

WHEN RECORDED RETURN TO:

Janice Kuhlman

583 NW Vancouver Ave., PO Box 81

Stevenson, WA 98648

DOCUMENT TITLE(S)

Lack of Probate Affidavit

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page ____ of document.

GRANTOR(S):

Joyce Lorraine Shippy

☐ Additional names on page ____ of document.

GRANTEE(S):

Ronald Floyd Shippy

☐ Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

(see Exhibit A attached)

☐ Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):

03073643190000

☐ Additional parcel numbers on page ____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

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

County: Skamania

STATE OF WASHINGTON)

SS:

COUNTY OF KLIKITAT)

RONALD FLOYD SHIPPY (herein, "Affiant"), being first duly sworn, on oath deposes and says:

That Affiant is (check one):

☒ the lawful surviving spouse of the Decedent JOYCE LORRAINE SHIPPY☐ 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:) _____

All with respect to the estate of JOYCE LORRAINE SHIPPY (herein "Decedent"), who died on June 10, 1995, 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.)

That Affiant has herein below identified each and all of the heirs at law and next of kin of decedent, including but not limited to children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then Affiant has listed below all of the surviving parents, brothers and sisters of decedent), spouse, registered domestic partner, and ***including 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 Ronald Floyd Shippy - SpouseAddress: PO Box 81, Stevenson, WA 98648Name & relationship Brenda Helen First - DaughterAddress: 645 SW Vancouver Ave., Stevenson, WA 98648Name & relationship Sherry Lels-Shippy - DaughterAddress: Radelaar 3, Krimpen a/d 2933 GD NetherlandsName & relationship Janice Kuhlman - DaughterAddress: 583 NW Vancouver Ave., Stevenson, WA 98648

That among items of real property owned by the Decedent at the time of death was real estate located in Skamania County, Washington.

As to the Decedent, said real estate 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 property was purchased the Decedent was:
 - ☒ married to Ronald Floyd Shippy.
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was
 - ☒ married to Ronald Floyd Shippy.
 - ☐ 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.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been 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 said joint tenancy continued in full force until the death of the Decedent with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said 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 \$200,000, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$200,000, 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 COLUMBIA GORGE TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's order number set forth above, in which Decedent held an interest at the time of the Decedent's death. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The Affiant, for the Affiant and for the Affiant's heirs, executors and administrators, covenants to indemnify said Company or any other person, including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: May 18, 2016

Ronald Floyd Shippy
(Signature)

Ronald Floyd Shippy
(Print or type Affiant's full name)

PO Box 81, Stevenson, WA 98648
(Full address and telephone number)
(509) 427-5386

SUBSCRIBED and SWORN TO before me this 18th day of May, 2016

James L. Kacena

Name: JAMES L. KACENA

Notary Public in and for the State of Washington

Washington, residing at White Salmon, WA

JAMES L. KACENA
NOTARY PUBLIC
STATE OF WASHINGTON
MY COMMISSION EXPIRES
JANUARY 28, 2020

LEGAL DESCRIPTION EXHIBIT A

BEGINNING at the intersection of the center line of Rock Creek with the South line of Section 36, Township 3 North, Range 7 East of the Willamette Meridian, Skamania County, Washington; thence East to a point 4.39 chains West of the quarter corner on the South line of said Section 36; thence North 5°30' West 662.5 feet, more or less, to the North boundary line of the Town of Stevenson; thence West to the center line of Rock Creek; thence following the center line of Rock Creek in a Southerly direction to the Point of Beginning; EXCEPTING THEREFROM the following described tracts, to-wit:

BEGINNING at a point on the West line 50 feet from the Southwest corner (289.7 feet West of the quarter post of the South side of Section 36, Township 3 North, Range 7 East of the Willamette Meridian, Skamania County, Washington) of the property deeded to P.E. Michell by Albert R. Green and Julia C. Green, his wife, in deed dated March 10, 1917, recorded in Book Q, page 137; thence North 5°30' West 612 feet, more or less, to the Northwest corner of the one acre tract in said deed; thence West 30 feet to the brow of Rock Creek Canyon; thence in a Southwesterly direction, following the brow of the canyon, about 200 feet, to a point which is about 70 feet in width; thence in a Southeasterly direction, following the brow of the canyon, to the Point of Beginning; being that certain tract of land conveyed to P.E. Michell by deed recorded at page 159, Book S, Deed Records of Skamania County, Washington.

AND EXCEPT the following described tract: BEGINNING at the Southeast corner of the tract first above described; thence along the South line of the said Section 36 West 230 feet to the initial point of the tract hereby excepted; thence North 270 feet; thence West to the center of the channel of Rock Creek; thence following the center of the channel of Rock Creek Southerly 270 feet, more or less, to the South line of the said Section 36; thence East to the initial point; TOGETHER WITH an easement and right of way for use of the existing road over and across the Northeasterly corner of the tract last above excepted.

ALSO that portion as conveyed by Sherry E. Bourdeau to Ronald F. Shippy under Auditor's File No. Book 205, page 394.

EXCEPT that portion as conveyed by Ronald F. Shippy to Sherry E. Bourdeau under Auditor's File No. Book 205, page 397.

Skamania County Assessor
Date 11-8-16 Parcel# 3-7-36-4-3-1900
[Signature]

STATE OF WASHINGTON
DEPARTMENT OF HEALTHOFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

16

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

5 23888

STATE FILE NUMBER

1. DISTRICT

D-2

2. COPIES

8

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21. AOC LOC

22. QUERIES

23.

24.

1. NAME Joyce Lorraine SHIPPY				2. SEX (M / F) Female		3. DEATH DATE (Mo. Day, Yr) June 10 1995									
4. AGE LAST BIRTHDAY (Yrs) 67		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo. Day, Yr) March 5 1928		8. BIRTHPLACE (City, State or Foreign Country) Los Angeles CA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Skamania			
11. CITY, TOWN OR LOCATION OF DEATH Stevenson				12. PLACE OF DEATH— <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTM <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 583 NW Vancouver Ave				13. SMOKING IN LAST 15 YEARS? (Yes / No) No							
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married				15. SURVIVING SPOUSE (if wife, give maiden name) Ronald F Shippy				16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Deputy Clerk				19. KIND OF BUSINESS OR INDUSTRY Superior Court				20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No				21. RACE (Specify) White			
22. RESIDENCE—NUMBER AND STREET 583 NW Vancouver				23. CITY/TOWN, OR LOCATION Stevenson		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Skamania		25B. LENGTH OF RES. IN CO. 60 yrs		26. STATE Washington		27. ZIP CODE 98648	
28. FATHER'S NAME—FIRST, MIDDLE, LAST James L Pouncey				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Lena E Pratt				30. INFORMANT—NAME Ronald Shippy				31. MAILING ADDRESS POB 81 Stevenson WA 98648			
32. BURIAL, CREMATION (Other Specify) Burial				33. DATE (Mo. Day, Yr) 6/14/95		34. CEMETERY/CREMATORY—NAME Wind River Cemetery				35. LOCATION—CITY/TOWN, STATE Carson WA					
36. FUNERAL DIRECTOR SIGNATURE X <i>R. L. Dierickx</i>				37. NAME OF FACILITY GARDNER FUNERAL HOME INC.				38. ADDRESS OF FACILITY POB 390 WHITE SALMON WA 98672							
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X <i>Bradley Andersen</i>						43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X <i>Bradley Andersen</i> County Coroner									
40. DATE SIGNED (Mo., Day, Yr) June 14, 1995				41. HOUR OF DEATH (24 Hrs.)				44. DATE SIGNED (Mo., Day, Yr) June 14, 1995				45. HOUR OF DEATH (24 Hrs.) 2045			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr) June 10, 1995				47. HOUR PRONOUNCED DEAD (24 Hrs.) 2140							
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Bradley Andersen Cor County Courthouse Stevenson WA 98648				49. MECORONER FILE NUMBER 95-031SK											
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. A. CORONARY OCCLUSION 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—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: 52. AUTOPSY? (Yes / No) No 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes															
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Natural				55. INJURY DATE (Mo. Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:							
58. INJURY AT WORK? (Yes / No)				59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)				60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE							
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE X <i>Karen Stenquist, m.d.</i>				63. DATE RECEIVED (Mo., Day, Yr.) June 15, 1995							

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 10-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (10/15)