

After recording, return to:  
Helen L. Steinmetz

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX  
33364  
JUL 16 2018

PAID EXEMPT  
Helen L. Steinmetz  
SKAMANIA COUNTY TREASURER

Grantor (Name of Decedent): Raymond T Steinmetz, deceased  
Grantee (Heirs): Helen L Steinmetz  
Abbreviated Legal Description: Lot 19, Subdivision of HIDEAWAY ON WASHOUGAL  
(Full legal description on page 3)  
Tax Parcel No.(s): 02 05 14 2 2 0101 00  
2m 7/16/18

**INHERITANCE LACK OF PROBATE AFFIDAVIT**

**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF WA

COUNTY OF Clark

The undersigned Helen L Steinmetz executes this affidavit relating to the estate of  
Raymond T. Steinmetz (herein "Decedent"), who died on Sept 10, 2014  
in the County of Washington, State of Oregon, then being a resident of the  
City of Portland, County of Washington, 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 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:) \_\_\_\_\_

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

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
 [Use the reverse side or attach a list if necessary]

Name and relationship: Helen L Steinmetz Spouse  
 Name and relationship: Raymond T Steinmetz Jr Son  
 Name and relationship: Jonathan Lee Steinmetz son  
 Name and 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 Skamania, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

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

Helen L Steinmetz  
 Signature

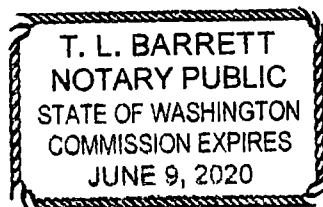
7-11-2018  
 Date

Helen L Steinmetz  
 Print Name

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on 7/11/18 by Helen L.  
Steinmetz (name of person making statement)



Name: T. L. Barrett  
 Notary Public in and for the State of Washington,  
 Residing at: Vancouver  
 My appointment expires: 6-9-20

## EXHIBIT A

Order No.: 612849479

For APN/Parcel ID(s): 02 05 14 2 2 0101 00

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LOT 19 OF HIDEAWAY ON WASHOUGAL, ACCORDING TO THE PLAT THEREOF, RECORDED IN BOOK "A" OF PLATS, PAGE 151, RECORDS OF SKAMANIA COUNTY, WASHINGTON.

TOGETHER WITH ONE 1983 BERKS MOBILE HOME, 44/24, TPO %74555, VIN NO.  
WAFL2AD22314666

Skamania County Assessor  
Date 7-16-18 Parcel# 0205/4220/0100

YMA

Unofficial  
Copy



## STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

682733

ID TAG NO.

STATE FILE NUMBER

1. Legal Name First: Raymond Middle: Thomas Last: Steinmetz Suffix:			2. Death Date September 10, 2014	
3. Sex Male	4. Age 77 years	5. Social Security Number	6. County of Death Washington	
7. Birthdate November 13, 1936	8. Birthplace Portland, Oregon		9. Decedent's Education High school grad. or GED	
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 5570 SW 164th Court		14. City/Town Beaverton		
15. Residence County Washington		16. State or Foreign Country Oregon		17. Zip Code + 4 97007
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Helen Louise Sipes		18. Inside City Limits? Yes
21. Usual Occupation Welder		22. Kind of Business/Industry Manufacturing		
23. Father's Name Raymond Jacob Steinmetz		24. Mother's Name Prior to First Marriage Shirley Ann Thomas		
25. Informant's Name Helen L. Steinmetz		26. Telephone Number Not Available	27. Relationship to Decedent Spouse	
29. Place of Death Hospital-Inpatient		30. Facility Name Providence St. Vincent Medical Center		
31. Location of Death 9205 SW Barnes Road		32. City/Town or Location of Death Portland		33. State Oregon
35. Method of Disposition Cremation		36. Place of Disposition Springer & Son Aloha Crematory		34. Zip Code + 4 97225
38. Name and Complete Address of Funeral Facility Springer & Son Aloha Funeral Home		37. Location Aloha, Oregon		
39. Date of Disposition September 12, 2014		40. Funeral Director's Signature Kyle Matthew Walsh		41. OR License Number CO-3903
42. Registrar's Signature Julie Clarke		43. Date Received SEP 17 2014		44. Local File Number 14-2082
45. Amendment				
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
49. Time of Death 4:20 PM				
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		IMMEDIATE CAUSE		Approximate Interval Onset to Death
Sequentially list conditions, if any leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		a. Coronary Artery disease		years
		b. Esophageal Carcinoma of the		6 months
		c. Complication of Wristed Car St		1 month
		d.		
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above.				
52. Manner of Death				
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending				
53. If Female:				
<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"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death				
54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				
55. Date of Injury (month/year)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)				
60. Describe how injury occurred				
61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Philip Alexander 9701 SW Barnes Rd #140 Portland OR 97205				
63. Name and Title of Attending Physician or Other than Certifier Philip Alexander MD				
64. Title of Certifier MD		65. License Number MD 13648		66. Date Signed (month/year) 9/18/14
67. Medical Certifier - On the basis of personal knowledge, diagnosis, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
68. 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.				
69. 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:

SEP 17 2014

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Unofficial  
Copy



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