carson



CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

BLACK INK 597570

LD. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Wallace Middle: Earl Last: POND Suffix:					2. Death Date (mm dd yyyy) Sept. 16, 2011	
3. Sex (M/F) Male	4a. Age - Last Birthday 83	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number	6. County of Death Wasco	
7. Birthdate (mm dd yyyy)		8a. Birthplace (City/Town, or County) Morgan County	8b. (State or Foreign Country) Illinois	9. Decedent's Education Associate Degree		
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13. Residence: Number and Street (e.g., 634 SE 5th Street, Apt. No. 5) 700 Veterans' Drive				14. City/Town The Dalles		
15. Residence County Wasco		16. State or Foreign Country Oregon		17. Zip Code + 4 97058		18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. Marital Status at Time of Death Married		20. Spouse's Name (if married or widowed, give name prior to first marriage.) Dorothy Lou Straight				
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Motor Inspector				22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Steel Company		
23. Father's Name (First, Middle, Last, Suffix) Fountain E. Pond				24. Mother's Name Prior to First Marriage (First, Middle, Last) Chloe Ann Dalton		
25. Informant's Name Dorothy Pond		26. Telephone Number 509-427-8609	27. Relation to Decedent Wife	28. Mailing Address (Number & Street, City/Town, State, Zip + 4) PO Box 690 Stevenson, WA 98648		
29. Place of Death Nursing Home		30. Facility Name Oregon Veterans' Home				
31. Location of Death (Give address) 700 Veterans' Drive		32. City/Town or Location of Death The Dalles		33. State OR	34. Zip Code + 4 97058	
35. Method of Disposition Removal From State		36. Place of Disposition (Name of cemetery, crematory, or other place) Stevenson Cemetery		37. Location Stevenson, Washington		
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672						
39. Date of Disposition (mm dd yyyy) Sept. 20, 2011		40. Funeral Director's Signature <i>[Signature]</i>		41. OR License Number RE64		
42. Registrar's Signature <i>[Signature]</i>		43. Date Received (mm dd yyyy) October 3, 2011		44. Local File Number 223		
45. Record Amendment						
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death Unknown	
CAUSE OF DEATH (See instructions and examples.)						
50. 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.						Approximate interval: Onset to Death
Final disease or condition resulting in death →		IMMEDIATE CAUSE a. <i>[Signature]</i> Due to (or as a consequence of) ↓ b. <i>[Signature]</i> Due to (or as a consequence of) ↓ c. <i>[Signature]</i> Due to (or as a consequence of) ↓ d. <i>[Signature]</i>				24 years
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: SIP CUA						
52. Manner of Death a. <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		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 43 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
55. Date of Injury (mm dd yyyy)	56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)						
60. Describe how injury occurred.				61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Peter Peruzzo 700 Veterans' Drive The Dalles, OR 97058 or Valerie Hively Blatz						
63. Name and Title of Attending Physician, Other than Certifier Valerie Hively Blatz MD 1610 E. 1st St. The Dalles, OR 97058						
64. Title of Certifier Certifier		65. License Number 82285-2864		66. Date Signed (mm dd yyyy) 9/28/11		
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				68. Medical Examiner - 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.		
69. Record Amendment						

ORIGINAL - VITAL RECORDS COPY

45-2 (06/06)

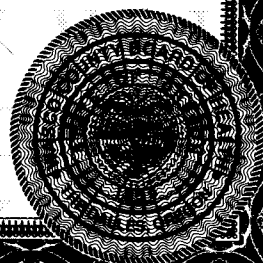
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE WASCO COUNTY REGISTRAR.

DATE ISSUED: _____

OCT 4 2011

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Kathi Hall
KATHI HALL
COUNTY REGISTRAR
WASCO COUNTY, OREGON

Title No TI-59367222

LEGAL DESCRIPTION

EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SKAMANIA, STATE OF Washington, AND IS DESCRIBED AS FOLLOWS:

THE NORTH 15 FEET OF LOT 9 AND ALL OF LOT 10, ALL IN BLOCK 4, SECOND ADDITION TO HILL CREST ACRE TRACT, ACCORDING TO THE RECORDED PLAT THEREOF, RECORDED IN BOOK 'A' OF PLATS, PAGE 100, IN THE COUNTY OF SKAMANIA, AND STATE OF WASHINGTON.

Parcel ID: 03753623170000

Commonly known as 270 NE Columbiaview, Stevenson, WA 986486197
However, by showing this address no additional coverage is provided

ABBREVIATED LEGAL: LOT 10, BLOCK 4, 2ND ADD TO HILL CREST



+U04986198+

1632 10/30/2014 79613563/1