

WHEN RECORDED RETURN TO:

Martha Quiring
16130 SW Pebble Court
Beaverton, OR 97007

DOCUMENT TITLE(S)	CI 10496
Lack of Probate Affidavit	
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:	
GRANTOR(S):	
Quiring, Samuel Bruce	
GRANTEE(S):	
Quiring, Martha	
BENEFICIARY:	
n/a	
TRUSTEE: n/a	
ABBREVIATED LEGAL DESCRIPTION:	
Lot 5, Survey 3/356 / Full legal pg 4	
TAX PARCEL NUMBER(S):	
07052100020400	Im 5/23/18

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
33263
MAY 23 2018

PAID EXEMPT
Audrey Pham-Sepulveda
SKAMANIA COUNTY TREASURER

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. The fee for non-standard processing is \$50.00.



Signature of Requesting Party

LACK OF PROBATE AFFIDAVIT

STATE OF [WA] }
 } ss.
 COUNTY OF [Clark] }

Order No.: [] CTV6010

[], being first duly sworn, on oath deposes and says:

That affiant is the lawful surviving [spouse / child / other] of [Samuel Quiring] who died on [July 7, 2016], at [18:40], County of [Multnomah], State of [Oregon], then being a resident of [Washington], County of [], State of [Oregon]. A copy of the death certificate is attached hereto.

That affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to children, adopted children, and 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, brother and sisters of decedent).

That the heirs at law of the decedent are (list all of the heirs at law, using the reverse side or attaching a list if necessary):

1. [Martha Quiring]
 Address: [16130 SW Pebble Ct]
 [Beaverton OR 97007]

2. []
 Address []
 []

That affiant knows of [his/her] 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:

[]
 []
 []
 []

CHECK ALL THAT APPLIES:

- ☐ That the decedent left no Will.
- ☒ That the decedent left a Will, a copy of which is attached hereto.
- ☒ That the decedent's estate is not being probated.
- ☐ That the decedent's estate is subject to probate proceedings in [] County, State of [], under No. [].
- ☐ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes (aka "estate tax").
- ☐ That State and/or Federal succession or inheritance taxes (aka "estate tax") in the amount of \$[] have been paid. A copy of the release/discharge is attached hereto.
- ☐ That State and/or Federal succession or inheritance taxes are due, but have not yet been paid.
- ☐ That all creditor's claims against the estate of the decedent have been paid.

That the value of the decedent's estate at date of death, including all real and personal property, was approximately \$[less than 1M], including the value of both community property and separate property. The real estate for which affiant is requesting title insurance to be issued is decedent's (check one) ☐ Community property, or ☐ separate property.

This affidavit is made to induce Cascade Title 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 his (her) death. Affiant urges Company to issue its policy of title insurance in full reliance upon the representations set forth herein.

Dated: [5/16/2018]

(X) Martha Ann Quiring
Martha Ann Quiring
 [Affiant's full name]

Address: [16130 S.W. Pebble Ct]

[Beaverton OR 97007]

Phone: [503-579-5507]

STATE OF WASHINGTON }
 } s.s.
 COUNTY OF CLARK }

I certify that I know or have satisfactory evidence that [Martha Ann Quiring] (is/are) the person[s] who appeared before me, and said person[s] acknowledged that [he/she/they] signed this instrument and acknowledged it to be [his/her/their] free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: [5.21.18]

Notary Public in and for the State of Washington
 Residing at [Washington]
 My appointment expires: [4.10.21]

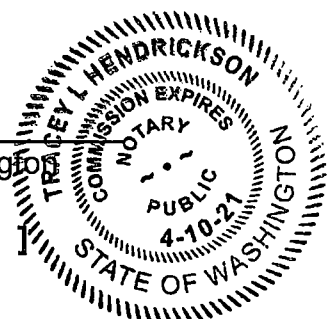


EXHIBIT "A"

LOT 5 OF SKAMANIA COUNTY RECORD OF SURVEY FILED FOR RECORD JUNE 20, 2000 AND RECORDED UNDER AUDITOR'S FILE NO. 138413, BOOK 3, PAGE 356, RECORDS OF SKAMANIA COUNTY, WASHINGTON, ALSO BEING A PORTION OF THE NORTH HALF OF THE NORTHWEST QUARTER, THE SOUTH HALF OF THE NORTHWEST QUARTER AND THE WEST HALF OF THE SOUTHWEST QUARTER, ALL IN SECTION 21, TOWNSHIP 7 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE WEST QUARTER CORNER OF SAID SECTION 21; THENCE ALONG THE WEST LINE OF SAID SECTION 21, NORTH 00°54'09" EAST, 711.33 FEET TO THE POINT OF BEGINNING; THENCE NORTH 89°39'01" EAST, 160.00 FEET; THENCE NORTH 63°42'43" EAST 981.28 FEET TO THE WESTERLY LINE OF THAT PORTION CONVEYED TO PACIFIC POWER AND LIGHT COMPANY IN INSTRUMENT RECORDED IN BOOK 48, PAGE 352; THENCE ALONG SAID WESTERLY LINE, NORTH 49°42'26" WEST 294.66 FEET; THENCE CONTINUING ALONG SAID WESTERLY LINE, NORTH 13°36'34" EAST, 526.80 FEET; THENCE CONTINUING ALONG SAID WESTERLY LINE, NORTH 42°41'04" EAST 589.14 FEET; THENCE CONTINUING ALONG SAID WESTERLY LINE, NORTH 22°11'56" WEST, 340.42 FEET TO THE NORTH LINE OF SAID SECTION 21; THENCE ALONG THE NORTH LINE OF SAID SECTION 21, NORTH 89°42'56" WEST, 415.00 FEET; THENCE SOUTH 17°31'49" WEST, 1773.43 FEET; THENCE SOUTH 79°35'52" WEST, 262.58 FEET TO THE WEST LINE OF SAID SECTION 21; THENCE ALONG SAID WEST LINE, SOUTH 00°54'09" WEST 150.00 FEET TO THE POINT OF BEGINNING.

Situated in the County of Skamania, State of Washington.

Skamania County Assessor
Date 5-23-18 Parcel# 07052100020400
Jm

End of Exhibit "A"

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

769038

FD TAG NO

STATE FILE NUMBER

1. Legal Name First: Samuel, Middle: Bruce, Last: Quiring, Suffix:		2. Death Date July 07, 2016	
3. Sex Male	4. Age 64 years	5. Social Security Number [REDACTED]	6. County of Death Washington
7. Birthdate November 03, 1951	8. Birthplace Lawrence, Kansas		9. Decedent's Education Master's degree
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence Number and Street 16130 SW Pebble Court		14. City/Town Beaverton	15. Zip Code + 4 97007
16. State or Foreign Country Oregon		17. Inside City Limits? Yes	
18. Marital Status at Time of Death Married		19. Spouse's Name Prior to First Marriage Martha A. Boyle	
20. Usual Occupation Software Engineer		21. Kind of Business/Industry Software Engineering	
22. Father's Name Frank Stanley Quiring		23. Mother's Name Prior to First Marriage Evelyn Ruth Wiebe	
24. Informant's Name Martha A. Quiring		25. Telephone Number Not Available	26. Relationship to Decedent Spouse
27. Place of Death Hospital-Inpatient		28. Facility Name Providence St. Vincent Medical Center	
29. Location of Death 9205 SW Barnes Road		30. City/Town or Location of Death Portland	31. State Oregon
32. Method of Disposition Cremation		33. Place of Disposition Cascade Cremation Center	34. Zip Code + 4 97225
35. Name and Complete Address of Funeral Facility Autumn Funerals, Cremation & Burial, 12995 SW Pacific Highway, Tigard, Oregon 97224			
36. Date of Disposition TBD		37. Funeral Director's Signature David G Bowerman II	38. Electronically Signed CO-3925
39. Registrar's Signature Jill I. Clarke		40. Date Received JUL 22 2016	41. Local File Number 16-1900
42. Amendment			

4803105

TO BE COMPLETED BY FUNERAL FACILITY

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.

DATE ISSUED: JUL 22 2016

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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



Unofficial
Copy



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