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BOOK 217 PAGE 939

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

RETURN ADDRESS:

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White Salmon, WA 98672
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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.

Indexed
Mailed
Filmed
Scaned

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.

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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~~, CO 80603 Brighton
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

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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 seervices, 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

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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 Pueblo
My Commission expires:

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 ~~October~~ 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 (NAMES(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: Debra J. Hauer and Sharon L. O'Connor

Capacity(ies) Claimed by Signer(s)

Signer's Name:

☐ Individual
☐ Corporate Officer
Title(s):
☐ Partner ☐ Limited ☐ General
☐ Attorney-In-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other:

Signer is Representing:

TOP OF THUMB HERE

Signer's Name:

☐ Individual
☐ Corporate Officer
Title(s):
☐ Partner ☐ Limited ☑ General
☐ Attorney-In-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other:

Signer is Representing:

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NP 014 (6/97) REV.

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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: Henry Middle: Ray Last: JOHNSON	2. SEX (M / F): M	3. DEATH DATE (Mo, Day, Yr): July 2, 2001	
4. AGE LAST BIRTHDAY (Yrs): 71	5. UNDER 1 YEAR: MOS DAYS	6. UNDER 1 DAY: HOURS MINS	7. BIRTHDATE (Mo Day Yr): 5/14/1930
8. BIRTHPLACE (City, State or Foreign Country): Seattle, WA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No	10. COUNTY OF DEATH: Skamania	
11. CITY, TOWN OR LOCATION OF DEATH: Mill A	12. PLACE OF DEATH – 1 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG PROV FAC 4 ☐ HOSP 5 ☐ NR HOME 6 ☒ OTHER PLACE: 61 Waters Road	13. SMOKING IN LAST 15 YEARS? (Yes / No): No	
14. MARITAL STATUS – Married, Never married, Widowed, Divorced (Specify): Widowed	15. SURVIVING SPOUSE (If wife, give maiden name): ----------	16. SOCIAL SECURITY NO: [redacted]	17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary Secondary (0-12): 12 College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Chocolate Maker	19. KIND OF BUSINESS OR INDUSTRY: Confections	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No	21. RACE (Specify): White
22. RESIDENCE – NUMBER AND STREET: 2006 North Gate Dr.	23. CITY, TOWN, OR LOCATION: Manteca	24. INSIDE CITY LIMITS? (Yes / No): No	25A. COUNTY: San Joaquin
25B. LENGTH OF RES. IN CO: 2mths	26. STATE: CA	27. ZIP CODE: 95336	
28. FATHER'S NAME – FIRST, MIDDLE, LAST: Rolf Morris Johnson	29. MOTHER'S NAME – FIRST, MIDDLE, MAIDEN SURNAME: Deta Marie Unruh		
30. INFORMANT – NAME: Deta Hower	31. MAILING ADDRESS: STREET OR RFD NO.: 23453 East 157 AVE	CITY OR TOWN: Denver, CO	STATE / ZIP: 80603
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation	33. DATE (Mo, Day, Yr): 7/3/2001	34. CEMETERY/CREMATORY – NAME: Win-quatt Crematory	35. LOCATION – CITY/TOWN, STATE: The Dalles, Oregon
36. FUNERAL DIRECTOR SIGNATURE: X	37. NAME OF FACILITY: Gardner Funeral Home	38. ADDRESS OF FACILITY: 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): July 6, 2001

45. HOUR OF DEATH (24 Hrs.): 1430

46. PRONOUNCED DEAD (Mo., Day, Yr): July 2, 2001

47. HOUR PRONOUNCED DEAD (24 Hrs.): 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

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.

A. CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH: Minutes
B. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH:
C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH:
D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH:

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

52. AUTOPSY? (Yes / No): No

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

54. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify): Natural

55. INJURY DATE (Mo, Day, Yr):

56. HOUR OF INJURY (24 Hrs.):

57. DESCRIBE HOW INJURY OCCURRED: ----------

58. INJURY AT WORK? (Yes / No):

59. PLACE OF INJURY – AT HOME, FARM, STREET, FACTORY, BLDG, ETC. (Specify):

60. STREET OR RFD NO., CITY/TOWN, STATE:

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

62. REGISTRAR'S SIGNATURE: X

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

DOH 01-003 (5/99)

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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 CERTIFICATES	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 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 6 yr (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

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

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