

143155

BOOK 217 PAGE 939

FILED FOR RECORD
SKAMANIA CO. WASHBY Anthony H. Connors

DEC 10 2 38 PM '01

G. Lasry
AUDITOR

GARY H. OLSON

RETURN ADDRESS:

Anthony H. Connors
Attorney at Law
1000 E. Jewett Blvd.
P. O. Box 1116
White Salmon, WA 98672
509/493-2921
FAX: 509/493-1345

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1. AFFIDAVIT: LACK OF PROBATE	
2.	
3.	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	
1. JOHNSON, HENRY RAY (deceased)	REAL ESTATE EXCISE TAX
2.	21947
3.	DEC 10 2001
4.	PAID <u>exempt</u>
[] Additional Names on page _____ of document.	
GRANTEE(S) (Last name, first, then first name and initials)	
1. Deta F. Bower	Registered ☒
2. Shari L. O'Connor	Advised ☒
3. Catherine A. Murray	Noted ☒
4. First American Title Insurance Company	Filed ☒
[] Additional Names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
SW 1/4 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	
[] Property Tax Parcel ID is not yet assigned. Date <u>12-10-01</u> Parcel # <u>3-9-11-3-1200</u>	
[] 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.	

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

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Residence</u>
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

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.

Dea F. Hower
Dea F. Hower, Affiant

DATE: 10/31/01

Shari L. O'Connor
Shari L. O'Connor, Affiant

DATE: 11/5/01

Catherine A. Murray
Catherine A. Murray, Affiant

DATE: 11/26/01

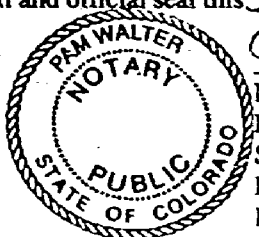
STATE OF COLORADO)
County of Adams) ss.

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

1200573

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.



Name: Pam Walter
 NOTARY PUBLIC in and for the
 State of COLORADO.
 Residing at: 155 main st Bldg
 My Commission expires: 11/17/02

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.

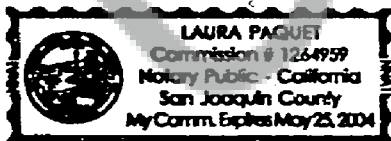


Name: Karen K. Leffler
 NOTARY PUBLIC in and for the
 State of SOUTH DAKOTA.
 Residing at: Canton SD
 My Commission expires: July 21, 2007

STATE OF CALIFORNIA)
) ss.
 County of _____

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.



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

ALL-PURPOSE ACKNOWLEDGMENT-CALIFORNIA ONLY

State of California

County of San JoaquinOn Nov 26, 2001 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)



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: 3Signer(s) Other Than Named Above: Debra F. Houer and Sharik 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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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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TYPE OR PRINT IN PERMANENT BLACK INK

24

LOCAL FILE NUMBER

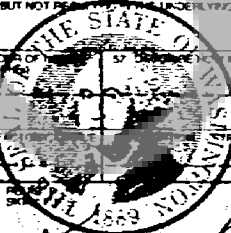


CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last Henry Ray JOHNSON				2. SEX (M/F) M		3. DEATH DATE (Mo, Day, Yr) July 2, 2001	
4. AGE LAST BIRTHDAY (Yr) 71		5. UNDER 1 DAY MOS DAY HRS MINS 5/14/1930		6. BIRTHPLACE (City, State or Foreign Country) Seattle, WA		7. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No	
11. CITY, TOWN OR LOCATION OF DEATH Mill A				12. PLACE OF DEATH — 38 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 123 HOME 2 IN TRANSPORT 3 IN EMERG. IN OUTPAT 4 IN HOSP 5 IN NURS. HOME 6 OTHER PLACE 61 Waters Road			
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Widowed		15. SURVIVOR'S SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (K-8) 12 College (14 or 5+) 12	
18. USUAL OCCUPATION (For a 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.) No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 2006 North Gate Dr.		23. CITY/TOWN OR LOCATION Manteca		24. RESIDE CITY (Yr/Mo) No		25. COUNTY San Joaquin 2mths CA	
26. FATHER'S NAME — FIRST, MIDDLE, LAST Rolf Morris Johnson		27. MOTHER'S NAME — FIRST, MIDDLE, MARDEN SURNAME Deta Marie Unruh		28. LENGTH OF RES. IN CO. CA		29. STATE 95336	
30. INFORMANT — NAME Deta Hower				31. ADDRESS ADDRESS STREET OR RD NO. CITY OR TOWN STATE ZIP 23453 East 157 AVE Denver, CO 80603			
32. BURIAL, CREMATION, REINTERMENT, 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 <i>[Signature]</i>		37. NAME OF FACILITY Gardner Funeral Home		38. ADDRESS OF FACILITY POB 390 White Salmon, WA 98672			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED SIGNATURE AND TITLE [Signature] County Coroner				40. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED SIGNATURE AND TITLE [Signature] County Coroner			
41. DATE SIGNED (Mo, Day, Yr) July 6, 2001		42. HOUR OF DEATH (24 Hrs) 1430		43. DATE SIGNED (Mo, Day, Yr) July 2, 2001		44. HOUR OF DEATH (24 Hrs) 1452	
45. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bradley Andersen, Coroner				46. ADDRESS OF PHYSICIAN POB 790 Stevenson, WA 98648		47. MEDICORNER 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. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		A. CORONARY OCCLUSION DUE TO, OR AS A CONSEQUENCE OF: B. DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH Minutes	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECORDED IN THE UNDERLYING CAUSE GIVE ABOVE:		52. AUTOPSIED (Yes/No) No				53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes	
54. AGE, SEX, RACE, HOME, UNDERLYING CAUSE (Specify) Natural		55. BURIAL DATE (Mo, Day, Yr)		56. HOUR OF BURIAL		57. SIGNATURE OF BURIAL OCCURRED	
58. BURIAL AT WORK? (Yes/No)		59. PLACE OF BURIAL — AT HOME, FARM, STREET, BLDG, ETC. (Specify)		60. STREET OR RD NO. CITY/TOWN, STATE			
61. RECORD AMENDMENT (Physician use only) FROM DOCUMENTARY PROVIDED REVIEWED BY DATE		62. SIGNATURE OF PHYSICIAN <i>[Signature]</i>		63. DATE RECEIVED (Mo, Day, Yr) July 9, 2001			



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 FILE NUMBER		INITIALS		DATE		AFFIDAVIT NUMBER	
STATE OFFICE USE ONLY				STATE OFFICE USE ONLY			
The record of Birth ☐ Marriage ☐ Death ☐ Dissolution ☐ with		1 STATE FILE NUMBER		2 DATE OF EVENT		3 PLACE OF EVENT (City and County)	
4 NAME		5 FATHER'S FULL NAME (if Birth, Husband if Marriage, Descendant)		6 MOTHER'S FULL MAIDEN NAME (if Birth, Wife if Marriage, Descendant)			
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:							
THE RECORD NOW SHOWS:				THE TRUE FACT IS:			
7				8			
9				10			
11				12			
13				14			
15 REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY							
PHONE NUMBER							
16 I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT							
17 SIGNATURE		18 DATE		19 ADDRESS			

DOH 110-001 (Rev. 3/99)

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

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be 5+ (or more) years old or established within five years of birth.
- 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)	After Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

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

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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