

Return Address:

Indecomm Global Services
as Recording Agent Only
1260 Energy Lane
St. Paul, MN 55108

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document <u>must</u> be filled in) Lack of Probate Affidavit	
Reference Number(s) of related Documents: Additional reference #'s on page _____ of document	
Grantor(s) (Last name, first name, initials) Kingsley, Peter T	SKAMANIA COUNTY REAL ESTATE EXCISE TAX N/A SEP 17 2018
Additional names on page _____ of document.	PAID <u>N/A</u> <i>Christy Ann Deputy</i> SKAMANIA COUNTY TREASURER
Grantee(s) (Last name first, then first name and initials) Kingsley, Paula J	
Additional names on page _____ of document.	
Trustee	
Legal description (abbreviated: i.e. lot, block, plat or section, township, range) Lot 4 of the McCaslin short plat, recorded in Book "3" of short plats, Page 410, Skamania County, WA Skamania County Assessor	
Additional legal is on page <u>7</u> of document. Date <u>9-17-18</u> Parcel# <u>03100200021200</u> <i>jm</i>	
Assessor's Property Tax Parcel/Account Number 03100200021200	<input type="checkbox"/> Assessor Tax # not yet assigned
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein. USR / 81147075	

I am requesting an emergency nonstandard recording for an additional \$50 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.

Ty 3H Signature of Requesting Party

When Recorded Return to:
Indecomm Global Services
As Recording Agent Only
1260 Energy Lane
St. Paul, MN 55108

Order #: 64789300

Borrower: Paula J. Kingsley

Prepared by: Latesha Bevelle
Amrock Inc
662 Woodward, Detroit, MI 48226

81147675

Lack Of Probate Affidavit

① 64789300-4676226

Record 1st

Abb legal - NW4 Sec 2 T3N R 10E Wm. Recorded in
book "3" of short plats, page 410

Return to: Paula J. Kingsley
41 Hummingbird Ln
White Salmon, WA 98672

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No.: 64789300, County: Skamania

STATE OF WA)

SS:

COUNTY OF Skamania)

The undersigned, Paula J. Kingsley, executes this affidavit relating to the estate of PETER T. KINGSLEY (herein "Decedent"), who died on 12-20-2015, in the County of SKAMANIA, State of WA, then being a resident of the City of WHITE SALMON, County of Klickitat, State of WA.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Surviving child of the Decedent
- Registered domestic partner 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 09/21/2004 [mm/dd/yyyy], under Recording No 2004154520, in SKAMANIA County, Washington,
- other (identify): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue 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); **and**
3. *all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:*

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

Name & relationship Paula J. Kingsley Widow
 Address: 41 Hummingbird LN WHITE SALMON, WA 98672
 Name & relationship JOANNA E. DONICA Daughter
 Address: 41 Hummingbird LN WHITE SALMON WA 98672
 Name & relationship Peter J. Kingsley SON
 Address: 2405 Boylston AVE. S. SEATTLE, WA 98102
 Name & relationship Katherine M. Kingsley Daughter
 Address: 41 Hummingbird LN WHITE SALMON WA
 Name & relationship _____
 Address: _____

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 Paula J. Kingsley.
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was:
 - married to Paula J. Kingsley.
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____.
3. 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 number _____ (if unrecorded, attach a copy)
4. 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. _____
5. That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
 That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
 That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. That the decedent has not received assistance from the State of Washington for medical care.
 That the decedent has received assistance from the State of Washington for medical care.
 That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the 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 (use reverse side or attach a list if necessary): NA

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 600,000 , including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 300,000 , and including the value of Decedent's separate property, if any, of approximately \$ 300,000 , and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ NA .

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 in 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.

DATED: 8-25-2018 , 20

Paula J. Kingsley
(Signature)

Paula J. Kingsley
(Print or type full name)

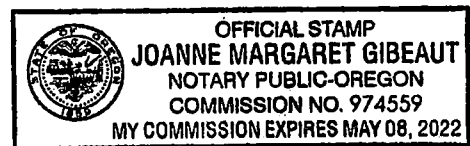
41 Hummingbird LN WHITE SALMON, WA 98672
(Full address and telephone number)

509-493-3437

SUBSCRIBED and SWORN TO before me this 25th day of August, 2018

Notary Public in and for the State of
Washington, residing at 2149 Cascade Ave
Oregon

fg Joanne Margaret Gibeaut



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-037257

DATE ISSUED: 01/05/2016

FEE NUMBER: 0002027151

GIVEN NAMES: PETER THOMAS
LAST NAME: KINGSLEY

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: DECEMBER 20, 2015
HOUR OF DEATH: 05:10 A.M.
SEX: MALE
AGE: 61 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JULY 06, 1954
BIRTHPLACE: TEANECK, NEW JERSEY

MARITAL STATUS: MARRIED
SPOUSE: PAULA JOAN NOBLE

OCCUPATION: COORDINATOR
INDUSTRY: HOSPITAL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: PAULA KINGSLEY
RELATIONSHIP: SPOUSE
ADDRESS: 41 HUMMINGBIRD LANE WHITE SALMON, WA 98672

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 41 HUMMINGBIRD LANE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

RESIDENCE STREET: 41 HUMMINGBIRD LANE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
INSIDE-CITY LIMITS? NO

COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER/PARENT: JOHN LLOYD KINGSLEY
MOTHER/PARENT: MARGUERITE CHAPMAN

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: WHITE SALMON CEMETERY
CITY, STATE, ZIP: WHITE SALMON, WA
DISPOSITION DATE: DECEMBER 23, 2015

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

- CAUSE OF DEATH:
- A. RESPIRATORY FAILURE
INTERVAL: 4 DAYS
 - B. MULTIPLE SCLEROSIS
INTERVAL: 26 YEARS
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: F. JOSEPH RINELLA, DO
TITLE: OSTEOPATHIC PHYSICIAN
CERTIFIER
ADDRESS: 212 SKYLINE DRIVE
CITY, STATE, ZIP: WHITE SALMON WA 98672
DATE SIGNED: DECEMBER 21, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
AMANDA HERTEL
DATE RECEIVED: DECEMBER 22, 2015





Affidavit for Correction

Mail to: **Center for Health Statistics**
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300
 www.doh.wa.gov

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record

Record Type: Birth Death Marriage Dissolution

1. Name on record: First Middle Last	2. Date of Event:	3. Place of Event: City or County
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4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
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The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Telephone Number:
 Funeral Director Other (Specify)

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: (Printed Name)	16. Date:	17. Address:
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All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Examples of acceptable documentary proof:

Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
Passport		

Birth Certificates

1. Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
3. Child under 18
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - To correct the sex of the child, submit one proof from a medical provider.
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)**

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 June 2014

CERTIFIED

JAN 05 2016

Christopher Spitters
 Christopher Spitters, M.D.
 Klickitat County Health Department

BB00056315

EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 03100200021200

Land situated in the County of Skamania in the State of WA

LOT 4 OF THE MCCASLIN SHORT PLAT, RECORDED IN BOOK "3" OF SHORT PLATS, PAGE 410, SKAMANIA COUNTY RECORDS.

Commonly known as: 41 Hummingbird Ln, White Salmon, WA 98672-2503

THE PROPERTY ADDRESS AND TAX PARCEL IDENTIFICATION NUMBER LISTED ARE PROVIDED SOLELY FOR INFORMATIONAL PURPOSES



U06805776

1632 9/11/2018 81147075/1