

After recording, return to:  
Brandon Sprung  
PO Box 368  
Carson, WA 98610

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX  
NA  
MAY 24 2018

PAID N/A  
*[Signature]*  
SKAMANIA COUNTY TREASURER

Grantor (Name of Decedent): Brandon Sprung  
Grantee (Heirs): Tim Clark, Kelly Gill, Brandon Sprung, Tiffany Swalm, Nicole Bernard  
Abbreviated Legal Description: Tax/Map ID(s):  
Tax Parcel No. (s): 03082931010800 (S)

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

STATE OF WASHINGTON  
COUNTY OF SKAMANIA

The undersigned, BRANDON SPRUNG, executes this affidavit relating to the estate of RAYMON WALKER SPAUN (herein "Decedent"), who died on Sept. 14, 2016 in the County of SKAMANIA, State of WASHINGTON, then being a resident of the City of CARON, County of SKAMANIA, State of WASHINGTON.

(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 a 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 (1) 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): \_\_\_\_\_

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds**  
(continued)

Name and relationship: Tiffany Swalm daughter  
Address: 22515 10<sup>th</sup> Ave S, Des Moines, WA 98198

Name and relationship: NICOLE BERNARD daughter  
Address: 30 Summit Ave., BEVARD, N.C. 28712

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest 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 Estate was purchased the Decedent was:
  - married to KATHRYN IRENE SPRUNG
  - unmarried, not a registered domestic partner
  - unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:
  - married to KATHRYN IRENE SPRUNG
  - unmarried, not a registered domestic partner
  - unmarried, a registered domestic partner of \_\_\_\_\_
3. That on the date of death the Decedent was a citizen of the following country USA and a permanent resident of WASHINGTON (if Decedent was a resident different from that of their citizenship).
4.  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 no. \_\_\_\_\_ (if unrecorded, attach a copy)
5.  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. \_\_\_\_\_.
6. If title transferred pursuant to a Transfer of Death Deed:
  - That there was no consideration (monetary, non-monetary, in-kind, etc.) given for the deed
  - That there was consideration given in the amount of \$ \_\_\_\_\_, including the value of monetary, non-monetary, in-kind, and other consideration.



**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds**  
(continued)

This affidavit is made to induce Chicago Title Insurance Company (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance to full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

*Brandon Spreng*  
Signature  
Brandon Spreng  
Print Name

5/3/18  
Date

State of Washington  
County of Clark Skamania

Signed and sworn to (or affirmed) before me on 5-3-18 by Brandon Spreng  
(name of person making statement).

*Betty Whitney*  
Name: Betty Whitney  
Notary Public in and for the State of Washington,  
Residing at: Carson WA  
My appointment expires: 2-29-20



**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds  
(continued)

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IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

*Brandon Spreng*  
Signature  
Brandon Spreng  
Print Name

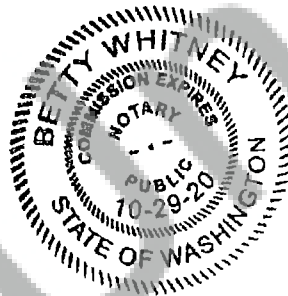
5/3/18  
Date  
y 900 16 May 2018  
Date  
Tim Clark  
Date

x Kelly Gill date 5/17/2018  
Kelly Gill

State of Washington  
County of Clark Skamania

Signed and sworn to (or affirmed) before me on 5-3-18 by Brandon Spreng  
(name of person making statement).

Betty Whitney  
Name: Betty Whitney  
Notary Public in and for the State of Washington,  
Residing at: Carson WA  
My appointment expires: 2-29-20



x \_\_\_\_\_ date \_\_\_\_\_  
Tiffany Swalm

x \_\_\_\_\_ date \_\_\_\_\_  
Nicole Bernard



**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds  
(continued)

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IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

[Signature]  
Signature

5/3/18  
Date

Brandon Spreng  
Print Name

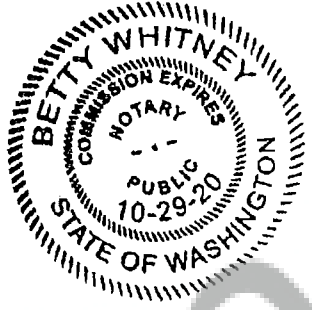
y Tim Clark date

x Kelly Gill date

State of Washington  
County of Clark Skamania

Signed and sworn to (or affirmed) before me on 5-3-18 by Brandon Spreng  
(name of person making statement).

Betty Whitney  
Name: Betty Whitney  
Notary Public in and for the State of Washington,  
Residing at: Carson WA  
My appointment expires: 2-29-20



x Tiffany Swalm date

Nicole Bernard date 5/17/18  
Nicole Bernard

STATE OF WASHINGTON  
COUNTY OF ~~CLARK~~ <sup>(9)</sup> King ss.

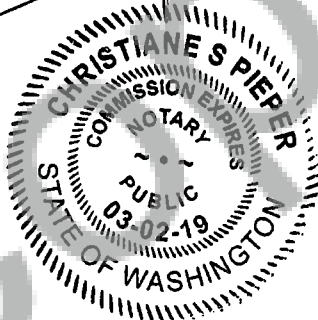
On this day personally appeared before me Christiane Spier  
Tiffany Swalm

to me known to be the individual described in and who executed the within and foregoing instrument and  
acknowledged to me that she signed the same as her free and voluntary act and deed  
for the purposes therein mentioned.

Given under my hand and official seal this 17 day of May 2018

Christiane Spier  
Signature of Notary Public

Notary Public in and for the State of Washington,  
Residing at Tacoma  
My Commission Expires: 03-02-2019



THE ABOVE SPACE RESERVED FOR NOTARY SEAL

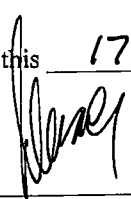
Chicago Title Insurance Company - Acknowledgement - Ordinary

STATE OF WASHINGTON NC <sup>DT</sup>  
 ss.  
 COUNTY OF ~~CLARK~~ TRANSYLVANIA

On this day personally appeared before me NICOLE BERNARD

to me known to be the individual \_\_\_\_\_ described in and who executed the within and foregoing instrument and acknowledged to me that SHE signed the same as HER free and voluntary act and deed for the purposes therein mentioned.

Given under my hand and official seal this 17 day of MAY, 2018

  
 \_\_\_\_\_  
 Signature of Notary Public

Notary Public in and for the State of Washington, NC <sup>DT</sup>  
 Residing at 2 Williams St. Asheville NC 28803

My Commission Expires: 9/22/22

DAVID TURNER  
 NOTARY PUBLIC  
 BUNCOMBE COUNTY  
 STATE OF NORTH CAROLINA  
 MY COMMISSION EXPIRES SEPTEMBER 22, 2022

THE ABOVE SPACE RESERVED FOR NOTARY SEAL

*Chicago Title Insurance Company - Acknowledgement - Ordinary*

STATE OF ~~WASHINGTON~~ <sup>91188</sup>  
 Virginia ss.  
 COUNTY OF ~~CLARK~~ <sup>14588</sup>  
 Fairfax

On this day personally appeared before me Tim Clark

to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged to me that he signed the same as his free and voluntary act and deed for the purposes therein mentioned.

Given under my hand and official seal this 16 day of May, 2018

Michael E. Eggleston  
 Signature of Notary Public

Notary Public in and for the State of ~~Washington~~ <sup>91188</sup>  
 Virginia  
 Residing at Prince William, VA

My Commission Expires: 1-31-2022

MICHAEL E. EGGLESTON  
 Notary Public  
 Commonwealth of Virginia  
 Registration No. 308995  
 My Commission Expires Jan 31, 2022

THE ABOVE SPACE RESERVED FOR NOTARY SEAL

*Chicago Title Insurance Company - Acknowledgement - Ordinary*

STATE OF WASHINGTON

ss.

COUNTY OF CLARK

On this day personally appeared before me Kelly Gill

to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged to me that she signed the same as her free and voluntary act and deed for the purposes therein mentioned.

Given under my hand and official seal this 17<sup>th</sup> day of May

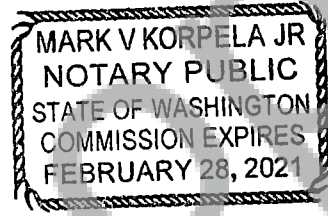
*[Handwritten Signature]*

Signature of Notary Public

Notary Public in and for the State of Washington,

Residing at Woodland

My Commission Expires: 2-28-21



THE ABOVE SPACE RESERVED FOR NOTARY SEAL

Chicago Title Insurance Company - Acknowledgement - Ordinary

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2016-037948

DATE ISSUED: 04/06/2018  
FEE NUMBER: 34310

FIRST AND MIDDLE NAME(S): RAYMOND WALTER  
LAST NAME(S): SPRUNG JR

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: SEPTEMBER 14, 2016  
HOUR OF DEATH: 06:45 AM  
SEX: MALE AGE: 71 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 21 CLAIRE WAY  
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

RESIDENCE STREET: 21 CLAIRE WAY  
CITY, STATE, ZIP: CARSON, WA 98610  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 13 YEARS

BIRTH DATE: MAY 19, 1945  
BIRTH PLACE: SAN FRANCISCO, CA

FATHER/PARENT: RAYMOND WALTER SPRUNG SR  
MOTHER/PARENT: IRENE MARIE HEFFERNAN

MARITAL STATUS: MARRIED  
SPOUSE: KATHRYN IRENE HANNAN

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: STEVENSON CEMETERY

OCCUPATION: BANKING EXECUTIVE  
INDUSTRY: BANKING  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YES

CITY, STATE: STEVENSON, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 26, 2016

INFORMANT: BRANDON SPRUNG  
RELATIONSHIP: SON  
ADDRESS: 1909 EDGEMERE DR. SLIDELL, LA 70461

FUNERAL FACILITY: GARDNER FUNERAL HOME, INC.  
ADDRESS: 1270 NORTH MAIN  
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672  
FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:  
A: METASTATIC ADENOCARCINOMA OF THE LUNG  
INTERVAL: 5 MONTHS  
B: GASTROESOPHAGEAL CARCINOMA  
INTERVAL: 42 MONTHS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: KEVIN D. FISCHER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 700 NE 87TH AVENUE  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664  
DATE SIGNED: SEPTEMBER 19, 2016

LOCATION OF INJURY:  
CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER:  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: AMANDA HERTEL  
DATE RECEIVED: SEPTEMBER 20, 2016

