

**WHEN RECORDED RETURN TO:**

Mary Lou Thompson  
1505 S Old Hwy 94, Unit 403  
Saint Charles, MO 63303

**DOCUMENT TITLE(S):**  
Inheritance Lack of Probate Affidavit

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**  
Robert Warren Thompson

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX  
32454  
MAR -7 2017

**GRANTEE:**  
Mary Lou Thompson, a single woman

PAID EXEMPT  
*Audrey Palmer Neely*  
SKAMANIA COUNTY TREASURER

**LEGAL DESCRIPTION:**

A tract of land in the Southwest Quarter of Section 26, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 4 of the Myers Short Plat recorded in Auditor File No. 2006164190, Skamania County Records.

**TAX PARCEL NUMBER(S):**  
03-08-26-0-0-1207-00

Skamania County Assessor  
Date 3-7-17 Parcel# 3-8-2600-1207  
dm

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, Mary Lou Thompson, executes this affidavit relating to the estate of Robert Warren Thompson (herein "Decedent"), who died on May 31, 2016, in the County of \_\_\_\_\_, State of Oregon, then being a resident of the City of Tualatin, County of \_\_\_\_\_, State of Oregon. (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 Susan Fee, Daughter

Name & relationship Kymbrynna Borden, Daughter

Name & relationship \_\_\_\_\_

Name & relationship \_\_\_\_\_

**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 \_\_\_\_\_, State of Washington, and described as follows:

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

A tract of land in the Southwest Quarter of Section 26, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 4 of the Myers Short Plat recorded in Auditor's File No. 2006164190, Skamania County Records.

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: Feb 21, 2017

Mary Lou Thompson  
 (Signature)  
Mary Lou Thompson  
 (Print or type full name)  
1505 S. Old Hwy 94 Unit 403  
 (Full address and telephone number)  
SAINT CHARLES, MO 63303

State of Missouri  
 County of St. Charles

SUBSCRIBED and SWORN TO before me this 21<sup>st</sup> day of February, 2017  
 by Mary Lou Thompson, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Brian D. Mack  
 Notary Public in and for the State of Missouri  
 residing at 1525 Kiskadee Rd.  
St. Charles, MO 63304

BRIAN D. MACK  
 Notary Public - Notary Seal  
 State of Missouri  
 Commissioned for St. Charles County  
 My Commission Expires: September 12, 2017  
 Commission Number: 13525881

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

761392

I.D. TAG NO.

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2016-013785

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First <b>Robert</b>	Middle <b>Warren</b>	Last <b>Thompson</b>	Suffix	Death Date <b>May 31, 2016</b>
	Sex <b>Male</b>	Age <b>75 years</b>	Social Security Number [REDACTED]		County of Death <b>Washington</b>		
	Birthdate <b>June 24, 1940</b>		Birthplace <b>Los Angeles, California</b>			Was Decedent Ever in U.S. Armed Forces? <b>No</b>	
	Residence: <b>13446 Emerald Bay Way</b>				City/Town <b>Horizon City</b>		
	Residence County <b>El Paso</b>		State or Foreign Country <b>Texas</b>		Zip Code + 4 <b>79928</b>	Inside City Limits? <b>Yes</b>	
	Marital Status at Time of Death <b>Married</b>		Spouse's Name Prior to First Marriage <b>Mary Lou Senften</b>				
	Father's Name <b>Warren Edward Thompson</b>				Mother's Name Prior to First Marriage <b>June Bertha Roach</b>		
	Informant's Name <b>Mary Lou Thompson</b>		Telephone Number <b>Not Available</b>	Relationship to Decedent <b>Spouse</b>	Mailing Address <b>13446 Emerald Bay Way, Horizon City, TX 79928</b>		
	Place of Death <b>Other - Private Residence</b>		Facility Name				
	Location of Death <b>21411 SW 90th Avenue</b>		City/Town or Location of Death <b>Tualatin</b>		State <b>Oregon</b>	Zip Code + 4 <b>97062</b>	
TO BE COMPLETED BY MEDICAL CERTIFIER	Method of Disposition <b>Cremation</b>		Place of Disposition <b>Cascade Cremation Center</b>		Location (City/Town and State) <b>Tualatin, Oregon</b>		
	Name and Complete Address of Funeral Facility <b>Crown Memorial Center, Cremation &amp; Burial - Tualatin 8970 SW Tualatin-Sherwood Road, Tualatin, Oregon 97062</b>						
	Date of Disposition <b>TBD</b>	Funeral Director's Signature <b>Ashley D Jones</b>		Electronically Signed	OR License Number <b>CO-3879</b>		
	Registrar's Signature <b>Jennifer A. Woodward</b>		Date Received <b>June 03, 2016</b>		Local File Number		
	Amendment						
	Was case referred to Medical Examiner? <b>No</b>		Autopsy? <b>No</b>	Were autopsy findings available to complete the cause of death?		Time of Death <b>0015</b>	
	CAUSE OF DEATH IMMEDIATE CAUSE ↓ a. <b>systolic congestive heart failure</b>					Approximate Interval: Onset to Death <b>years</b>	
	b. <b>coronary artery disease</b>					<b>years</b>	
	c. <b>diabetes mellitus type 2</b>					<b>years</b>	
	d. <b>Other significant conditions contributing to death</b>						
Manner of Death <b>Natural</b>		If Female <b>Not Applicable</b>		Did tobacco use contribute to death? <b>Unknown</b>			
Date of Injury		Time of Injury	Place of Injury		Injury at Work?		
Location of Injury							
Describe how injury occurred							
If transportation injury, specify.							
Name and Address of Certifier <b>Jocelyn Cameron White 6171 SW Capitol Highway, Portland, Oregon 97239-2649</b>							
Name and Title of Attending Physician If Other than Certifier					Date Signed <b>June 03, 2016</b>		
Medical Certifier <b>Jocelyn Cameron White</b>		Electronically Signed	Title of Certifier <b>M.D.</b>		License Number <b>MD15704</b>		
Amendment							



\*20160606711\*

45-2CC (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 VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

June 07, 2016

DATE ISSUED: \_\_\_\_\_

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.

