

SKAMANIA COUNTY
DEAD ESTATE EXCISE TAX
31578
AFTER RECORDING RETURN TO:
Elizabeth Anne Brown
PO BOX 1098
Carson, WA 98610
DEC 10 2015
PAID
Exempt
cy depubs
SKAMANIA COUNTY TREASURER

AFFIDAVIT
(LACK OF PROBATE)

Elizabeth Anne Brown, being first duly sworn, deposes and says:
The undersigned affiant is the Daughter (relationship to decedent) of Sharon Elaine Morgan (decedent), who died on November 13, 2015, at Carson (Home) (City), Skamania (County), WA (State), then being a resident of Carson (City), Skamania (County), WA (State).

*** A COPY OF THE DEATH CERTIFICATE MUST BE ATTACHED

PLEASE NOTE: Upon our review of the documentation, we may require a County certified copy of said death certificate to be recorded

REGARDING DISPOSITION OF REAL PROPERTY:

- ☐ Decedent left no Last Will and Testament and/or Community Property Agreement; OR
- ☐ Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS HERETO ATTACHED FOR REVIEW), or has been recorded under King County recording number : OR
- ☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS HERETO ATTACHED); OR
- ☐ Decedent left a Last Will and Testament, which was Probated in (County), State of , under Superior Court Cause Number .

Tax Parcel # 03081740300000, see exhibit A

“Heirs at law” includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use reverse side of this page if necessary)

Paul Lawrence Morgan	51	Son	PO Box 21 Carson, WA 98610
Full name	age	relationship	address
Elaine Kay Jeffries	50	Daughter	PO Box 206 Stevenson, WA 98648
Full name	age	relationship	address
Elizabeth Anne Brown	44	Daughter	PO Box 1098 Carson, WA 98610
Full name	age	relationship	address
Full name	age	relationship	address
Full name	age	relationship	address

(continued on next page)

AFFIDAVIT (LACK OF PROBATE)
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REGARDING POTENTIAL LIENS AGAINST THE ESTATE OF THE DECEDENT:

Affiant declares that all debts of the decedent and/or marital community, including but not limited to all of decedent's medical, funeral and burial expenses, as well as all applicable succession and/or inheritance taxes, have been fully paid, except as follows:

Providence Hospital bill in the amount of 1664.30
and another hospital bill that is yet to be received for Sharon E. Morgan, for her last hospital stay,
to be paid by Elizabeth Anne Brown

Affiant further declares that the decedent:

- ☐ HAS (OR)
☒ HAS NOT received assistance from the State of Washington for subsistence or medical care
(Medicaid/Welfare) in the past

Affiant further declares that the total amount of all community property of the decedent was approximately
\$ 125,900.00, and the value of all separate property of the decedent was approximately
\$ 2000.00.

Dated: 12-10-2015 Elizabeth Anne Brown

Affiant's full name Elizabeth Anne Morgan, now known as Elizabeth Anne Brown

Telephone number 509-427-2217 address PO Box 1098 Carson, WA 98610

State of Washington County of Skamania
I know or have satisfactory evidence that Elizabeth Anne Brown is the person
who appeared before me, and said person acknowledged that (he / she) signed this affidavit and acknowledged it to be (his / her) free
and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 12-10-15 By: Leslie L Moore My appt expires 1-9-2016

Notary stamp or seal:

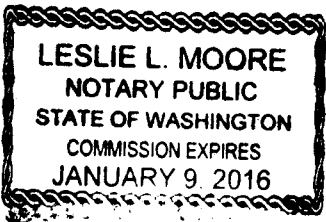


Exhibit A

Lot 13 of Carson Valley Park, according to the Official Plat thereof, on file and record at Page 148 of Book A of Plats, in the County of Skamania and the State of Washington

Tax Parcel # 03081740300000

Skamania County Assessor
Date 12-10-15 Parcel# 3-8-17-4-3000
by *[Signature]*

Unofficial Copy

SKAMANIA COUNTY
ORIGINAL FILED

NOV 23 2015

LAST WILL AND TESTAMENT
OF
SHARON ELAINE MORGAN

SHARON K. VANCE, CLERK

I, SHARON ELAINE MORGAN, publish and declare this as my Last Will and Testament, hereby revoking all prior Wills and Codicils made by me.

15 4 00021 6

FIRST: I give, devise and bequeath all of my estate of every kind and description, real, personal and mixed, howsoever and wheresoever situated, now owned or hereafter acquired by me, unto my daughter, ELIZABETH ANNE MORGAN, absolutely and in fee simple, provided she survives me by thirty (30) days.

SECOND: In the event my above -mentioned daughter does not survive me for 30 days, or predeceases me or dies as a result of the same accident, sickness or disaster as I do, then and in any of these events, all of my estate of every kind and description, real, personal and mixed, and whether now owned or hereafter acquired by me, I give, devise and bequeath unto my daughter ELAINE KAY JUDD.

THIRD: I hereby nominate and appoint my said daughter, ELIZABETH ANNE MORGAN, the Executrix of this, my Last Will and Testament, authorizing said executor to sell, dispose of or to transfer, in whole or in part, any properties subject to this Will, as she deems fit and proper in the proper execution of her duties; and further, that she shall not be required to post bond, and be allowed to act without court order; in the event of her death or refusal or inability to act, I hereby nominate and appoint my daughter, ELAINE KAY JUDD, to act as Successor Executrix with all the rights and duties herein given to or imposed upon my Executrix.

IN WITNESS WHEREOF, I have hereunto set my hand to this. My Last Will and Testament, at Carson, Washington this 21st day of April, 2001


SHARON ELAINE MORGAN

The foregoing instrument, consisting of two pages, was at the date thereof signed, published and declared by the said SHARON ELAINE MORGAN as and for her Last Will and Testament in the joint presence of us, who, at her request, and in her presence, and in the presence of each other, have subscribed our names as witnesses.

Jamie K. Craig of 45405 SE Marmot Rd. Sandy
97055

Thayne E. West of 3224 SE Rockwood, Milwaukie OR 97222

Larry Craig of 45405 SE Marmot Rd. Sandy
97055

Dorothy E. West of 3224 SE Rockwood St. Milwaukie
OR 97222

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-032911

LOCAL FILE NUMBER: 15-165

DATE ISSUED: 11/24/2015

FEE NUMBER: 0000000005

GIVEN NAMES: **SHARON ELAINE**
LAST NAME: **MORGAN**

COUNTY OF DEATH: **SKAMANIA**
DATE OF DEATH: **NOVEMBER 13, 2015**
HOUR OF DEATH: **05:35 A.M.**
SEX: **FEMALE**
AGE: **77 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT HISPANIC**
RACE: **WHITE**

BIRTHDATE: **NOVEMBER 27, 1938**
BIRTHPLACE: **OREGON CITY, OREGON**

MARITAL STATUS: **DIVORCED**
SPOUSE:

OCCUPATION: **FRONT DESK CLERK**
INDUSTRY: **HOSPITALITY**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES? **NO**

INFORMANT: **ELIZABETH BROWN**
RELATIONSHIP: **DAUGHTER**
ADDRESS: **PO BOX 1098 CARSON, WA 98610**

PLACE OF DEATH: **HOME**
FACILITY OR ADDRESS: **1342 METZGER ROAD**
CITY, STATE, ZIP: **CARSON, WASHINGTON 98610**

RESIDENCE STREET: **1342 METZGER ROAD**
CITY, STATE, ZIP: **CARSON, WASHINGTON 98610**
INSIDE CITY LIMITS? **NO**

COUNTY: **SKAMANIA**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **23 YEARS**

FATHER: **PAUL BENJAMIN BECK**
MOTHER: **DOROTHY PEARL CHANEY**

METHOD OF DISPOSITION: **BURIAL**
PLACE OF DISPOSITION: **IMAN CEMETERY**
CITY, STATE: **STEVENSON, WA**
DISPOSITION DATE: **NOVEMBER 20, 2015**

FUNERAL FACILITY: **GARDNER FUNERAL HOME INC**
ADDRESS: **1270 NORTH MAIN AVENUE**
CITY, STATE, ZIP: **WHITE SALMON WA 98672**
FUNERAL DIRECTOR: **DEREK F. KRENTZ**

CAUSE OF DEATH:

- A. **LUNG CANCER**
INTERVAL: **1 MONTH**
B. **PNEUMONIA**
INTERVAL: **4 DAYS**
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

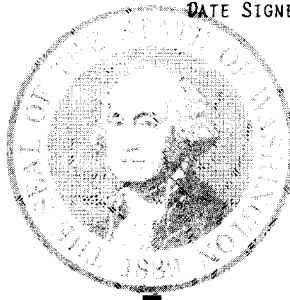
MANNER OF DEATH: **NATURAL**
AUTOPSY: **NO**

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? **NOT APPLICABLE**
DID TOBACCO USE CONTRIBUTE TO DEATH? **NO**
PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**

CERTIFIER NAME: **STEPHEN VOGT MD**
TITLE: **PHYSICIAN**
CERTIFIER
ADDRESS: **1108 JUNE STREET**
CITY, STATE, ZIP: **HOOD RIVER OR 97031**
DATE SIGNED: **NOVEMBER 17, 2015**

CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
LORI KOCH
DATE RECEIVED: **NOVEMBER 20, 2015**



DOH 01-003 (6/10)

Unofficial
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