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

2025-001855

11/18/2025 12:51 PM

Request of: NICHOLAS ALEXANDER

00022782202500018550050052

When recorded return to: Nicholas Alexander, Attorney at Law 405 W. 13th St. Vancouver, WA 98660

Skamania County Real Estate Excise Tax

> N/A NOV 18, 2025

LACK OF PROBATE AFFIDAVIT (RCW 82.45.197, WAC458-61A-202)

TABITHA L. JOHNSTON, SURVIVING SPOUSE OF CHARLES WILLIAM GRANTOR: JOHNSTON, III, DECEASED

TABITHA L. JOHNSTON, A SINGLE WOMAN GRANTEE:

LEGAL DESCRIPTION OF PROPERTY SUBJECT TO AFFIDAVIT:

1. Tax Parcel Number:

02053000020400

2. Address:

141 Panda Rd, Washougal, WA 98671

3. Abbreviated Legal:

LOT 3 SAFE SP #2, BK 2 PG 218 F# 2004152116

4. Legal Description:

A tract of land in the Northwest Quarter of Section 30,

Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 3 of the S.A.F.E. Short Plat No. 2 recorded in Book 2 Skamania County Assessor of Short Plats, Page 218, Skamania County Records.

5. Current Assessed Value:

\$443,100.00

Date 1112 72 Parcel # 2-5-30-204

The undersigned Affiant/Grantee, TABITHA L. JOHNSTON, being first duly sworn on oath deposes and states as follows:

The real estate as described herein was acquired by the Affiant and the Grantor, CHARLES WILLIAM JOHNSTON, III, deceased, after we were married as community property. I am the lawful heir, being the surviving spouse.

CHARLES WILLIAM JOHNSTON, III, died on August 23, 2025, a resident of Skamania County, Washington. A certified copy of the decedent's death certificate is attached hereto as

LACK OF PROBATE AFFIDAVIT - 1

Exhibit "B" and incorporated herein by this reference.

CHARLES WILLIAM JOHNSTON, III, died intestate, and his estate has not been probated, and nobody has been named as Estate Administrator.

CHARLES WILLIAM JOHNSTON, III was survived by the following heirs at law:

TABITHA L. JOHNSTON, surviving spouse TYLER JOHNSTON, adult son TANNER JOHNSTON, adult son

All the debts of the decedent and the marital community, including but not limited to all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid.

The date of death value of all community property of the decedent was approximately \$221,750.00 and the decedent had no separate property.

The undersigned Affiant/Grantee does hereby state that the facts set forth herein are true and correct.

Each of the vested beneficiaries hereby claim their share of real property described in Exhibit "A" hereto with the transfer of their respective interest being exempt from Excise Tax pursuant to WAC 458-61A-202(2)(b).

Dated this 15th day of October, 2025.

TABITHA L. JOHNSTON

[NOTARY ON FOLLOWING PAGE]

STATE OF WASHINGTON) : ss. County of Clark

I certify that I know or have satisfactory evidence that TABITHA L. JOHNSTON is the person who appeared before me, and said person acknowledged that such person signed this instrument and acknowledged it to be such person's free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 15th day of October

RYAN VANDE ZANDE Notary Public State of Washington Commission Number 23027131 My Commission Expires 08/27/2027

Printed Name: Apr Vande Zande NOTARY PUBLIC in and for the State of Washington

My appointment expires: _C8-27 2027

Exhibit "A"

Real property located at 141 Panda Rd, Washougal, WA, Skamania County, the legal description of which is the following:

A tract of land in the Northwest Quarter of Section 30, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 3 of the S.A.F.E. Short Plat No. 2 recorded in Book 2 of Short Plats, Page 218, Skamania County Records.



OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2025-026968

STATE FILE NUMBER

	Legal Name First Charles	William	Johnston		Süffix 7.00 450 CIII (1)	Death Date August 23	3. 2025
COMPLETED BY FUNERAL FACILITY	Sex Age .		Security Number	1,0,000	County of Dea	ith	, - ,
	Birthdate Birthpi February 18, 1974	acevition			Was D	ecedent Ever in med Forces? NO	
	Residence: 141 Panda Road		·····································	Washouga			
	Residence County Skamania	State or Foreig	shington	Zip Code + 4 98671		Inside City Limits?	/
	Married Married	Spouse's Nam	ne Prior to First Marriag	Tabitha:Lee	e Beadle		
	Father's Name Charles William Johnston Jr	w.	D	ther's Name Prior to eborah Kay S	steinhauer		A
	rabitha Lee Johnston # //	Not Available	/ Relationship to Dece	dent Mailing Addi	ess ida Road, Was	shougal, WA 98	571
	Place of Death Hospital-Inpatient	THE AND ALL	egacy Emanuel	Medical Cent	er i i i i i i i i i i i i i i i i i i i		
BE C(Location of Death 2801 N Gantenbein Avenue	··· · · · · · · · · · · · · · · · · ·	ity/Town or Location of Portland	Death (State :	Zip Code +.4 97227	
TO E	Method of Disposition Place Removal From State Cla	of Disposition rk County Crem	atory	,	Location City/To	own and State)	
	Name and Complete Address of Funeral Facility Brown's Funeral Home & Cremation Services 410 NF Carfield Street Carmas Machington 69607						
	August 25, 2025	a Director's Signature	as R Brown	Žv.,	Electronically JOR Lic	ense Number FS-0666	
		1. Woodward	Da A	ete Received August 29, 20	Local F	ile Number	Edition 12
	Amendment						
IL CERTIFIER	Was case referred to Medical Examiner?	Autopsy?"	Were autopsy finding	gs available to com	plete the cause of de	gth? Time of Deat	
	CAUSE OF DEATH NO	l No		N		Approxi	1642 mate Interval:
	immediate cause Hydrocephalus			<u>' 177 1 </u>		days	et to Death
		atic intracerebra	l hemorrhage			days	(7.5.
	Due to (or as a consequence of) hypertension	<u>ب برد</u>	×			years	
DICA	Due to (or as a consequence of).			. Warange			
ETED BY MEDI	Other significant conditions contributing to deat Manner of Death If Female.						<u> </u>
	Natural Time of Injury	ot Applicable			No Did tobac	co use contribute to dea	tb?
	August 23, 2025	y Place of Injury	<u> </u>		i Annet eg	injury a	t Work?
Idwo	Location of Injury Describe how injury occurred						,
BE COM		•••			If transportation injur		
	Name and Address of Certifier JOSEPH Y Deng Name and Title of Attending Physician if Other	than Certifier		20th Avenue	110, Portland	, Oregon 97209	
•	<u>antalian ing kalangga kalang</u>		#Edm. in sec. Utile of	Certifier	-Augu	st 28, 2025	
	Joseph Y Deng	1	Electronically Title of Signed	- Jan-11	Lice Mi	nse Number D160405	
	Amendment Joseph T Delta		(ta	•	ill was a		



I.D. TAG NO.

20250900958

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 02, 2025

