

WHEN RECORDED RETURN TO:

Michael Kemp
PO Box 722
Carson, WA 98610

DOCUMENT TITLE(S):
LACK OF PROBATE AFFIDAVIT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Rene Carol Kemp

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
31524
OCT 29 2015

GRANTEE:
Michael C. Kemp, a Single Man

PAID Exempt
Gordon John Smith
SKAMANIA COUNTY TREASURER

FULL LEGAL DESCRIPTION:

A tract of land in the Northeast Quarter of the Southeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 McLeod Short Plat, recorded in Book 3 of Short Plats, Page 175, Skamania County Records.

TAX PARCEL NUMBER(S):
03-08-20-1-4-0401-00

Skamania County Assessor
Date 10-29-15 Parcel# 3-8-20-1-4-401
JM

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.: S15-0352, County: Skamania

STATE OF Washington)

COUNTY OF Skamania) SS:

The undersigned, Michael Carl Kemp, executes this affidavit relating to the estate of Rene Carol Kemp (herein "Decedent"), who died on July 5, 2012, in the County of Multnomah, State of Oregon, then being a resident of the City of CLATSOP, 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 Taylor H. Christian (Kemp) Daughter

Address: _____

Name & relationship Sharon R. McMurry (Kemp) Daughter

Address: _____

Name & relationship Lyndsey L. Kemp Daughter

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
☐ 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 Michael Craig Kemp
 - ☐ 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 Michael C Kemp
 - ☐ unmarried and not a registered domestic partner
 - ☐ unmarried and a registered domestic partner of _____
 - ☒ a joint tenant owner of the property with the following: Michael C Kemp
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 \$ 170,000 including the value of (1) community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ _____, (2) the value of Decedent's separate property, if any, of approximately \$ NONE, and (3) the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ NONE.

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: 9-15, 20 15

(Signature)

(Print or type full name)

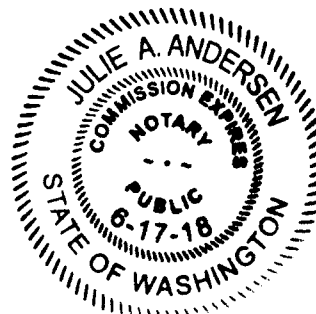
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 15 day of 09, 20 15

Notary Public in and for the State of

Washington, residing at Carson WA.

Commission Expires: June 17, 2018



CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK.

H100351
I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (Include AKAs, if any) First: <u>Rene</u> Middle: <u>Carol</u> Last: <u>KEMP</u> Suffix:				2. Death Date (MM/DD/YYYY) <u>July 5, 2012</u>	
3. Sex (M/F) <u>Female</u>	4a. Age - Last Birthday <u>52</u>	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number <u>[REDACTED]</u>	6. County of Death <u>Multnomah</u>
7. Birthdate (MM/DD/YYYY) <u>Aug. 24, 1959</u>		8a. Birthplace (City/Town, or County) <u>Vancouver</u>		8b. (State or Foreign Country) <u>Washington</u>	
9. Decedent's Education <u>High School Graduate</u>		10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) <u>No</u>		11. Decedent's Race(s) <u>White</u>	
12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) <u>371 Metzger Road</u>		14. City/Town <u>Carson</u>	
15. Residence County <u>Skamania</u>		16. State or Foreign Country <u>Washington</u>		17. Zip Code + 4 <u>98610</u>	
18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		19. Marital Status at Time of Death <u>Married</u>		20. Spouse's Name (If married or widowed, give name prior to first marriage.) <u>Michael Craig Kemp</u>	
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") <u>Supervisor</u>		22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) <u>Grocery Store</u>		23. Father's Name (First, Middle, Last, Suffix) <u>Charles Raymond Whitecotton</u>	
24. Mother's Name Prior to First Marriage (First, Middle, Last) <u>Patricia Ann Brockman</u>		25. Informant's Name <u>Mike Kemp</u>		26. Telephone Number <u>509-427-4084</u>	
27. Relation to Decedent <u>Husband</u>		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) <u>PO Box 722 Carson, WA 98610</u>		29. Place of Death <u>Inpatient-Hospital</u>	
30. Facility Name <u>Providence Medical Center</u>		31. Location of Death (Give address.) <u>4805 NE Glisan</u>		32. City/Town or Location of Death <u>Portland</u>	
33. State <u>OR</u>		34. Zip Code + 4 <u>97213</u>		35. Method of Disposition <u>Removal From State</u>	
36. Place of Disposition (Name of cemetery, crematory, or other place) <u>Columbia River Crematory</u>		37. Location <u>White Salmon, Washington</u>		38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) <u>Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672</u>	
39. Date of Disposition (MM/DD/YYYY) <u>July 10, 2012</u>		40. Funeral Director's Signature <u>[Signature]</u>		41. OR License Number <u>RR64</u>	
42. Registrar's Signature <u>[Signature]</u>		43. Date Received (MM/DD/YYYY) <u>JUL 19 2012</u>		44. Local File Number <u>00061</u>	
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 <u>1604</u>	
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 → Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).					3 Years, 6 months
IMMEDIATE CAUSE ↓ a. <u>Lung Cancer</u> Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓ d. 51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:					
52. 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		53. If Female <input checked="" 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 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <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) <u>Rachel Elizabeth Sanborn 4805 NE Glisan Suite 6N40 Portland, OR 97213</u>					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier <u>MD</u>		65. License Number <u>MD225941</u>		66. Date Signed (MM/DD/YYYY) <u>7-12-12</u>	
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. <u>[Signature]</u>				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

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.

DATE ISSUED:

JUL 19 2012

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

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