

WHEN RECORDED RETURN TO:

Uta Zuendel
838 NW 24th
Camas, WA 98607

**SKAMANIA COUNTY
REAL ESTATE EXCISE TAX**

33406
AUG - 2 2018

PAID

Exempt
by deputy

DOCUMENT TITLE(S):

INHERITANCE LACK OF PROBATE AFFIDAVIT

SKAMANIA COUNTY TREASURER

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

Norbert Zuendel

GRANTEE:

Uta Zuendel, a widow

LEGAL DESCRIPTION:

A tract of land situated in the Southwest Quarter of Section 30, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, more particularly described as follows:

Commencing at the Northeast corner of said Southwest Quarter; thence South 1° 02' 58" East along the East line of the said Southwest Quarter a distance of 554.1 feet to the True Point of Beginning; thence continuing South 1° 02' 58" East along the East line of the said Southwest Quarter a distance of 402.94 feet; thence South 89° 21' 15" West a distance of 1314.25 feet more or less to the East line of the West half of the said Southwest Quarter; thence North along the said East line a distance of 400 feet more or less to a point lying South 89° 13' 32" West from the True Point of Beginning; thence North 89° 13' 32" East to the True Point of Beginning.

TAX PARCEL NUMBER(S):

02-05-30-0-0-1503-00

Skamania County Assessor
Date 8-2-18 Parcel# 02-05-30-0-0-1503-00

jm

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, UTA F. ZHENDEL, executes this affidavit relating to the estate of Norbert ZHENDEL (herein "Decedent"), who died on July 10-88, in the County of Clark, State of WA, then being a resident of the City of Camas, County of Clark, State of WA. (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 _____

Name & relationship Karsten Dirk ZUENDEL - son

Name & relationship Anja Larja ZUENDEL - daughter

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 Skamania State of Washington, and described as follows:

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

See attached ex. A

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: 08-01-18, 20 18

Uta F. Zundel
 (Signature)

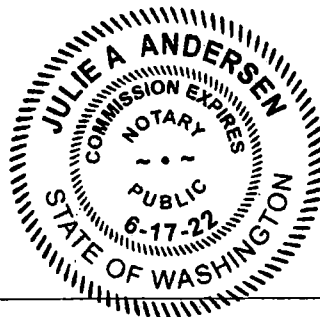
UTA F. ZUENDEL
 (Print or type full name)

838 NW 24th Ave Camas, WA 98607
 (Full address and telephone number) 360-834-5475

State of Washington
 County of Skamania

SUBSCRIBED and SWORN TO before me this 1 day of August, 20 18,
 by Uta F. Zundel, proved to me on the basis of satisfactory evidence to be the person who
 appeared before me.

Julie A. Andersen
 Notary Public in and for the State of WA
 residing at Carson, Washington



STATE OF WASHINGTON DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES VITAL RECORDS

CERTIFICATE OF DEATH

0015988

LOCAL FILE NUMBER

7/3
NORBERT

ZUENDEL

2. SEX
M3. DEATH DATE (Mo., Day, Yr.)
July 10, 1988

146-8

STATE FILE NUMBER

4. AGE—LAST BIRTH DAY (Yrs.) 45	5. UNDER 1 YEAR MOS. DAYS HOURS MINS.	6. UNDER 1 DAY HOURS MINS.	7. BIRTHDATE (Mo., Day, Yr.) Sept. 22, 1942	8. COUNTY OF DEATH Clark
9. CITY, TOWN OR LOCATION OF DEATH Camas			10. PLACE OF DEATH — <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN. <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR. HOME <input type="checkbox"/> OTHER PLACE 838 N. W. 24th Ave.	11. BIRTH STATE (If not U.S.A. give country) W. Germany
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		13. SPOUSE (If Wife give Maiden Surname) Uta Berger		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No
15. SOCIAL SECURITY NO. [REDACTED]		16. HIGH SCHOOL GRADUATE (Yes/No) Yes		
17. USUAL OCCUPATION (Give kind of work done during most of working life even if retired.) Mechanical Engineer		18. KIND OF BUSINESS OR INDUSTRY Paper Mill		19. RACE (White, Black, Am. Ind., etc. Specify) White
20. Was Decedent of Hispanic Origin? (specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (specify)				
21. SMOKING IN LAST 15 YEARS: (Yes/No) No	22. RESIDENCE—NUMBER AND STREET 838 N. W. 24th Ave.	23. CITY/TOWN OR LOCATION Camas	24. INSIDE CITY LIMITS? (Yes/No) Yes	25. COUNTY Clark
26. STATE WA	27. ZIP CODE 98607			

28. FATHER'S NAME—FIRST, MIDDLE, LAST Otto Zuendel	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Anna Weitenauer
30. INFORMANT—NAME Uta Zuendel - Wife	31. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 838 N. W. 24th Ave., Camas, Washington 98607

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	33. DATE (Mo., Day, Yr.) 7-18-88	34. CEMETERY/CREMATORY—NAME Evergreen Memorial Gardens	35. LOCATION—CITY/TOWN, STATE Vancouver, Washington
36. FUNERAL DIRECTOR SIGNATURE [Signature]	37. NAME OF FACILITY Straub's Funeral Home	38. ADDRESS OF FACILITY 325 N. E. 3rd Ave. Camas, WA 98607	

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER	
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature] M.D.		43. 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) STATED. SIGNATURE AND TITLE X [Signature]	
40. DATE SIGNED (Mo., Day, Yr.) 7/13/88	41. HOUR OF DEATH (24 Hrs.) 2:00 P.M.	44. DATE SIGNED (Mo., Day, Yr.)	45. HOUR OF DEATH (24 Hrs.)
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		46. PRONOUNCED DEAD (Mo., Day, Yr.)	
47. HOUR PRONOUNCED DEAD (24 Hrs.)			

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Keith S. Lanier, M.D. - 2311 N. W. Northrup St., Portland, Oregon 97210

49. PART I: ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		(A) Metastatic islet cell carcinoma, pancreas	
DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 3 YEAR	
(B)		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
(C)			
50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE		51. AUTOPSY? (Yes, No) No	52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)
53. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)	54. INJURY DATE (Mo., Day, Yr.)	55. HOUR OF INJURY (24 Hrs.)	56. DESCRIBE HOW INJURY OCCURRED
57. INJURY AT WORK? (Yes/No)	58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	59. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

60. REGISTRAR SIGNATURE X [Signature]	61. DATE RECEIVED (Mo., Day, Yr.) JUL 15 1988
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FOR STATE REGISTRAR USE ONLY	62. ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE	63. ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE
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DSHS 9-150 (Rev. 1-88) 1187



DOH 01-003 (5/99)