Skamania County, WA Total:\$208.50 ALP Pgs=6

2022-000987

05/11/2022 11:41 AM

Request of: COLUMBIA GORGE TITLE



WHEN RECORDED RETURN TO:

Gary Collins 11116 NE 202nd Ave Brush Prairie, WA 98606

DOCUMENT TITLE(S):

Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

Timothy F. Collins, deceased

SKAMANIA COUNTY REAL ESTATE EXCISE TAX 36105 NIAY 11 2022

GRANTEE:

Gary T. Collins, as Personal Representative of the Estate of Dorothy R. Collins, deceased, pursuant to Clark County Superior Court Case No. 19-4-00065-06

LEGAL DESCRIPTION:

Parcel !

Lot C-42, Plat of Relocated North Bonneville- CBD, Sheet 9 of 10 Sheets, recorded in Book 'B' of Plats, Page 15, under Skamania County File No. 83466, also recorded in Book 'B' of Plats, Page 31, under Skamania County File No. 84429, records of Skamania County, Washington.

Parcel II

Lot 21, Block 3, PLAT OF RELOCATED NORTH BONNEVILLE, recorded in Book 'B' of Plats, Page 9, under Skamania County File No. 83466, also recorded in Book 'B' of Plats, Page 25, under Skamania County File No. 84429, records of Skamania County, State of Washington.

Skamania County Assessor

TAX PARCEL NUMBER(S): 02-07-20-1-3-0300-00 & 02-07-30-1-1-4800-00

Date 5/11/22 Parcel# 27-20-1-3-300

After recording, return to:

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

STATE OF Washington; SS: COUNTY OF Skamanic.
COUNTY OF Skamanic) SS:
The undersigned, GARYT Collins, executes this affidavit relating to the estate of Timothy F Collins (herein "Decedent"), who died on Oct 4 2012, in the County of WASCO State of Overgon, then being a resident of the City of
Timothy F Collins (herein "Decedent"), who died on Oct 4 2012, in the
North Borneville, County of Skamping, State of Washington.
copy of the death certificate is attached hereto.)
The undersigned, being first duly swom, 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

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

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 Dovothy & Collins Name & relationship Ary 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 Skymani A. State of Washington, and described as follows: [INSERT either complete legal description, or refer to attachment for full legal description] 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: ADT I (Print or type full name) (Full address and telephone number) State of Washington County of Skamanie day of (APri) SUBSCRIBED and SWORN TO before me this 28 by Gary T Colling, proved to me on the basis of satisfactory evidence to be the person who appeared before me. Notary Public in and for the State of washington residing at <u>Carson</u>

WP 10/12/25

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no

Phyllis E. Dorondo daughter Bradley J Collins Son Bryan M. Collins Son

PRINT IN
PERMANENT

597658

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS

136-

-	I.D. TAG NO,			E OF DEATH			E FILE NUMBER
14,	Legal Name First	Middle	Last		Suffix	2. Death Da	te (MON DD YYYY)
•	(Include AKAs, II env) Timothy	%	COLLINS			Oct. 4	2012
٠		F			0. 0°	061. 4	, 2012
~3.	Sex (M/F) 4a. Age — Last Birthda			. 5. Social Securi	ty Number	6. County of Dea	ath /
M	ale90	Months Days	Hours Minutes			. Wasco	Line of the Mark
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10	 Was Decedent of Hispanic Origin 	7 (Yes or No. If yes, specify.)		∋(s)		12. Was Decedent	
N 13		<u> </u>	<u>White</u>			U.S. Armed Fo	rces? 🗆 No
	Residence: Number and Street		No. B) Year of the control of the co	14. City/		/** : ***	
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1 13	. Residence County \	Orego	Foreign Country	9 705	0.+:4 .0	18. Inside C	
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	ursing Home	· · · · · · · · · · · · · · · · · · ·	30.00.0				
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39	. Date of Disposition (MON DO YYYY)	40 Funeral Dire	ctor's Signature	* * * * * *	AT C	R License Number	1. 0 6 No. 1
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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.

DATE ISSUED: 0CT 1 7 2012

JENNIFER A. WOODWARD, Ph.D. STATE REGISTRAR

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