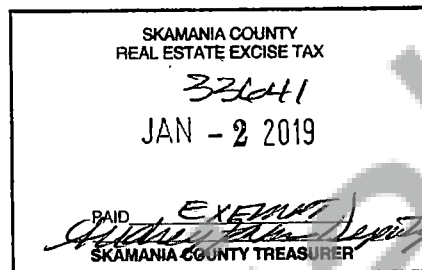


After recording, return to:

Richard J. Keith
561 NW Maple Way
Stevenson, WA
98648



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, Richard J Keith, executes this affidavit relating to the estate of ANNA M. Keith (herein "Decedent"), who died on 12-28-2016, in the County of MULTNOMAH, State of OREGON, then being a resident of the City of STEVENSON, County of SKAMANIA, 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 ALEXANDRIA M. KEITH, PARENT

Name & relationship _____

Name & relationship _____

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 Exhibit '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: 12-27-18, 20 18

(Signature)

R. J. Keith

(Print or type full name)

(Full address and telephone number)

State of Washington
 County of Skamania

SUBSCRIBED and SWORN TO before me this 27th day of December, 20 18,
 by Richard J. Keith, proved to me on the basis of satisfactory evidence to be the person who
 appeared before me.

Tami Blake
 Notary Public in and for the State of Washington
 residing at Skamania

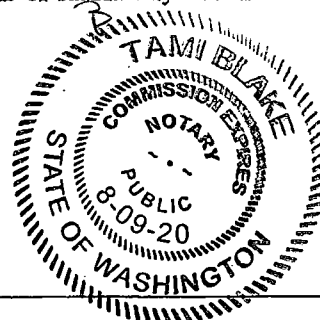


EXHIBIT "A"

A tract of land in the Southeast Quarter of the Northwest Quarter of Section 36, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2B EVANS Short Plat, Book T, Page 72, Skamania County.

Skamania County Assessor

Date 1-2-19 Parcel# 03073620130400
YM

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

H109712

I.D. TAG NO.

136-2016-034077

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First	Middle	Last	Suffix	Death Date	
			Anna	Marie	Keith		December 28, 2016	
	Sex	Age		Social Security Number		County of Death		
	Female	45 years				Multnomah		
	Birthdate		Birthplace		Was Decedent Ever in U.S. Armed Forces?			
	July 10, 1971		Stevenson, Washington		No			
	Residence		City/Town					
	561 NW Maple Way		Stevenson					
	Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?	
	Skamania		Washington		98648		Yes	
Marital Status at Time of Death		Spouse's Name - Prior to First Marriage						
Married		Richard Joseph Keith						
Father's Name		Mother's Name Prior to First Marriage						
Kenneth Wright		Deanna Evans						
Informant's Name		Telephone Number		Relationship to Decedent		Mailing Address		
Richard Joseph Keith		Not Available		Spouse		561 NW Maple Way, Stevenson, WA 98648		
Place of Death		Facility Name						
Hospital-Inpatient		Legacy Good Samaritan Medical Center						
Location of Death		City/Town or Location of Death		State		Zip Code + 4		
1015 NW 22nd Avenue		Portland		Oregon		97210		
Method of Disposition		Place of Disposition		Location (City/Town and State)				
Removal From State		Evergreen Memorial Gardens Crematory		Vancouver, Washington				
Name and Complete Address of Funeral Facility								
Evergreen Memorial Gardens Cemetery & Funeral Chapel 1101 NE 112th Avenue, Vancouver, Washington 98684								
Date of Disposition		Funeral Director's Signature		Electronically Signed		OR License Number		
December 29, 2016		Michael A. Salazar				CO 3772		
Registrar's Signature		Date Received		Local File Number				
Jennifer A. Woodward		January 03, 2017						
Amendment								
Was case referred to Medical Examiner? No Autopsy? No Were autopsy findings available to complete the cause of death? Time of Death 1000								
CAUSE OF DEATH							Approximate Interval Onset to Death	
IMMEDIATE CAUSE Respiratory failure							days	
Due to (or as a consequence of) ↓								
Due to (or as a consequence of) ↓								
Due to (or as a consequence of) ↓								
Other significant conditions contributing to death								
Manner of Death		If Female		Did tobacco use contribute to death?				
Natural		Not Applicable		No				
Date of Injury		Time of Injury		Place of Injury		Injury at Work?		
Location of Injury								
Describe how injury occurred		If transportation injury, specify.						
Name and Address of Certifier								
Sumitra Chandrasekaran 2507 NE 13th Avenue, Portland, Oregon 97212								
Name and Title of Attending Physician If Other than Certifier		Date Signed						
		January 03, 2017						
Medical Certifier		Electronically Signed		Title of Certifier		License Number		
Sumitra Chandrasekaran				M.D.		MD126163		
Amendment								



45-2CC (01/06)

20170102146

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.

January 04, 2017

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

DATE ISSUED:

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

