

AFTER RECORDING RETURN TO:

Name: Wyers|Wyers, Attorneys
Address: P. O. Box 421
City/State: Bingen, WA 98605-0421

Document Title(s): (or transactions contained therein)

1. Affidavit Re Heirship

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page ___ of document

Grantor(s): (Last name first, then first name and initials)

1. Burroughs, Robert Boyd
2. Burroughs, Lauren L.

☐ Additional names on page ___ of document

Grantee(s): (Last name first, then first name and initials)

1. Burroughs, Lauren L.

☐ Additional names on page ___ of document

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

32280
DEC - 7 2016

PAID EXEMPT
Wendy Palmer Deputy
SKAMANIA COUNTY TREASURER

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/
range/quarter/quarter) Lot 2 Davison SP Bk. 3/Pg. 300

☐ Complete legal description is on page 1 of document

Assessor's Property Tax Parcel/Account Number: 03 07 25 4 0 0408 00

2m 12/7/16

Indebtedness: All debts and obligations of the decedent of every kind and nature whatsoever including but not limited to those of last illness and burial have been fully paid or provided for.

Taxes: The value of decedent's interests in all property in which she had any interest at the time of his death and wheresoever situated did not exceed \$250,000.00 and no State or Federal Taxes were due nor were any such returns required to be filed incident to her death.

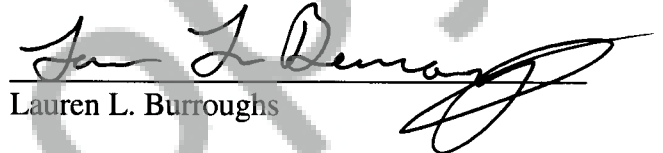
Covenant: Declarant makes this declaration in order to induce any and all persons, agencies, and entities to whose attention it may come, particularly public agencies and those engaged in the issuance of title insurance policies, to rely hereon without qualification or condition and hereby covenant to warrant and defend the facts as herein set forth to any and all such persons and entities acting in reliance hereon.

Notice to State of Washington: Decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance. Nonetheless, I have caused a copy of this affidavit to be transmitted via certified mail, return receipt requested to the State of Washington, addressed as follows:

Office of Financial Recovery
Estate Recovery Unit
P.O. Box 9501
Olympia, WA 98507-9501

State of Washington Department of Revenue
Special Programs Division
P. O. Box 47477
Olympia, WA 98504-7477

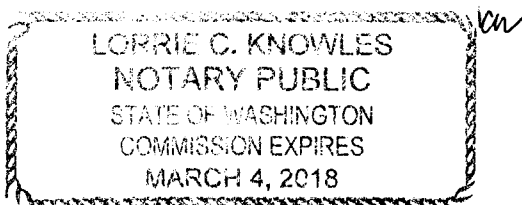
Dated this 7th day of December, 2016.

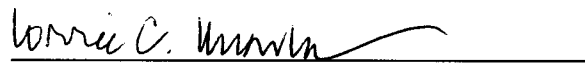

Lauren L. Burroughs

STATE OF WASHINGTON)
) §
COUNTY OF KLIKITAT)

I certify that I know or have satisfactory evidence that Lauren L. Burroughs is the person who appeared before me and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: December 7, 2016.




Lorrie C. Knowles
Notary Public in and for the State of
Washington, residing at White Salmon.
My commission expires: 3/4/18.