

WHEN RECORDED RETURN TO:

Martha Marie Cobine
c/o Jim Powell
5450 SE Hilltop
Prineville, OR 97754

DOCUMENT TITLE(S):
LACK OF PROBATE AFFIDAVIT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Wallace C. Cobine

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
31153
APR - 9 2015

GRANTEE:
Martha Marie Cobine

PAID Exempt
Victoria Morris Deputy
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:

Lot 13, Block 4, Plat of Relocated North Bonneville, recorded in Book 'B' of Plats, Page 10 under Skamania County File No. 83466 also recorded in Book 'B' of Plats, Page 26, under Skamania County File No. 84429, Records of Skamania, Washington.

Skamania County Assessor
Date 4-9-15 Parcel# 2-7-19-4-4-1300
DW

TAX PARCEL NUMBER(S):
02-07-19-4-4-1300-00

AFFIDAVIT LACK OF PROBATE

File No: S14-0392KM

Date: April 7, 2015

STATE OF Washington)
)-ss.
COUNTY OF Skamania)

James W Powell
being first duly sworn, deposes and says:

1. That the undersigned Affiant is the Step Son (relationship to decedent)
of Wallace Cobine (decedent name),

who died on 07/29/2008 (date of death), at North Bonneville (City),

State of Washington, then being a legal resident of North Bonneville (City),
Skamania (County), Washington (State).

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:
- [] Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto; or
- [] Decedent left no last Will; or
- [☒] Decedent left a last Will which has not been probated nor revoked; a copy of which is attached hereto; or
- [] Decedent left a last Will which was probated in _____ County, State of _____ . A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows:

HEIRS AT LAW			
<u>Martha Marie Cobine</u>	<u>89</u>	<u>Mother</u>	<u>5450 SE Hilltop Pineville, OR 97134</u>
(full name)	(age)	(relationship)	(residence)

File No.: S14-0392KM

Affidavit Lack of Probate - continued

April 7, 2015 Date:

James W Powell	67	stepson	5450 SE Hilltop Prineville, OR 9754
(full name)	(age)	(relationship)	(residence)
Michael W Cobine	67	Son	2870 King Valley Hwy Dallas, OR 97338
(full name)	(age)	(relationship)	(residence)
Cynthia K. Cobine	64	Daughter	PO Box 975 Christina Valley, OR 97641
(full name)	(age)	(relationship)	(residence)

4. All the debts of the decedent's and/or the marital community, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:

Paid in Full

5. The decedent [] had [☒] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
6. As of the date of death, the value of all community property of decedent was approximately \$ 200,000. The value of all separate property of decedent was approximately \$ 200,000.
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

Martha Marie Cobine became a resident of Prineville, Oregon, on or about 1991 and has resided there continuously ever since.

Martha Marie Cobine [] has [☒] has never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

60
* Thomas D. Cobine Son Pobox 27, Stevenson Washington 98648
* Ronald K. Cobine (deceased)

File No.: S14-0392KM

Affidavit Lack of Probate - continued

April 7, 2015
Date:

This affidavit is made to induce First American Title Insurance Company, (The Company) to issue its policy or policies of Title Insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant agrees to indemnify and hold The Company harmless from loss or damage which it may suffer as a result of said reliance.

James W Powell
James W Powell

STATE OF Washington)
COUNTY OF Skamania)-ss.

I certify that I know or have satisfactory evidence that James W. Powell is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

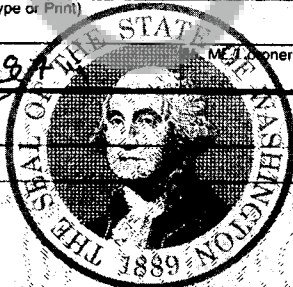
Dated: April 7, 2015

Julie A Andersen
Julie A Andersen
Notary Public in and for the State of Washington
Residing at: Carson, Washington
My appointment expires: June 17, 2018



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		22		Washington State Certificate of Death		State File Number		8 65573	
1. Legal Name (include AKA's if any)		First		Middle		LAST		Suffix	
Wallace		C.		COBINE					
2. Death Date		July 29, 2008							
3. Sex (M/F)		4a. Age - Last Birthday		4b. Under 1 Year		4c. Under 1 Day		5. Social Security Number	
Male		85		Months		Days		[REDACTED]	
6. County of Death		7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education	
Skamania		June 21, 1923		Independence		Oregon		High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?					
No		White		Yes					
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)		13b. City or Town		13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	
413 Columbia Street		North Bonneville		Skamania				Washington	
13f. Zip Code + 4		13g. Inside City Limits?		14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)	
98639		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		20+ Years		Married		Martha - Leech	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))		18. Kind of Business/Industry (Do not use Company Name)		19. Father's Name (First, Middle, Last, Suffix)		20. Mother's Name Before First Marriage (First, Middle, Last)			
Police Officer		State of Oregon/Law Enforcement		Charles A. Cobine		Willie - Richards			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No.		City or Town		State Zip	
Michael Cobine		Son		2870 Kings Valley Hwy		Dallas, OR		97338	
24. Place of Death, if Death Occurred in a Hospital:		25. Facility Name (If not a facility, give number & street or location)		26a. City, Town, or Location of Death		26b. State		27. Zip Code	
Decedent's Residence		413 Columbia Street		North Bonneville		WA		98639	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location/City/Town, and State		31. Name and Complete Address of Funeral Facility		32. Date of Disposition	
Burial		Ruena Vista Cemetery		Ruena Vista, Oregon		Farnstrom Mortuary LLC 410 Monmouth St. Independence, OR 97351		Aug. 6, 2008	
33. Funeral Director Signature		34. Cause of Death (See instructions and examples)		35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
[Signature]		IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Prostate Cancer w/ bone metastasis				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		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):							
		c. Due to (or as a consequence of):							
		d. Due to (or as a consequence of):							
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?		41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown					
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?		45. Location of Injury - Number & Street		46. Describe how injury occurred		47. If transportation injury, specify:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - On the basis of my knowledge, I have examined the decedent at the time, date, and place and due to the cause(s) and manner stated.		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 (Type or Print)		50. Hour of Death (24hrs)		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
X		X		Greg Zuck 975 3rd Rock Creek Drive Stevenson, WA 98648		17:45		Connie Strom, PA	
52. Date Signed (MM/DD/YYYY)		53. Title of Certifier		54. License Number		55. Was case referred to ME/Coroner?		56. Date Received (MM/DD/YYYY)	
08-01-2008		MD		2187		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		August 4, 2008	
57. Registrar Signature		58. Amendments		59. Date Received (MM/DD/YYYY)					
[Signature]									



DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (6/14)

LAST WILL AND TESTAMENT

OF

WALLACE C. COBINE

KNOW ALL MEN BY THESE PRESENTS: That I, WALLACE C. COBINE, a resident of Skamania County, Washington, being of lawful age and being possessed of sound mind and memory and desirous of providing for the disposition of my property at the time of my death, do declare this instrument to be my Last Will and Testament, hereby revoking and making void all former Wills and Codicils by me heretofore made.

I

I hereby declare that I am the husband of Martha Marie Cobine, with whom I executed a Post-Nuptial Agreement upon the 11th day of March, 1981.

II

I hereby declare that I am the father of four children, namely: Michael W. Cobine, now of Dallas, Oregon, Ronald K. Cobine, now of Prineville, Oregon, Cynthia K. Puckett, now of Prineville, Oregon, and Thomas D. Cobine, now of Stevenson, Washington.

III

I here and now nominate and appoint Martha Marie Cobine to act as my executrix of this, My Last Will and Testament. Should the said Martha Marie Cobine fail for any reason to qualify and act as executrix, or having qualified and acted, cease to qualify and act in such capacity or should she pre-decease me, then I nominate and appoint Michael W. Cobine as her alternate to be and act as such executor with the same powers and rights given to my first named nominee.

I direct that no bond be required of my named executrix or her alternate. It is my wish and intention that this instrument be settled without the intervention of any Court or Courts except as provided by Chapter 11.68, Revised Code of Washington.

Wallace C. Cobine
Testator

Last Will and Testament of Wallace C. Cobine

- 2 -

IV

I direct that my executrix herein named pay all my just debts, the expenses of my last illness and funeral expenses as soon as possible after my death.

V

I direct that my executrix dispose of my body in such manner and cause such services to be held as my executrix may deem appropriate, shebearing in mind the wishes and sentiments heretofore expressed by me.

VI

In the event that I predecease my wife, Martha Marie Cobine, I give, devise and bequeath to my said wife, as follows:

- (a) All of my right, title and interest in our residence property at 413 Columbia in North Bonneville, Skamania County, Washington, together with my share of the community property acquired by us during our marriage;
- (b) Lot 15 of Hillcrest Addition to the Town of Stevenson, in Skamania County, Washington;
- (c) Lot 3 of the Bill Lyons (Home Valley) #3 Plat, Revised, in Skamania County, Washington;
- (d) My interest in the real estate contract to Dolph Tate and Leona Tate for the sale of Lot 3 of Maple Way Tracts in Skamania County, Washington;
- (e) My interest in the real estate contract to Kevin Russell for the sale of Lot 1 of the Bill Lyons (Home Valley) #3 Plat, Revised, in Skamania County, Washington;
- (f) My interest in the real estate contract to Douglas Austin for the sale of Lot 4 of the Bill Lyons (Home Valley) #3 Plat, Revised, in Skamania County, Washington;
- (g) The 1978 Buick Century; and
- (h) Money Market Account No. 21071429 at the First Independent Bank in Stevenson, Skamania County, Washington.

VII

The Time Certificate or Certificates at Riverview Savings & Loan Association at Stevenson, Washington, I give and bequeath to my four children, Michael W. Cobine, Ronald K. Cobine, Cynthia K. Puckett and Thomas D. Cobine, in equal shares, share and share alike.

IX

I give and bequeath my interest in the Charles A. Cobine property

Wallace C. Cobine
Testator

Last Will and Testament of Wallace C. Cobine

- 3 -

in Polk County, Oregon, purchased by my brother, Donald R. Cobine, as evidenced by letter dated November 5, 1980, and signed by Donald R. Cobine, Daniel C. Cobine, Wallace Cobine and Lena Byers, to my four children, Michael W. Cobine, Ronald K. Cobine, Cynthia K. Puckett and Thomas D. Cobine, share and share alike.

X

I give to my son, Michael W. Cobine, my interest in the 29 foot 1984 Terry Travel Trailer.

XI

I give to my son, Ronald K. Cobine, my 1983 GMC Pickup.

XII

I give and bequeath to my son, Thomas D. Cobine, my interest in The Little Viking Drive-In, located in Stevenson, Skamania County, Washington.

XIII

In the event that my wife, Martha Marie Cobine, and I die simultaneously, or in any event should we die within sixty (60) days of each other, I give, devise and bequeath all of my remaining property not specifically mentioned above, to my children, Michael W. Cobine, Ronald K. Cobine, Cynthia K. Puckett and Thomas D. Cobine, in equal shares, share and share alike.

XIV

I direct that all expenses of administering my estate, whether part of my probate estate or otherwise, and all estate and inheritance taxes lawfully imposed upon my estate, any insurance policies, trusts and appointive properties, shall be paid out of my general estate and not charged against the beneficiaries of distributees.

IN WITNESS WHEREOF, I have hereunto set my hand this 28th day of October, 1988.

Wallace C. Cobine
TESTATOR

Last Will and Testament of Wallace C. Cobine

- 4 -

STATE OF WASHINGTON)
) ss.
 County of Skamania)

The undersigned, each being first duly sworn on oath, deposes and says: That the foregoing instrument, consisting of four (4) pages, including this page, was at the date thereof by WALLACE C. COBINE, the testator named therein, signed, sealed and published as, and declared by him to be his Last Will and Testament, in the presence of us, and each of us, who at his request, and in his presence, and in the presence of each other, and who being of the opinion that he, at the time of executing this Will, was of sound and disposing mind and memory, and was not acting under duress, menace, fraud, or the undue influence of any person, have subscribed our names as witnesses thereto.

Shirley J. Bremer

Residing at: North Bonneville

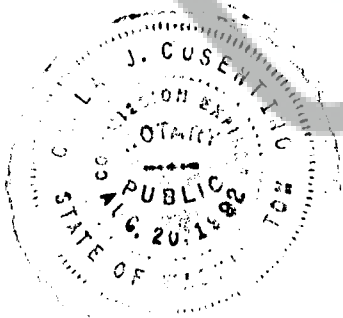
Wa 98639

James D. Dickson

Residing at: North Bonneville, Wash

P.O. Box 216

SUBSCRIBED AND SWORN to before me this 28th day of October, 1988.



Charles J. Cusentini

Notary Public in and for the State of
 Washington, residing at _____

Stevenson

Wallace C. Cobine

Testator