

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

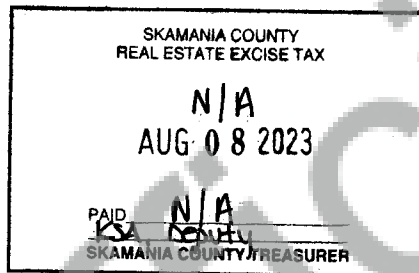
2023-001106

08/08/2023 01:47 PM

Request of: COLUMBIA GORGE TITLE



Return Address:  
**Lena M Good win**  
**11308 Coral Berry Dr.**  
**Frisco, TX 75033**



WFG 23-148442

Document Title(s) Lack of Probate Affidavit-Community Property

Grantor(s): David K. Goodwin, *Deceased*

Grantee(s): Lena M. Goodwin, *as her Separate estate*

Abbr. Legal: Lot 16 HIDEWAY II BK B/PG 4

Parcel no.: 02051124011600

The Auditor / Recorded will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provide herein.

Skamania County Assessor

Date 8-8-23 Parcel# 02051124011600 *Lm*



## LACK OF PROBATE AFFIDAVIT - COMMUNITY PROPERTY

Order No.: 23-148442

The undersigned hereby certifies/certify to Escrow Only ("Title Company"), as follows:

**THAT** the undersigned is the surviving spouse of David K Goodwin, who died at Clackamas, OR on 02/13/2013, a certified copy of the death certificate of said decedent being attached hereto;

- ☐ having provided for the disposition of all community property as between undersigned and said decedent spouse under Community Property Agreement dated \_\_\_\_\_, 20\_\_\_\_, recorded under \_\_\_\_\_ county recording No. \_\_\_\_\_, a copy of which is attached hereto; or
- ☒ having not executed a Community Property Agreement, but attesting that the below described property was held as community property;

**THAT** there are NO unpaid creditors of said decedent or of the former marital community, nor unpaid funeral or burial expenses, nor expenses of last illness, and all applicable federal and state inheritance taxes have been fully paid, *EXCEPT* as follows:

\_\_\_\_\_

\_\_\_\_\_

**THAT** the decedent:

- ☒ left no last Will; or
- ☐ left a last Will which has not been probated, a true copy of which is attached hereto, and the same was never revoked; or
- ☐ left a last Will which was probated in \_\_\_\_\_ county Superior Court Case No. \_\_\_\_\_, state of \_\_\_\_\_, and an authenticated copy of the Order Admitting said Will to probate or the Decree of Distribution is attached hereto;

**THAT** the value of the community estate as of the date of death, including all real and personal property, was approximately \$ 250,000.00, and the value of all separate property of said decedent was approximately \$ 0 as of the date of death.

**THIS** affidavit is made to induce Escrow Only to issue its policies of title insurance on real property passing to the surviving spouse by virtue of said community property survivorship agreement and/or laws of succession and descent, in reliance upon representations hereinabove set forth.

**THIS** Affidavit is made in reference to the sale, purchase, lease, mortgage and/or refinance of property located at:  
17241 Washougal River Road, Washougal, WA 98671

The undersigned Affiant(s) do(es) hereby state, that the facts set forth herein are true and correct.

Lena Goodwin  
Affiant-Lena M. Goodwin

By: [Signature]  
HIS / HER ATTORNEY IN FACT

☐ If checked, This notarial act involved the use of communication technology.

STATE OF Washington }  
County of Clark } SS.

I certify that I know or have satisfactory evidence that Brandon Goodwin is the person who appeared before me, signing as attorney in fact for Lena M. Goodwin and said person acknowledged that (he/she) signed this instrument to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 2 day of August, 2023

Kerry S Newell  
Notary Public for Washington  
My Commission Expires: 6/4/26

NOTARY PUBLIC  
STATE OF WASHINGTON  
KERRY S NEWELL  
MY COMMISSION EXPIRES  
JUNE 04, 2026  
COMMISSION # 60700

Unofficial Copy

**EXHIBIT "A"**

LOT 16, HIDEAWAY II, ACCORDING TO THE RECORDED PLAT THEREOF, RECORDED IN BOOK B OF PLATS, PAGE 4, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.

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Copy

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

660224

I.D. TAG NO.

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2013-005416

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name <b>David</b>	First <b>Keith</b>	Middle <b>Goodwin</b>	Last <b>Goodwin</b>	Suffix	Death Date <b>February 13, 2013</b>
Sex <b>Male</b>	Age <b>69 years</b>	Social Security Number <b>[REDACTED]</b>		County of Death <b>Clackamas</b>	
Birthdate <b>April 10, 1943</b>	Birthplace <b>Robinson, Illinois</b>			Was Decedent Ever in U.S. Armed Forces? <b>Yes</b>	
Residence: <b>17241 Washougal River Road</b>			City/Town <b>Washougal</b>		
Residence County <b>Skamania</b>		State or Foreign Country <b>Washington</b>		Zip Code + 4 <b>98671</b>	Inside City Limits? <b>No</b>
Marital Status at Time of Death <b>Married</b>		Spouse's Name Prior to First Marriage <b>Lena Mae Domke</b>			
Father's Name <b>Kenneth Leon Goodwin</b>			Mother's Name Prior to First Marriage <b>Nina L. Kamplain</b>		
Informant's Name <b>Lena Goodwin</b>		Telephone Number <b>Not Available</b>	Relationship to Decedent <b>Spouse</b>	Mailing Address <b>17241 Washougal River Road, Washougal, WA 98671</b>	
Place of Death <b>Hospital-Inpatient</b>		Facility Name <b>Kaiser Sunnyside Medical Center</b>			
Location of Death <b>10180 SE Sunnyside Road</b>		City/Town or Location of Death <b>Clackamas</b>		State <b>Oregon</b>	Zip Code + 4 <b>97015</b>
Method of Disposition <b>Cremation</b>		Place of Disposition <b>PFS Crematory</b>		Location (City/Town and State) <b>Portland, Oregon</b>	
Name and Complete Address of Funeral Facility <b>Neptune Cremation Service 17819 NE Riverside Parkway E, Portland, Oregon 97230</b>					
Date of Disposition <b>TBD</b>		Funeral Director's Signature <b>Kelly Lynn Doyen</b>		OR License Number <b>FS-0521</b>	
Registrar's Signature <b>/S/ Sherry L. Whitehead</b>		Date Received <b>March 05, 2013</b>		Local File Number	
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner? <b>No</b>	Autopsy? <b>No</b>	Were autopsy findings available to complete the cause of death?	Time of Death <b>0352</b>
CAUSE OF DEATH IMMEDIATE CAUSE ↓ <b>Acute respiratory distress syndrome</b>			Approximate Interval: Onset to Death <b>40 days</b>
a. Due to (or as a consequence of) ↓			
b. Due to (or as a consequence of) ↓			
c. Due to (or as a consequence of) ↓			
d. Due to (or as a consequence of) ↓			
Other significant conditions contributing to death <b>Acute renal failure; Acute stroke;</b>			
Manner of Death <b>Natural</b>		Did tobacco use contribute to death? <b>Unknown</b>	
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 <b>Derek Rasheed 10180 SE Sunnyside Road, Clackamas, Oregon 97015</b>			
Name and Title of Attending Physician If Other than Certifier			Date Signed <b>February 27, 2013</b>
Medical Certifier <b>/S/ Derek Rasheed</b>		Title of Certifier <b>M.D.</b>	License Number <b>MD27706</b>
Amendment			

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

July 01, 2023

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

45-2CC (01/06)

\*20230625296\*



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