


WHEN RECORDED MAIL TO:

Anita Ensley
14400 SE Fair Oaks Avenue
Milwaukie, OR 97267

Skamania County, WA
Total: \$307.50
ALP
Pgs=5
2024-000582
05/15/2024 04:17 PM
Request of: COLUMBIA GORGE TITLE

00018449202400006820060067

DOCUMENT TITLE(S)

Inheritance Lack of Probate Affidavit

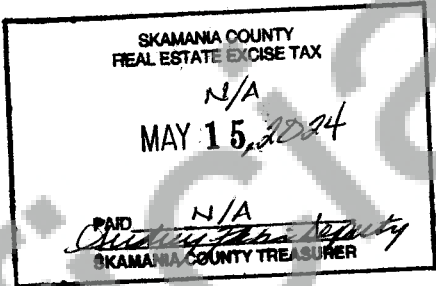
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

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

Date 5/15/24 Parcel# 96000129000000

Printed: 04.23.24 @ 04:00 PM by AT
WA-FT-FVAN-01530.612001-612891079

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

Names 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: _____

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:
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.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Anita Ensley
Signature
Anita Ensley
Print Name

State of ~~Washington~~ Oregon
County of ~~Clark~~ Clackamas

This record was acknowledged before me on April 24, 2024 by Anita Ensley.

[Signature]
(Signature of notary public)
Notary Public in and for the State of OR
My appointment expires: May 9, 2026



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

771425

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. Legal Name First: Conley Middle: Curtis Last: Ensley			2. Death Date November 28, 2016	
3. Sex Male	4. Age 74 years	5. Social Security Number		6. County of Death Clackamas
7. Birthdate June 15, 1942	8. Birthplace Longview, Washington		9. Decedent's Education Associate's degree	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 14400 SE Fair Oaks Avenue		14. City/Town Milwaukie		15. Residence County Clackamas
16. State or Foreign Country Oregon		17. Zip Code + 4 97267		18. Inside City Limits? Unknown
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Anita Zimmerling		
21. Usual Occupation Owner/Operator		22. Kind of Business/Industry Printing		
23. Father's Name Conley Curtis Ensley Sr.		24. Mother's Name Prior to First Marriage Alice Ratcliff		
25. Informant's Name Anita Ensley		26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 14400 SE Fair Oaks Avenue, Milwaukie, OR 97267
29. Place of Death Decedent's Residence - Hospice		30. Facility Name		
31. Location of Death 14400 SE Fair Oaks Avenue		32. City/Town or Location of Death Milwaukie		33. State Oregon
34. Zip Code + 4 97267		35. Method of Disposition Cremation		
36. Place of Disposition First Call Crematory		37. Location Portland, Oregon		
38. Name and Complete Address of Funeral Facility Peake Funeral Chapel		39. Date of Disposition TBD		
40. Funeral Director's Signature Stefan F Grabinski		41. OR License Number CO-3150		
42. Registrar's Signature <i>Jennifer A. Woodward</i>		43. Date Received DEC 12 2016		44. Local File Number
45. Amendment				

6816558

TO BE COMPLETED BY FUNERAL FACILITY

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 12 2016

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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



Unofficial
Copy



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