

143962

BOOK 221 PAGE 481

FILED FOR RECORD
SEALING WASH
BY Halina Smolak

MAR 8 12 53 PM '02

J. Lawry
Auditor

J. MICHAEL GARVISON

AFTER RECORDING MAIL TO:

Name HALINA SMOLAK
Address PO Box 1295
City/State Stevenson, WA 98648

Document Title(s): (or transactions contained therein)

1. Affidavit Lack of Probate
- 2.
- 3.
- 4.



First American Title
Insurance Company

(this space for title company use only)

Reference Number(s) of Documents assigned or released:

Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Janusz Bronski
- 2.
- 3.
- 4.

REAL ESTATE EXCISE TAX

22088

MAR - 8 2002

PAID Exempt

by deputy

SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)

1. Halina Smolak
- 2.
- 3.
- 4.

Gary H. Martin, Skamania County Assessor

Date 2-8-02 Parcel # 03 08 27 3 0040500

Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lot 4, Rudhe Tracts, according to the recorded Plat thereof, recorded in Book A of Plats, Page 141, in County of Skamania, State of Washington. SECTION 27 TOWNSHIP 3 N RANGE 8 E

Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

03 08 27 30040500

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

**AFFIDAVIT
Lack of Probate**

State of Washington

County of Skamania

HALINA SMOLAK, being first duly sworn, deposes and says:

1. The undersigned affiant is the wife of JANUSZ
(relationship to decedent) (decedent)
Bronski, who died January 23, 2002, at Stevenson
(date of death) (year) (city)
 State of Washington, then being a legal resident of Stevenson
Skamania, Washington
(county) (state) (city)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto.

Decedent left no last Will.

Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

Decedent left a Will which was probated in _____ County, State of _____ A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

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

Halina Smolak 56 wife Stevenson
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)

(attach additional page for additional names)

4. All debts of the decedent and/or the marital community, 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, except as follows:

5. The decedent [] had [✓] 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 community property of the decedent was approximately \$ _____. The value of all separate property of the decedent was approximately \$ none.

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

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.

Halina Smolak
Affiant's Full Name

03-08-02
Date

Affiant's Full Name

Date

STATE OF WASHINGTON,)

COUNTY OF Skamania) ss.

On this day personally appeared before me Halina Smolak to me known 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 8th day of March, 2002



Shirley A. Little
Notary Public in and for the State of
Washington, residing at Steverson
My appointment expires 8-17-03

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER: _____ STATE FILE NUMBER: **BOOK 221 PAGE 485**

1. NAME: **Janusz BRONSKI** Sex: **Male** 3. DEATH DATE (Mo., Day, Yr): **January 22, 2002**

4. AGE LAST BIRTHDAY (Yrs): **58** 5. UNDER 1 YEAR: **MO** 6. UNDER 1 DAY: **HRS** 7. BIRTHDATE (Mo., Day, Yr): **May 3, 1943** 8. BIRTHPLACE (City, State or Foreign Country): **Poland** 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): **No** 10. COUNTY OF DEATH: **Skamania**

11. CITY, TOWN OR LOCATION OF DEATH: **Stevenson** 12. PLACE OF DEATH — **X** BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME
232 School Street 13. SHADKING IF LAST 15 YEARS? (Yes/No): **Yes**

14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify): **Married** 15. SURVIVING SPOUSE (If wife give maiden name): **Halina Smolak** 16. SOCIAL SECURITY NO: _____ 17. DECEDENT'S EDUCATION (Specify only highest grade completed): **12**

18. USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RETIRED): **Maintenance Mechanic** 19. KIND OF BUSINESS OR INDUSTRY: **Fish Hatchery** 20. WAS DECEDENT OF HISPANIC ORIGIN OR DESCENT? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): **No** 21. RACE (Specify): **White**

22. RESIDENCE — NUMBER AND STREET: **232 School Street** 23. CITY, TOWN OR LOCATION: **Stevenson** 24. INSIDE CITY LIMITS? (Yes/No): **Yes** 25A. COUNTY: **Skamania** 25B. LENGTH OF RES. IN CO.: **4 years** 26. STATE: **WA** 27. ZIP CODE: **98648**

28. FATHER'S NAME — FIRST, MIDDLE, LAST: **Jan Bronski** 29. MOTHER'S NAME — FIRST, MIDDLE, MARRIAGE SURNAME: **Irena Berg**

30. INFORMANT — NAME: **Halina Smolak** 31. MAILING ADDRESS — STREET OR RFD NO., CITY OR TOWN, STATE, ZIP: **232 School St., Stevenson, WA 98648**

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): **Cremation** 33. DATE (Mo., Day, Yr): **1/25/2002** 34. CEMETERY, CREMATORY — NAME: **Win-quatt Crematory** 35. LOCATION — CITY, TOWN, STATE: **The Dalles, Oregon**

36. FUNERAL DIRECTOR'S SIGNATURE: _____ 37. NAME OF FACILITY: **Gardner Funeral Home** 38. ADDRESS OF FACILITY: **P.O. Box White Salmon, WA 98672**

39. 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: _____ **Coroner**

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): _____ 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: _____ **Coroner**

44. DATE SIGNED (Mo., Day, Yr): **January 28, 2002** 45. HOUR OF DEATH (24 Hrs.): **Found 1445**

46. PRONOUNCED DEAD (Mo., Day, Yr): **January 22, 2002** 47. HOUR PRONOUNCED DEAD (24 Hrs.): **1625**

48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): **Bradley Andersen, Coroner P.O. Box 790 Stevenson, WA 98648** 49. MEDICORNER FILE NUMBER: **2002-179SK**

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

IMMEDIATE CAUSE (Final disease or condition resulting in death): **A. Gunshot wound of the head**

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.

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: _____

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

54. ACC. SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify): **Suicide** 55. INJURY DATE (Mo., Day, Yr): **Unknown** 56. HOUR OF INJURY (24 Hrs.): **Unknown** 57. DESCRIBE HOW INJURY OCCURRED: **Deceased shot self with Nail Gun**

58. INJURY AT WORK? (Yes/No): **No** 59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify): **Home** 60. LOCATION — STREET OR RFD NO., CITY, TOWN, STATE: **232 School Street, Stevenson, WA 98648**

61. RECORD AMENDMENT (Registrar use only) ITEM: _____ DOCUMENTARY EVIDENCE: _____ REVIEWED BY: _____ DATE: _____ 62. REGISTRAR SIGNATURE: **Karen Stenjart, MD** 63. DATE RECEIVED (Mo., Day, Yr): **2/7/2002**

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 112-008 (Rev. 7/91) (Formerly DSHS 9-150)

DOH 01-603 (5-98)

AFFIDAVIT FOR CORRECTION BOOK 221 PAGE 486

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	FEE NUMBER	VITALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> 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 MARGEN 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 FORGOING IS TRUE AND CORRECT.				
16 SIGNATURE		17 DATE	18 ADDRESS	

DOH 110-007 (Rev. 3-99) 5*

All vital records are registered as received. Charges may 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 five (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)	Alien 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:

Ann: 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

FEB 7 2002

Karen Steingart
 Dr. Karen Steingart
 Health District Officer
 SW Washington Health Dist
 1100047725