

WHEN RECORDED RETURN TO:

Leslie L. Nance  
2311 Loop Road  
Stevenson, WA 98648

DOCUMENT TITLE(S):  
LACK OF PROBATE

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:  
Louis Stanley Nance

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX  
31177  
APR 21 2015

GRANTEE:  
Leslie Lorraine Nance, an unmarried person

PAID Exempt  
Michael J. Nance, Deputy  
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:  
A tract of land in the Northeast Quarter of the Northeast Quarter of the Northwest Quarter of Section 25, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at an iron bar marking the North Quarter corner of said Section 25; thence North 89° 39' West along the North line of said Section 47.23 feet to the initial point of the tract hereby described; thence North 89° 39' West along said Section line 620.4 feet to the Northwest corner of the Northeast Quarter of the Northeast Quarter of the Northwest Quarter of said Section 25; thence South 00° 17' West along the West line of said subdivision 428.6 feet; thence South 49° 32' East 388 feet, more or less, to the center of County Road No. 2028 designated as the Loop Road; thence North 25° 48' East 751.6 feet to the initial point.

EXCEPT that portion conveyed to Skamania County by instrument recorded in Book 80, Page 664.

TAX PARCEL NUMBER(S):  
03-07-25-2-0-0103-00

Skamania County Assessor  
Date 4-21-15 Parcel# 3-7-25-2-103  
DS

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**  
(Includes Life Estate & Transfer on Death Deed property)

Title Insurance Commitment No.: S15-0057KM, County: Skamania

STATE OF Washington )

SS:

COUNTY OF Skamania )

The undersigned, Julie L Nance, executes this affidavit relating to the estate of Louis L Nance (herein "Decedent"), who died on Aug 1, 2010 in the County of Skamania, State of Washington then being a resident of the City of Stevenson, 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
- ☐ a surviving child of the Decedent
- ☐ the registered domestic partner of the Decedent
- ☐ an owner of the remainder interest in the Decedent's life estate,
- ☐ a grantee named in a Transfer on Death Deed from the Decedent,
- ☐ a joint tenant 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 (*notwithstanding that title deriving from the Decedent's death may not vest in any of them*) 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 grandchildren, parents, brothers and sisters of Decedent); and
3. all parties named in any will, whether or not probated in Washington or any other state or foreign country; and
3. all parties who would have been heirs at law if the Decedent on the date of death had not been married or a registered domestic partner, or had not owned a life estate, or had not previously executed a transfer on death deed; *see RCW11.04.015:*

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	<u>Herald Ray Nance</u>	<u>son</u>
Address:	<u>P.O. Box 976 Stevenson, WA 98648</u>	
Name & relationship	<u>Russell Wade Nance</u>	<u>son</u>
Address:	<u>Beacon Hill Dr. Longview, Washington</u>	
Name & relationship	<u>Julie Fournelle Nance</u>	
Address:	<u>2311 Loop Rd Stevenson, WA 98648</u>	<u>Wife</u>
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  
☐ Life estate property

**CHECK ALL BOXES WHICH APPLY FOR EACH NUMBERED ITEM:**

1. That, on the date the Real Estate was purchased or acquired by the Decedent, the Decedent was:
  - ☒ married to Jodie L. Hance
  - ☐ unmarried and not a registered domestic partner
  - ☐ unmarried and a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:
  - ☒ married to Jodie L. Hance
  - ☐ unmarried and not a registered domestic partner
  - ☐ unmarried and a registered domestic partner of \_\_\_\_\_
  - ☐ a joint tenant owner of the property with the following: \_\_\_\_\_
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 recording number \_\_\_\_\_ in \_\_\_\_\_ County, State of \_\_\_\_\_ (*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.
6. ☒ That the Decedent had not received assistance from the State of Washington for medical care.  
☐ That the Decedent had received assistance from the State of Washington for medical care.  
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

**THE FOLLOWING 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): None

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 190,000 including the value of (1) community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 0, (2) the value of Decedent's separate property, if any, of approximately \$ 0, and (3) 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 Heritage 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: April 16, 20 15

Leslie Lorraine Nance  
(Signature)

Leslie Lorraine Nance  
(Print or type full name)

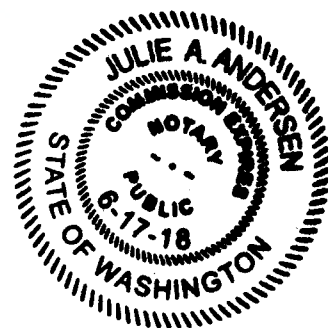
2311 Loop Rd Stevenson, Wa 98648  
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 16 day of April, 20 15

Julie A. Andersen  
Notary Public in and for the State of


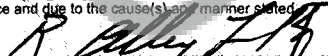
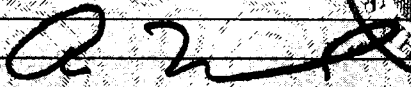
Washington, residing at Carson, Washington

Commission Expires: June 17, 2018





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 Louis Stanley NANCE				2. Death Date Aug. 1, 2010							
3. Sex (M/F) Male		4a. Age - Last Birthday 73		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number		6. County of Death Skamania	
7. Birthdate Feb. 10, 1937		8a. Birthplace (City, Town, or County) Hood River		8b. (State or Foreign Country) Oregon		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 <sup>th</sup> St.) (Include Apt. No.) 2311 Loop Road								13b. City or Town Stevenson			
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98648		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 33 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Leslie Lorraine Paasch							
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Mechanic				18. Kind of Business/Industry (Do not use Company Name) Automobile/Heavy Equipment							
19. Father's Name (First, Middle, Last, Suffix) Eric Stanley Nance				20. Mother's Name Before First Marriage (First, Middle, Last) Winona Pearl Hill							
21. Informant's Name Lorraine Nance		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2311 Loop Road Stevenson, WA 98648							
24. Place of Death, if Death Occurred in a Hospital: 2311 Loop Road				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence							
25. Facility Name (If not a facility, give number & street or location) 2311 Loop Road				26a. City, Town, or Location of Death Stevenson				26b. State WA		27. Zip Code 98648	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory				30. Location-City/Town, and State White Salmon, Washington					
31. Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672								32. Date of Disposition Aug. 6, 2010			
33. Funeral Director Signature X 											
Cause of Death (See instructions and examples)											
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.											
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Lung Adenocarcinoma Interval between Onset & Death 9 months											
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								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 type="checkbox"/> No	
38. Manner of Death <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		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown					
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code+ 4:											
46. Describe how injury occurred								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. X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Allen LaBerge PO Box 1819 White Salmon WA 98672								50. Hour of Death (24hrs) 0945			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)								52. Date Signed (mm/dd/yyyy) 08 02 2010			
53. Title of Certifier MD		54. License Number 000318		55. Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
57. Registrar Signature X 								58. Date Received (mm/dd/yyyy) AUG 05 2010			
59. Amendments											

DOH 1003 Rev 07/2007  
(24) 1003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL