

Skamania County, WA  
Total: \$308.50  
ALP

2025-000195

02/10/2025 02:01 PM

Pgs=6

Request of: JOSHUA POPS



Skamania County  
Real Estate Excise Tax

N/A

FEB 10 2025

PAID

N/A

Skamania County Treasurer

When Recorded return to:  
Edward W. Palmer  
43 Evergreen Dr.  
North Bonneville, WA 98639

**LACK OF PROBATE AFFIDAVIT**

GRANTOR: Catherine L. Palmer, Deceased  
GRANTEE: Edward W. Palmer  
ABBREVIATED LEGAL DESCRIPTION: S20 T2 R7 E.W.M. SKAMANIA CO WA  
TAX PARCEL NO: 02072000020400 *EW*  
REFERENCE NO. OF DOCUMENT RELEASED OR ASSIGNED: N/A

State of Washington )  
  ) ss  
County of Clark        )

I, Edward W. Palmer, being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of CATHERINE L. PALMER, who died on the eighth day of September, 2020 copy of said death certificate attached hereto as Exhibit A;

THAT the said CATHERINE L. PALMER and I were married on the date of their death;

THAT since title to the subject community property herein passed to the surviving spouse, via operation of law, then it is Affiant's intent not to probate said Estate (as it is not required);

THAT pursuant to the above, I am the the sole and rightful heir to CATHERINE L. PALMER'S interest in the real property described hereinbelow. My name, relationship and address is as follows:

EDWARD W. PALMER

Surviving Spouse  
43 Evergreen Dr.  
North Bonneville, WA 98639

THAT the expenses of the last illness and funeral and burial of the decedent have been paid, as evidenced by receipts in my possession;

THAT the decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance;

THAT there is no State of Washington Inheritance Tax due as a result of the decedent's death;

THAT there is no Federal Estate tax due as a result of the decedent's death;

THAT no probate of the estate of CATHERINE L. PALMER has been instituted, nor is such probate contemplated;

THAT all of the real property owned by the decedent at the time of their death, or in which they had an interest was community property, was situated in Skamania County, and is more particularly described as follows:

See Attached Exhibit A.

Executed this seventh day of January, 2025

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Julie Sabo  
Juile Sabo, Attorney in Fact for  
Edward W. Palmer

**ACKNOWLEDGMENT**

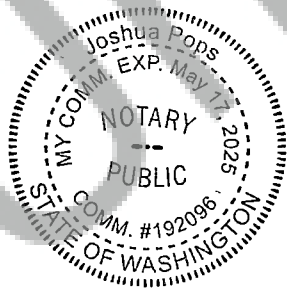
State of Washington )  
  ) ss  
County of Clark        )

I certify that I know or have satisfactory evidence that Julie Sabo, Attorney in Fact for Edward W. Palmer is the person who appeared before me, and said person acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this seventh day of January, 2025.



Notary Public for the State of  
Washington. My appointment  
expires: 5/17/25.



**EXHIBIT A**  
**Legal Description**

A tract of land in the South half of Section 20, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a ¼ inch iron pipe North 01° 27' 50" West 787.76 feet from the centerline of the railroad over pass on the West line of the Johnson D. L. C.; thence South 16° 46' 08" East parallel to the West line of the said Johnson D. L. C. 300.06 feet to the Northerly boundary of State Road 14; thence South 65° 06' 11" West along the said Northerly boundary 209.78 feet, more or less, to the said West line 341.59 feet to a point that bears South 76° 30' 09" East 208.01 feet, more or less, to the point of beginning.

EXCEPT that portion deeded to the United States of America by deed recorded May 25, 1977, in Book 72, at Page 722 described as:

A tract of land situated in the G. W. Johnson Donation Land Claim No. 38 in Section 20, Township 2 North, Range 7 East of the Willamette Meridian, Skamania County, Washington, being more particularly described as follows:

Beginning at the intersection of the West line of said G. W. Johnson D. L. C. with the Northerly right of way line of the Evergreen Highway (State Highway No. 14), thence Northwesterly along said D. L. C. line 70.78 feet; thence on an arc of a 814.90 foot radius curve to the right through an angle of 14° 39' 25" the long cord of which bears North 70° 38' 15" East, a distance of 208.46 feet; thence Southeasterly parallel to the Westerly line of said Evergreen Highway; thence Southwesterly along said right of way 209.68 feet to the point of beginning.

SUBJECT TO:

1. Rights of the Public in and to that portion lying within the road.
2. Restriction, including the term and provisions thereof, recorded June 4, 1976, in Book 71, Page 68, Skamania County Deed Records.

Skamania County Assessor *OMW*

Date 2/10/25 Parcel# 02072000020400

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

899927  
I.D. TAG NO.

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136-2020-025442  
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name: First <b>Catherine</b> , Middle <b>Lou</b> , Last <b>Palmer</b> , Suffix				Death Date: <b>September 08, 2020</b>	
	Sex: <b>Female</b>		Age: <b>84 years</b>	Social Security Number: [REDACTED]		County of Death: <b>Hood River</b>
	Birthdate: <b>March 16, 1936</b>		Birthplace: <b>Portland, Oregon</b>			Was Decedent Ever in U.S. Armed Forces?: <b>No</b>
	Residence: <b>43 A Evergreen Drive</b>				City/Town: <b>North Bonneville</b>	
	Residence County: <b>Skamania</b>		State or Foreign Country: <b>Washington</b>	Zip Code + 4: <b>98639</b>	Inside City Limits?: <b>Yes</b>	
	Marital Status at Time of Death: <b>Married</b>		Spouse's Name Prior to First Marriage: <b>Edward W. Palmer</b>			
	Father's Name: <b>Leonard H. Ballif</b>			Mother's Name Prior to First Marriage: <b>Jeanette Grow</b>		
	Informant's Name: <b>Edward Palmer</b>		Telephone Number: <b>Not Available</b>	Relationship to Decedent: <b>Spouse</b>	Mailing Address: <b>PO Box 71, North Bonneville, WA 98639</b>	
	Place of Death: <b>Hospital-Inpatient</b>			Facility Name: <b>Providence Hood River Memorial Hospital</b>		
	Location of Death: <b>811 13th Street</b>		City/Town or Location of Death: <b>Hood River</b>		State: <b>Oregon</b>	Zip Code + 4: <b>97031</b>
	Method of Disposition: <b>Burial</b>		Place of Disposition: <b>Cascade Cemetery</b>		Location (City/Town and State): <b>North Bonneville, Washington</b>	
	Name and Complete Address of Funeral Facility: <b>Anderson's Tribute Center (Funerals Receptions Cremations) 1401 Belmont Avenue, Hood River, Oregon 97031</b>					
	Date of Disposition: <b>September 17, 2020</b>		Funeral Director's Signature: <b>Jack Trumbull</b>		Electronically Signed: <input checked="" type="checkbox"/>	OR License Number: <b>FS-3807</b>
	Registrar's Signature: <b>Jennifer A. Woodward</b>			Date Received: <b>September 10, 2020</b>		Local File Number:

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>1935</b>
	CAUSE OF DEATH					Approximate Interval: Onset to Death:
	IMMEDIATE CAUSE ↓: <b>Dementia</b>					Years:
	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:					
	Manner of Death: <b>Natural</b>		If Female: <b>Not Applicable</b>		Did tobacco use contribute to death?: <b>No</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>Ryan Christian Petersen 810 12th Street, Hood River, Oregon 97031</b>						
Name and Title of Attending Physician If Other than Certifier:				Date Signed: <b>September 10, 2020</b>		
Medical Certifier: <b>Ryan Christian Petersen</b>		Electronically Signed: <input checked="" type="checkbox"/>	Title of Certifier: <b>M.D.</b>		License Number: <b>MD24586</b>	
Amendment:						

45-2CC (01/06)

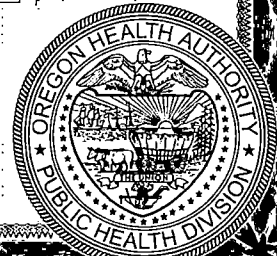


\*20200909424\*



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.  
September 10, 2020

*Jennifer A. Woodward*  
JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR



DATE ISSUED: \_\_\_\_\_

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Unofficial  
Copy



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