Skamania County, WA Total:\$307.50 ALP Pgs=5

2024-000582 05/15/2024 04:17 PM

Request of: COLUMBIA GORGE TITLE

SKAMANIA COUNTY FIEAL ESTATE EXCISE TAX

N/A

MAY 15,20

00018449202400005820050067

WHEN RECORDED MAIL TO:

Anita Ensley 14400 SE Fair Oaks Avenue Milwaukie, OR 97267

DOCUMENT	TITL	E(S)
-----------------	------	------

Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

Conley Curtis Ensley, deceased

GRANTEE(S):

Anita Ensley

ABBREVIATED LEGAL DESCRIPTION:

Cabin 129, as shown on the Plat entitled Record of Survey for Water Front Recreation, Inc., as dated May 16, 1974, on file and of record under Auditor File No. 77523, at Page 449, of Book 'J' of Miscellaneous Records of Skamania County, Washington, together with an appurtenant easement as established in writing on said Plat, for the joint use of the areas shown as roadway on the Plat.

Subject to reservations by the United States of America in approved selection list number 259 dated March 4, 1953, at Page 23, of Book 52 Deeds, under Auditor File No. 62114, records of Skamania County as follows:

"... the provisions, reservations, conditions and limitations of Section 24, Federal Power Act of June 10, 1920, as amended... and the prior right of the United States, its licenses and permittees to use for power purposes that part within Power Project No. 2071, 2111 and 264."

TAX PARCEL NUMBER(S):

96000129000000

Skamania County Assessor Of Date 5 15/24 Parcel # 9600012900000

LPB 01-05

After recording, return to: Anita Ensley Anita Ensley Revocable Trust u/a/d April 20, 2018 14400 SE Fair Oaks Avenue Milwaukie, OR 97267

Grantor (Name of Decedent): Contey Curts Ensley
Grantor (Name of Decedent): Contey Curts Ensley Grantee (Heirs): Ante Ensley
Abbreviated Legal Description: Cabin 129 NORTHWOODS
Tax Parcel No.(s): 96000129000000
INHERITANCE LACK OF PROBATE AFFIDAVIT (To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
STATE OF
COUNTY OF Suamania
The undersigned, Anita Ensley, executes this affidavit relating to the estate of Contey Curtis Ensley (herein "Decedent"), who died on 1/98/9016
in the County of Cachamas, State of Coga, then being a resident of the
City of Milwanie, County of frequency, State of Oregon. (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 a 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 (1) 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.
Affidavit (Lack of Probate) WA0000080.doc / Updated: 02.16.24 SKAMANIA COUNTY REAL ESTATE EXCISE TAX WA-FT-FVAN-01530.612001-612891079 N/A MAY 15, AD34 PAID: N/A SKAMANIA COUNTY TREASURER SKAMANIA COUNTY TREASURER

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

Nar	nes of All Heirs of the Decedent
3.	That all the heirs at law of the decedent that were living at the time decedent's death are listed below. [Use the reverse side or attach a list if necessary]
	Name and relationship: Anita Ensley Wife
	Name and relationship:
	Name and relationship:
	Name and relationship:
Des	scription 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: SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
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.
	NITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below. Inta Enly Signature AWA ENSULA It Name
Cou	te of Washington Wellin unty of Clark Williamus s record was acknowledged before me on gnature of hotary public) Only
Not	ary Public in and for the State of appointment expires:

LILIYA BORUL NOTARY PUBLIC - OREGON COMMISSION NO. 1024517 MY COMMISSION EXPIRES MAY 09, 2026

TATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

LO, TAG NO.	CERTIFICATE OF DEATH		STATE FILE NUMBER	
Legal Name First Conley	Middle Last Curtis Ensley	Suffix Jr.	2. Death Date November 28, 2016	
3. Sex 4. Age Male	74 years 5. Social Security Number	6. Count	ly of Death	
7. Birthdate 8	. Birthplace		kamas lents Education	
> June 15, 1942	Longview, Washington	Asso	ciate's degree	
10. Was Decedent of Hispanic Origin NO 13. Residence: Number and Street	White		12. Was Decedent Ever In U.S. Armed Forces? Yes	
	ue .	14. City/Town Milwaukie		
15. Residence County Clackamas 19. Married Married Married	16. State or Foreign Country Oregon	17. Zip Code + 4 97267	18. Inside City Umits? Unknown	
	20. Spouse's Name Prior to Fig. Anita Zimmerling	st Marriage	T OINIOWI	
21. Usual Occupation Owner/Operator		22. Kind of Business/Industry Printing		
m 23. Father's Name Conley Curtis Ensley Sr.	2	Mother's Name Prior to First Marriage Alice Ratcliff		
25. Informant's Name Anita Ensiey 29. Place of Death	26. Telephone Number 27. Relationship to Not Available Spouse	o Decedent 28, Mailing Address	Avenue, Milwaukie, OR 972	
29. Place of Death Decedent's Residence - I-	Elo Fa-musiya	LA SECULIA DE LA CORS	Avenue, Milwaukie, DR 9/2	
31. Location of Death14400 SE Fair Oaks Aven	132 City/Town on the	ocation of Death 33. State Oregon		
35. Method of Disposition Cremation	36. Place of Disposition First Call Crematory	37. Local		
38. Name and Complete Address of Peake Funeral Chapel	Funeral Facility	SE Scott Street, Milwaukie, Or		
39. Date of Disposition TBD	40. Funeral Director's Signature Stefan F Grabinski	Electronically 41. OR L	Icense Number	
42. Registrar's Signature			-3150 4. Local File Number	
45. Amendment	January 1	ath and a second a		



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: DEC 1 2 2016

JENNIFERIA. WOODWARD, Ph.D. STATE REGISTRAR

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





