143155

BOOK 217 PAGE 939

FILED FOR RECORD
SKAMANIA CO. WASH
BY Anthony H. Connors
Dec 10 2 38 PM '01
AUDITOR
GARY H. OLSON

RETURN ADDRESS:
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Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. AFFIDAVIT: LACK OF PROBATE
2.
3.
4.

REAL ESTATE EXCISE TAX
21947
DEC 10 2001
PAID exempt
SKAMANIA COUNTY TREASURER

GRANTOR(S) (Last name, first, then first name and initials)

1. JOHNSON, HENRY RAY (deceased)
2.
3.
4.

[ ] Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Deta F. Hower
2. Shari L. O'Connor
3. Catherine A. Murray
4. First American Title Insurance Company

[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

SW ¼ Section 11 T3N R9E

[ ] Additional Names on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional Names on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03-09-11-3-0-1200/00

Gary H. Martin, Skamania County Assessor
Date 12-10-01 Parcel # 3-9-11-3-1200

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional Names on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

BOOK 217 PAGE 940

After recording return to:
Anthony H. Connors
Attorney at Law
P. O. Box 1116
White Salmon, WA 98672

AFFIDAVIT
Lack of Probate

STATE OF CO/SD/CA)
Adams/Lincoln) ss.
Counties of San Joaquin)

DETA F. HOWER, SHARI L. O'CONNOR, and CATHERINE A. MURRAY, being first duly sworn, on oath, depose and say:

1. The undersigned affiants are the daughters of HENRY RAY JOHNSON (decedent), who died July 2, 2001 at Mill A, State of Washington, then being a legal resident of Manteca, San Joaquin County, California. A copy of the death certificate of decedent is attached.

2. Decedent left no last Will.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers or sisters, and any surviving parents are as follows:

HEIRS AT LAW

Name	Age	Relationship	Residence
Deta F. Hower	42	daughter	23453 East 157th Avenue ~~Denver~~ Brighton, CO 80603
Shari L. O'Connor	39	daughter	7 Park Lane Canton, SD 57013
Catherine A. Murray	37	daughter	2006 Northgate Drive Manteca, CA 95336
Betty Lou Hunsaker	66	sister	P. O. Box 68 White Salmon, WA 98672

Dale Johnson	76	brother	P. O. Box 6 Clatskanie, OR 97016

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

5. 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.

6. As of the date of death, the value of all property of the decedent was approximately $90,000.00.

7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

Skamania County Tax Parcel No. 03-09-11-3-0-1200/00 is the only asset of decedent's estate in the State of Washington. This affidavit is being executed to clear title to the real property.

THIS AFFIDAVIT IS MADE TO INDUCE *FIRST AMERICAN TITLE INSURANCE COMPANY* (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Deta F. Hower) DATE: 10/31/01
Deta F. Hower, Affiant

Shari L. O'Connor DATE: 11/5/01
Shari L. O'Connor, Affiant

Catherine A. Murray DATE: 11/26/01
Catherine A. Murray, Affiant

STATE OF COLORADO)
) ss.
County of Adams)

On this day personally appeared before me DETA F. HOWER, to me know to be the individual described in and who executed the within and foregoing instrument, and acknowledged

that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 31st day of October, 2001.

PAM WALTER NOTARY PUBLIC STATE OF COLORADO

Name: Pam Walter
NOTARY PUBLIC in and for the
State of COLORADO.
Residing at: 15 S Main St Brighton
My Commission expires: [illegible]

STATE OF SOUTH DAKOTA)
) ss.
County of Lincoln)

On this day personally appeared before me SHARI L. O'CONNOR, to me know to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 5th day of November, 2001.

KAREN K. LEFFLER NOTARY Seal PUBLIC STATE OF SOUTH DAKOTA

Name: Karen K. Leffler
NOTARY PUBLIC in and for the
State of SOUTH DAKOTA.
Residing at: Canton SD
My Commission expires: July 21, 2007

STATE OF CALIFORNIA)
) ss.
County of _____)

See California all purpose acknowledgment.

On this day personally appeared before me CATHERINE A. MURRAY, to me know to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this ____ day of October, 2001.

LAURA PAQUET Commission # 1264959 Notary Public - California San Joaquin County My Comm. Expires May 25, 2004

Name: Laura Paquet
NOTARY PUBLIC in and for the
State of CALIFORNIA.
Residing at: Manteca Ca
My Commission expires: May 25, 2004

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ALL-PURPOSE ACKNOWLEDGMENT-CALIFORNIA ONLY

State of California

County of San Joaquin

On Nov 26, 2001 (DATE) before me, Laura Paquet, Notary Public,

personally appeared Catherine A. Murray
NAME(S) OF SIGNER(S)

☐ personally known to me - **OR** -

☑ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same in ~~his~~/her/~~their~~ authorized capacity(~~ies~~), and that by ~~his~~/her/~~their~~ signature(~~s~~) on the instrument the person(~~s~~), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

(SEAL)

LAURA PAQUET
Commission # 1264959
Notary Public - California
San Joaquin County
My Comm. Expires May 25, 2004

WITNESS my hand and official seal.

Laura Paquet
SIGNATURE OF NOTARY PUBLIC

Description of Attached Document (OPTIONAL)

Title or Type of Document: Affidavit Lack of Probate

Document Date: _____ Number of Pages: 3

Signer(s) Other Than Named Above: Deta. 7 Hower and Sharil. O'Connor

Capacity(ies) Claimed by Signer(s)

Signer's Name:	Signer's Name:
☐ Individual	☐ Individual
☐ Corporate Officer Title(s):	☐ Corporate Officer Title(s):
☐ Partner ☐ Limited ☐ General	☐ Partner ☐ Limited ☑ General
☐ Attorney-In-Fact	☐ Attorney-In-Fact
☐ Trustee	☐ Trustee
☐ Guardian or Conservator	☐ Guardian or Conservator
☐ Other:	☐ Other:
Signer is Representing:	Signer is Representing:
TOP OF THUMB HERE	TOP OF THUMB HERE

NP 014 (6/97) REV.

2006755

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 217 PAGE 944

TYPE OR PRINT IN PERMANENT BLACK INK

24
LOCAL FILE NUMBER

Health
CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1. NAME: First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
Henry	Ray	JOHNSON	M	July 2, 2001

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR: MOS / DAYS	6. UNDER 1 DAY: HOURS / MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
71			5/14/1930	Seattle, WA	No	Skamania

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — 1 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 HOME 2 IN TRANSPORT 3 EMERG PM OUT PAT 4 HOSP 5 NURSING HOME 6 OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Mill A	61 Waters Road	No

14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO	17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) / College (1-4 or 5+)
Widowed	----------	[redacted]	12

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify	21. RACE (Specify)
Chocolate Maker	Confections	No	White

22. RESIDENCE — NUMBER AND STREET	23. CITY/TOWN OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES IN CO	26. STATE	27. ZIP CODE
2006 North Gate Dr.	Manteca	No	San Joaquin	2mths	CA	95336

28. FATHER'S NAME — FIRST, MIDDLE, LAST	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Rolf Morris Johnsen	Deta Marie Unruh

30. INFORMANT — NAME	31. MAILING ADDRESS: STREET OR RFD NO	CITY OR TOWN	STATE	ZIP
Deta Hower	23453 East 157 AVE	Denver, CO		80603

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY — NAME	35. LOCATION — CITY/TOWN, STATE
Cremation	7/3/2001	Win-quatt Crematory	The Dalles, Oregon

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X	Gardner Funeral Home	POB 390 White Salmon, WA 98672

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

» TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE
X

40. DATE SIGNED (Mo., Day, Yr)	41. HOUR OF DEATH (24 Hrs.)	42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE
X , County Coroner

44. DATE SIGNED (Mo., Day, Yr)	45. HOUR OF DEATH (24 Hrs.)
July 6, 2001	1430

46. PRONOUNCED DEAD (Mo., Day, Yr)	47. HOUR PRONOUNCED DEAD (24 Hrs.)
July 2, 2001	1452

48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Bradley Andersen, Coroner POB 790 Stevenson, WA 98648

49. ME/CORONER FILE NUMBER: 2001-166K

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A. CORONARY OCCLUSION	Minutes
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	DUE TO, OR AS A CONSEQUENCE OF: B.	
	DUE TO, OR AS A CONSEQUENCE OF: C.	
	DUE TO, OR AS A CONSEQUENCE OF: D.	

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE UNDERLYING CAUSE GIVE ABOVE: ----------

52. AUTOPSY? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
No	Yes

54. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED
Natural	----------	----------	----------

58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, BLDG, ETC. (Specify)	STREET OR RFD NO., CITY/TOWN, STATE
----------	----------	----------

61. RECORD AMENDMENT (Registrar use only): ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

62. REGISTRAR SIGNATURE
X

63. DATE RECEIVED (Mo., Day, Yr): July 9, 2001

DOH 01-003 (Rev.)

AFFIDAVIT FOR CORRECTION BOOK 217 PAGE 945

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATE(S)	FILE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER

STATE OFFICE USE ONLY

STATE OFFICE USE ONLY

The record of Birth ☐ Death ☐ Marriage ☐ Dissolution ☐ with

1. STATE FILE NUMBER

for

2. NAME

3. DATE OF EVENT

4. PLACE OF EVENT (City and County)

5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)

6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:

THE RECORD NOW SHOWS:	THE TRUE FACT IS:
7.	8.
9.	10.
11.	12.
13.	14.

I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 15.

PHONE NUMBER _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

16. SIGNATURE	17. DATE	18. ADDRESS

DOH 110-007 (Rev. 3/96)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one (1) year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. **All changes must be established by documentary proof submitted with the affidavit.**
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD 214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport

6. **Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:**
   - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
   - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
   - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. **This affidavit cannot be used to add a father to a birth certificate.** (use the paternity affidavit - form DOH 110-001)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

This is a legal document.
Complete in ink and do not alter.

CERTIFIED

JUL - 9 2001

Dr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist.
HH00644868

2005777