

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A  
JAN 13 2015

PAID N/A  
Vickie Chelland, Treas.  
SKAMANIA COUNTY TREASURER


**Affidavit of Surviving Spouse or Domestic Partner  
for Claiming an Exemption Based on  
Inheritance of Real Estate**

State of Washington

County of SKAMANIA

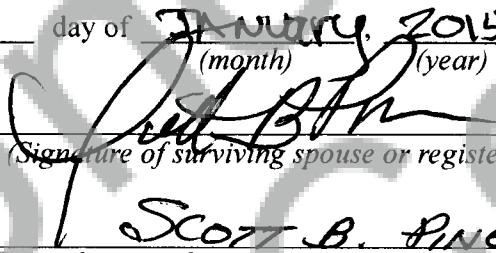
Name of deceased MARJORIE Lea PINEO

I, (survivor's name) SCOTT Bailey PINEO affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 03 75 01 0007 0200 

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 13 day of JANUARY, 2015 at STEVENSON, WA  
(month) (year) (city) (state)

  
(Signature of surviving spouse or registered domestic partner)

SCOTT B. PINEO  
(Printed name of surviving spouse or registered domestic partner)

5302 WIND RIVER RD CARSON WA 98610  
(Address of surviving spouse or domestic partner) (city) (state) (zip)

**Note:** See Senate Bill (SB) 6851 on page 2 for statutory requirements.

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

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

STATE OF Washington  
COUNTY OF Skamania SS:

The undersigned, SCOTT BAILEY PINEO, executes this affidavit relating to the estate of MARGONIC LEE PINEO (herein "Decedent"), who died on MAY 6, 2012 in the County of MULTNOMAH, State of OREGON, then being a resident of the City of CARSON, 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 EMILY S. WATERS, Daughter  
Address: 1170 OLD STATE ROAD, CARSON, WA 98600  
Name & relationship RICHARD CARLOS PINEO, SON  
Address: 5302 WIND RIVER RD CARSON, WA 98600  
Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
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 SCOTT BAILEY PINCO
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:
  - ☒ married to SCOTT BAILEY PINCO
  - ☐ 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): MORTGAGE Wells Fargo Home  
MORTGAGE (\$28,818); Equity Loan - Wells Fargo Bank, N.A.  
(\$28,668).

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 210,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 210,000, 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 \_\_\_\_\_ 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: JANUARY 13, 2015

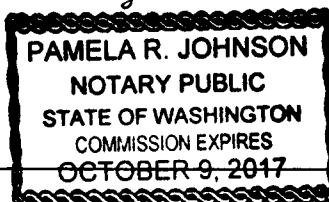
[Signature]  
 (Signature)

SCOTT BAILEY PINEO  
 (Print or type full name)

5302 WIND RIVER RD 509-427-5096  
 (Full address and telephone number)  
CARSON, WA 98042

SUBSCRIBED and SWORN TO before me this 13<sup>th</sup> day of January, 2015

Pamela R. Johnson  
 Notary Public in and for the State of  
 Washington, residing at Carson





## STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

613652

I.D. TAG NO.

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136-2012-011479

STATE FILE NUMBER

Legal Name		First	Middle	Last	Suffix	Death Date	
Marjorie			Lea	Pineo		May 06, 2012	
Sex	Age		Social Security Number		County of Death		
Female	59 years				Multnomah		
Birthdate		Birthplace		Was Decedent Ever in U.S. Armed Forces?		No	
December 25, 1952		Spokane, Washington					
Residence:				City/Town			
5302 Wind River Road				Carson			
Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?	
Skamania		Washington		98610		No	
Marital Status at Time of Death		Spouse's Name Prior to First Marriage					
Married		Scott B. Pineo					
Father's Name			Mother's Name Prior to First Marriage				
Harold Lambright			Evelyn Todd				
Informant's Name		Telephone Number		Relationship to Decedent		Mailing Address	
Scott Pineo		Not Available		Spouse		5302 Wind River Road, Carson, WA 98610	
Place of Death		Facility Name					
Hospital-Inpatient		OHSU Hospitals & Clinics					
Location of Death		City/Town or Location of Death		State		Zip Code + 4	
3181 SW Sam Jackson Park Road		Portland		Oregon		97239	
Method of Disposition		Place of Disposition		Location (City/Town and State)			
Cremation		Portland Cremation Center		Portland, Oregon			
Name and Complete Address of Funeral Facility							
Mt. Scott Funeral Home 4205 SE 59th Ave, Portland, Oregon 97206							
Date of Disposition		Funeral Director's Signature			OR License Number		
May 09, 2012		/S/ Dennis A Wood			CO-3618		
Registrar's Signature		Date Received			Local File Number		
/S/ Lila Wickham		May 11, 2012			02093		
Amendment Date of Birth was 12/25 corr. by F. Dir. aff. 5/11/12 L. Wickham, Co. Reg., ch Z#100378; Spouse's Last Name was Piner amended by F. Dir. aff. Z#100379 J.A. Woodward, State Reg., May-24-2012 pt. Death Date was May-05-2012; amended by med. certifier's aff. Jun-07-2012 Z#100085: J.A. Woodward, State Reg. mod.							
Was case referred to Medical Examiner?		Autopsy?		Were autopsy findings available to complete the cause of death?		Time of Death	
No		No				2352	
CAUSE OF DEATH						Approximate Interval Onset to Death	
IMMEDIATE CAUSE ↓						not stated	
a. Retroperitoneal Hemorrhage resulting in Hypovolemic Shock							
b. Due to (or as a consequence of) ↓						not stated	
Thrombotic Thrombocytopenic Purpura with resultant low platelets							
c. Due to (or as a consequence of) ↓						not stated	
Also with elevated INR and thus increased bleeding risk							
d. Due to (or as a consequence of) ↓							
Other significant conditions contributing to death							
Sepsis of unclear etiology - gram positive cocci bacteremia; Renal failure;							
Manner of Death		If Female		Did tobacco use contribute to death?			
Natural				Unknown			
Date of Injury		Time of Injury		Place of Injury		Injury at Work?	
Location of Injury							
Describe how injury occurred							
If transportation injury, specify.							
Name and Address of Certifier							
Andrew Lawton 3181 SW Sam Jackson Park Road, Portland, Oregon 97239							
Name and Title of Attending Physician if Other than Certifier						Date Signed	
						May 07, 2012	
Medical Certifier				Title of Certifier		License Number	
/S/ Andrew Lawton				M.D.		PG154754	
Amendment "Cause lines a., b., and c." formerly line a. Respiratory Failure, lines b. and c. blank; Other significant conditions" formerly Retroperitoneal Hemorrhage, Sepsis, Renal failure; amended by affidavit Jan-14-2013 Z#106591; J.A. Woodward, State Registrar, sv.							



I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE

May 16, 2014

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE