

WHEN RECORDED MAIL TO:

Robert Wayne O'Neal, Jr
42 Boulder Ridge Dr
Carson, WA 98610

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

2025-001151

07/28/2025 11:51 AM

Request of: COLUMBIA GORGE TITLE



DOCUMENT TITLE(S)

Lack of Probate Affidavit with Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

Cynthia Mae Escene, deceased

Skamania County
Real Estate Excise Tax

N/A

JUL 28 2025

GRANTEE(S):

Robert Wayne O'Neal, Jr.

PAID

N/A

Skamania County Treasurer

[Signature]
Deputy

ABBREVIATED LEGAL DESCRIPTION:

Ptn. Sec 23, T3N, R8E W.M.

TAX PARCEL NUMBER(S):

03-08-23-0-0-0600-05 & 03-08-23-0-0-0600-00

LM 7/28/25

After recording, return to:

Robert O'Neal
42 Boulder Ridge Dr
Carson, WA 98010

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

STATE OF Washington)

SS:

COUNTY OF Skamania)

The undersigned, Robert Wayne O'Neal Jr, executes this affidavit relating to the estate of Gynthia Mae Escene (herein "Decedent"), who died on 09/06/2019, in the County of Wasco, State of Oregon, then being a resident of the City of Stewenson, County of Skamania, State of Washington. (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 the 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 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.
- ☐ other (identify:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
(a) a spouse or registered domestic partner, and

- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]]

Name & relationship Lisa O'Neal - Daughter

Name & relationship Robert W. O'Neal Jr. - SON

Name & relationship _____

Name & 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 _____, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

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.

DATED: 06-12-25, 2025

X Robert W. O'Neal Jr
(Signature)

X Robert Wayne O'Neal Jr
(Print or type full name)

X 42 Boulder Ridge Dr. CARSON WA 98606 (509) 310-3718
(Full address and telephone number)

State of Washington
County of Snohomish

SUBSCRIBED and SWORN TO before me this 17th day of June, 2025
by Robert Wayne O'Neal Jr, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

E N Haddox E N Haddox
Notary Public in and for the State of Washington
residing at Carson



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

810780
I.D. TAG NO.

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				Wasco	
	Birthdate	Birthplace				Was Decedent Ever in U.S. Armed Forces?	
	April 13, 1956	Goldendale, Washington				No	
	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?	No	Autopsy?	No	Were autopsy findings available to complete the cause of death?	Time of Death
						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					Did tobacco use contribute to death?
	Natural					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						



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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