

WHEN RECORDED RETURN TO:

Patricia Wallenmeyer
PO Box 313
North Bonneville, WA 98639

DOCUMENT TITLE(S):
Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Daniel Wallenmeyer

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
32026
AUG 18 2016

GRANTEE:
Patricia Wallenmeyer, a single woman

PAID EXEMPT
Shirley Morris Deputy
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:

Lot 8, Block 4, PLAT OF RELOCATED NORTH BONNEVILLE, recorded in Book B of Plats, Page 10, Auditor's File No. 83466 and in Book B of Plats, Page 26, Auditor's File No. 84429, records of Skamania County, State of Washington.

TAX PARCEL NUMBER(S):
02-07-19-4-4-0800-00

Skamania County Assessor
Date 8-18-16 Parcel# 2-7-19-4-4-800
lm

After recording, return to:

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington,

COUNTY OF Skamania

SS:

The undersigned, Patricia L. Wallenmeyer, executes this affidavit relating to the estate of Daniel Wallenmeyer (herein "Decedent"), who died on 4-12-14, in the County of Hood River, State of Oregon, then being a resident of the City of N. Bonneville, County of Skamania, State of Orego. (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☐ Surviving child 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:)

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
 - (a) a spouse or registered domestic partner, and

- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary)]

Name & relationship Jesse Daniel Wallenmeyer - son

Name & relationship Lewis Todd Wallenmeyer - son

Name & relationship Patricia Loreen McClelland - daughter

Name & relationship Susan Louise Bowdish - daughter

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skamania State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

5. Status of the Will (if any)

- ☒ The decedent left a Will that devises real property.
☐ The decedent left no Will that devises real property.

DATED: 8-5, 20 16

Patricia A. Wallenmeyer
 (Signature)

Patricia A. Wallenmeyer
 (Print or type full name)

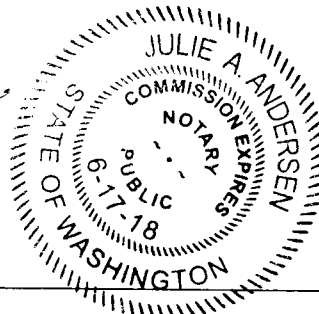
POB 313 N. Benningville, WA
 (Full address and telephone number)

State of Washington
 County of Skamania

SUBSCRIBED and SWORN TO before me this 5 day of August, 20 16
 by Patricia A. Wallenmeyer, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Julie A. Andersen

Notary Public in and for the State of WA
 residing at Carson, WA
 Expires: June 17, 2018



Last Will and Testament

of

Daniel Wallenmeyer and Patricia Anne Wallenmeyer

Dated this 27th day of February, 2014.

We the undersigned, being of sound mind, do hereby agree that all assets of our marriage shall pass to the first successor in the event of the passing of either of us. In the event upon which we both shall pass or the first successor subsequently passes, we both agree that all remaining assets shall be distributed evenly between our children, them being Jesse Daniel Wallenmeyer, Lewis Todd Wallenmeyer, Patricia Loreen McClelland, and Susan Louise Bowdish.

Daniel Wallenmeyer
Daniel Wallenmeyer

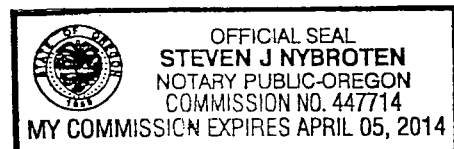
Patricia Anne Wallenmeyer
Patricia Anne Wallenmeyer

Kelly M. Emerson
Witness
Kelly M. Emerson

Nadyne Lahti
Witness
Nadyne Lahti

Steven J. Nybrot
Notary Public

State of OREGON
County of Hood River



Signed or attested before me on 02/27/2014 by Daniel Wallenmeyer
AND Patricia Anne Wallenmeyer

Steven J. Nybrot
Notary Public
State of Oregon

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

665347

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

1. Legal Name First: Daniel Middle: Last: Wallenmeyer Suffix:			2. Death Date April 12, 2014	
3. Sex Male	4. Age 81 years	5. Social Security Number		6. County of Death Hood River
7. Birthdate April 28, 1932	8. Birthplace Evansville, Indiana		9. Decedent's Education Bachelor's degree	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 408 Columbia		14. City/Town North Bonneville		15. Decedent's Marital Status at Time of Death Married
16. Residence County Skamania		16. State or Foreign Country Washington	17. Zip Code + 4 98639	18. Inside City Limits? Yes
21. Usual Occupation Agriculture		22. Kind of Business/Industry United States Government		23. Father's Name William A. Wallenmeyer
24. Informant's Name Patricia Wallenmeyer		25. Telephone Number Not Available	26. Relationship to Decedent Spouse	
27. Place of Death Licensed Assisted Living Facility		28. Mailing Address P.O. Box 313, North Bonneville, WA 98639		
31. Location of Death 1795 8th St		32. City/Town or Location of Death Hood River		
33. Method of Disposition Cremation		34. Place of Disposition Columbia Gorge Cremation		35. State Oregon
36. Name and Complete Address of Funeral Facility Anderson's Tribute Center (Funerals Receptions Cremations) 1401 Belmont Avenue, Hood River, Oregon 97031		37. Location Hood River, Oregon		
38. Date of Disposition April 15, 2014		39. Funeral Director's Signature Guinevere A Jones		40. OR License Number CO-3830
41. Registrar's Signature Mallory Olson		42. Date Received APR 16 2014		43. Local File Number 055-2014
44. Amendment				
45. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
46. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
47. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
48. Time of Death 0800				
49. CAUSE OF DEATH				
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.				
Final disease or condition resulting in death: a. <u>Heart failure</u>				
Due to (or as a consequence of) ↓				
b. <u>Heart failure</u>				
Due to (or as a consequence of) ↓				
c. <u>Heart failure</u>				
Due to (or as a consequence of) ↓				
d. <u>Heart failure</u>				
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>Heart failure</u>				
52. Manner of Death				
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death				
53. Date of Injury (month do yyyy)		54. Time of Injury		55. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
56. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)				
57. Describe how injury occurred				
58. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
59. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) 1108 3rd Street, Hood River, OR 97031				
60. Name and Title of Attending Physician (if Other than Certifier)				
61. Title of Certifier M.D. Mallory Olson				
62. License Number 156965		63. Date Signed (month do yyyy) 4/15/14		
64. 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.				
65. 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.				
66. Amendment				

45-2DP (01/06)

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:

APR 17 2014

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

