

Skamania County, WA
Total: \$309.50
ALP
Pgs=7

2024-001545

10/21/2024 12:51 PM

Request of: COLUMBIA GORGE TITLE



00019731202400015450070072

WHEN RECORDED MAIL TO:

Carl Escene
212 Cottonwood Rd
Stevenson, WA 98648

DOCUMENT TITLE(S)

Affidavit Lack of Probate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

Cynthia Escene, deceased

Skamania County
Real Estate Excise Tax

N/A

OCT 21 2024

PAID

N/A

Skamania County Treasurer

GRANTEE(S):

Carl Escene

ABBREVIATED LEGAL DESCRIPTION:

Lot 1 R W BARNES SP (HOME VALLEY SP #5) Bk 2/Pg 196

TAX PARCEL NUMBER(S):

03-08-26-0-0-0511-00

Skamania County Assessor

Date 10-21-24 Parcel# 03082600051100
2/11

Return Address:

Carl Escene
212 Cottonwood Rd
Stevenson WA 98648

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Carl Escene, 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

the real property described below, and is Husband

Relationship to decedent

of Cynthia Escene

Decedent/Grantor

, who died on 9-6-2019

Date

at

The Dalles
City

WASCO
County

CTE Oregon
State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 1 R W BARNES SP (HOME VALLEY SP #5) Bk 2/Pg 196

Assessor's Property Tax Parcel/Account Number: 03082600051100 LM 10-21-24
(Attach full legal description of the property)

☒ 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 3)

Carl Tom Escene (spouse) 77

2962 Berge Rd Skenerson WA 98648

Full name, age, relationship, address

Robert (Bobby) O'Neal (son) 49

Stabler WA 42 Boulder Ridge Dr Carson WA 98648

Full name, age, relationship, address

Lisa O'Neal (daughter) 51

Mill A WA 411 Shipherd Falls Rd Carson WA 98648

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : September 18, 2024

Carl Tom Escene

Affiant's full name

(541) 980-9402

Telephone number

2962 Berge Rd

Street

Skenerson

WA

98648

City

State

Zip Code

Carl Tom Escene

Signature

10-17-24

Date

(Page 2 of 3)

State of Washington County of CLARK

I know or have satisfactory evidence that Carl T. Escene
(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: 10 / 17 / 2024

Judy F Ross
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Camas

Notary Public in and for the State of Washington

My appointment expires: 6/26 / 2026

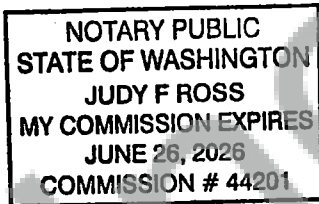


EXHIBIT A

LEGAL DESCRIPTION: Real property in the County of Skamania, State of Washington, described as follows:

A tract of land in Sections 26 and 27, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the ROBERT W. BARNES (HOME VALLEY #5) Short Plat, recorded in Book 2 of Short Plats, Page 196, Skamania County Records.

Skamania County Assessor

Date 10-21-24 Parcel# 0308260005100
JW

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

810780

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2019-025017

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First	Middle	Last	Suffix	Death Date
	Cynthia			Mae	Escene		September 06, 2019
	Sex	Age		Social Security Number		County of Death	
	Female	63 years		536-60-5919		Wasco	
	Birthdate		Birthplace		Was Decedent Ever in U.S. Armed Forces?		No
	April 13, 1956		Goldendale, Washington				
	Residence:				City/Town		
	2962 Berge Road				Stevenson		
	Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?
	Skamania		Washington		98648		No
Marital Status at Time of Death		Spouse's Name Prior to First Marriage					
Married		C. Tom Escene					
Father's Name				Mother's Name Prior to First Marriage			
Elwood Keith LaDue				Helen French			
Informant's Name		Telephone Number		Relationship to Decedent		Mailing Address	
Tom Escene		Not Available		Spouse		2962 Berge Road, Stevenson, WA 98648	
Place of Death		Facility Name					
Hospital-Inpatient		Mid-Columbia Medical Center					
Location of Death		City/Town or Location of Death		State		Zip Code + 4	
1700 E 19th Street		The Dalles		Oregon		97058	
Method of Disposition		Place of Disposition		Location (City/Town and State)			
Removal From State		Columbia River Crematory		White Salmon, Washington			
Name and Complete Address of Funeral Facility							
Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672							
Date of Disposition		Funeral Director's Signature		Electronically Signed		OR License Number	
September 06, 2019		Victoria R Lara				CO-3930	
Registrar's Signature		Date Received		Local File Number			
Jennifer A. Woodward		September 17, 2019					
Amendment							

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		Autopsy?		Were autopsy findings available to complete the cause of death?		Time of Death	
	No		No				1540	
	CAUSE OF DEATH							Approximate Interval: Onset to Death
	IMMEDIATE CAUSE ↓ PEA arrest							1 hour
	a. Due to (or as a consequence of) ↓ acute hypoxic respiratory failure							days
	b. Due to (or as a consequence of) ↓ severe right heart failure							days
	c. Due to (or as a consequence of) ↓ stage 4 metastatic breast ca							4 months
	d. Other significant conditions contributing to death							
	Manner of Death		If Female		Did tobacco use contribute to death?			
	Natural		Not pregnant within 1 year of death		Probably			
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								
David J Cleveland 1700 E 19th Street, The Dalles, Oregon 97058								
Name and Title of Attending Physician if Other than Certifier						Date Signed		
						September 16, 2019		
Medical Certifier		Electronically Signed		Title of Certifier		License Number		
David J Cleveland				M.D.		MD26084		
Amendment								



20240933809

45-2CC (01/06)

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.

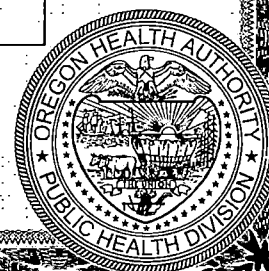
DATE ISSUED:

September 27, 2024

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Unofficial
Copy



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