

WHEN RECORDED MAIL TO:

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

Skamania County, WA **2025-001151**
Total:\$307.50
ALP 07/28/2025 11:51 AM
Pgs=5
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]

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 Cynthia 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: 06-17-25, 2025

X Robert W O'Neal Jr
(Signature)

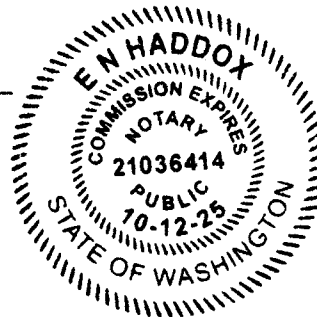
X Robert Wayne O'Neal Jr
(Print or type full name)

X 42 Boulder Ridge Dr. CARSON WA 98610 (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 Cynthia Mae Escene				Death Date September 06, 2019
	Sex Female	Age 63 years	Social Security Number [REDACTED]		County of Death Wasco
	Birthdate April 13, 1956	Birthplace Goldendale, Washington			Was Decedent Ever in U.S. Armed Forces? No
	Residence: 2962 Berge Road			City/Town Stevenson	
	Residence County Skamania	State or Foreign Country Washington	Zip Code + 4 98648	Inside City Limits? No	
	Marital Status at Time of Death Married	Spouse's Name Prior to First Marriage C. Tom Escene			
	Father's Name Elwood Keith LaDue			Mother's Name Prior to First Marriage Helen French	
	Informant's Name Tom Escene	Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 2962 Berge Road, Stevenson, WA 98648	
	Place of Death Hospital-Inpatient		Facility Name Mid-Columbia Medical Center		
	Location of Death 1700 E 19th Street		City/Town or Location of Death The Dalles	State Oregon	Zip Code + 4 97058
	Method of Disposition Removal From State	Place of Disposition Columbia River Crematory	Location (City/Town and State) White Salmon, Washington		
	Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672				
	Date of Disposition September 06, 2019	Funeral Director's Signature <i>Victoria R Lara</i>		Electronically Signed CO-3930	OR License Number CO-3930
	Registrar's Signature <i>Jennifer A. Woodward</i>	Date Received September 17, 2019		Local File Number	
	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 Natural			
	If Female Not pregnant within 1 year of death		Did tobacco use contribute to 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 <i>David J Cleveland</i>	Electronically Signed	Title of Certifier M.D.	License Number MD26084	
Amendment				

45-2CC (01/06)



20240933809

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
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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