



Return Address:

Lynn Agar
252 Vine Maple Loop
Carson, WA 98616

Skamania County
Real Estate Excise Tax

N/A
AUG 12 2024

PAID N/A
K. J. Deputy Skamania County Treasurer

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Lynn Denise Agar, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Daughter
Relationship to decedent

of Dennis Wayne Agar ^{RA} Antoinette Jean Agar, who died on 4/12/2024
Decedent/Grantor Date

at Stevenson Skamania WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 3 Esch short Plat BK 1 pg. 53

Assessor's Property Tax Parcel/Account Number: 03081740320300
(Attach full legal description of the property)

JM 8/12/24

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of ____)

Dated : 8-12-2024

Affiant's full name

Lynn Denise Agar

Telephone number

509 312 0778 252 Vine Maple Loop

Carson WA 98616
City State Zip Code

Reyn D. Agar 8-12-2024
Signature Date

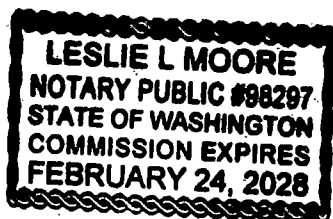
State of Washington County of Skamania

I know or have satisfactory evidence that Lynn D Agar
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 08/12/2024

(SEAL OR
STAMP)



Leslie L Moore
Signature of Notary Public

Residing at: Carson

Notary Public in and for the State of Washington


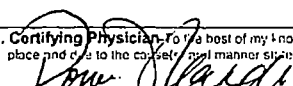
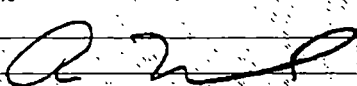
My appointment expires: 02/24/2028

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Antoinette Jean AGAR		2. Death Date April 12, 2009		9 48993	
3. Sex (M/F) Female	4a. Age - Last Birthday 76	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number 533-30-8073	6. County of Death Skamania
7. Birthdate Dec. 9, 1932	8a. Birthplace (City, Town, or County) Portland	8b. (State or Foreign Country) Oregon		9. Decedent's Education High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 201 NE Vista				13b. City or Town Stevenson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98648
14. Estimated length of time at residence. 47 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Dennis Wayne Agar	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Office - Accounting/Payroll			18. Kind of Business/Industry (Do not use Company Name) General Office		
19. Father's Name (First, Middle, Last, Suffix) Peter Kuljis			20. Mother's Name Before First Marriage (First, Middle, Last) Antoinette Zani		
21. Informant's Name Dennis Agar		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 156 Stevenson, WA 98648	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (if not a facility, give number & street or location) 201 NE Vista			26a. City, Town, or Location of Death Stevenson		26b. State WA
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory		30. Location-City/Town, and State White Salmon, WA	
31. Name and Complete Address of Funeral Facility Gardner Funeral Home PO Box 390 White Salmon, WA 98620				32. Date of Disposition April 14, 2009	
33. Funeral Director Signature X 					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Cancer Metastatic to Lung and Liver		Interval between Onset & Death 1 Year	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. Cancer female Breast, infiltrating ductal		Interval between Onset & Death 3 years	
c.		Due to (or as a consequence of):		Interval between Onset & Death	
d.		Due to (or as a consequence of):		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: Apt. No. City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X 				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Rovena Manalo 19500 SE Stark St. Portland, OR 97233				50. Hour of Death (24hrs) 0930	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 04/22/2009	
53. Title of Certifier MD	54. License Number OR MD24561	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X 				58. Date Received (mm/dd/yyyy) 04/27/2009	
59. Amendments					

DOH/CHS 003 Rev 07/09/07

DOH 422-131 (6/22)

NOT VALID IF PHOTOCOPIED OR ALTERED