

146659

BOOK 232 PAGE 622

FILED IN RECORD
SEAL OF WASH
SKAMANIA CO. TITLE

Nov 20 2 41 PM '02

J. Michael G. Wilson

AFTER RECORDING MAIL TO:

Name Melanie Lynn Baez

Address 60493 Umatilla Circle

City/State Bend, OR 97702

SCR 25070

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

1. Death Certificate
2. Affidavit
- 3.
- 4.

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. Shaffer, Theodore Harold Jr.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. Baez, Melanie Lynn
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

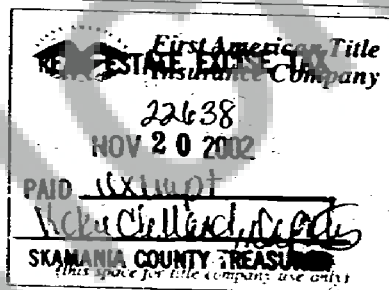
Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter;
S½ of the SE¼ of S23, T4N, R7E

☐ Complete legal description is on page 6 of document

Assessor's Property Tax Parcel / Account Number(s): 04-07-23-3-4-0800-00
0800-90

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.



STATE OF WASHINGTON DEPARTMENT OF HEALTH



BOOK 232 PAGE 623

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

10

LOCAL FILE NUMBER

1. NAME First Middle Last Theodore Harold SHAFER, Jr.				2. SEX (M/F) M	3. DEATH DATE (Mo, Day, Yr) March 10, 2002
4. AGE LAST BIRTHDAY (Yr) 48	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. UNDER 1 DAY MOS	7. BIRTH DATE (Mo, Day, Yr) 3/12/1953	8. BIRTH PLACE (City, State or Foreign Country) Washington, PA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No
11. CITY, TOWN OR LOCATION OF DEATH Carson			12. PLACE OF DEATH - CHECK FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 HOME 2 IN TRANSPORT 3 IN EMERGENCY OUTPATIENT 4 IN HOSP 5 IN NURSING HOME 6 OTHER PLACE 8862 Wind River HWY		13. SURVIVING IN LAST 15 YEARS? (Yes/No) Yes
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced		15. SURVIVING SPOUSE (if wife, give maiden name)		16. SOCIAL SECURITY NO. [REDACTED]	17. DECEDENT'S EDUCATION (Specify and highest grade completed) Elementary Secondary (9-12) College (14 or 5+) 12
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Maintenance Supervisor		19. KIND OF BUSINESS OR INDUSTRY City Government		20. Was Decedent of regular wage or salary? (Specify Yes or No. If Yes, specify: Clerical, Executive, Professional, etc.) No	
22. RESIDENCE - NUMBER AND STREET 8862 Wind River HWY		23. CITY, TOWN OR LOCATION Carson	24. INSIDE CITY LIMITS? (Yes/No) No	25A. COUNTY Skamania	25B. LENGTH OF RES. (MO) 9 yrs
26. FATHER'S NAME - FIRST, MIDDLE, LAST Theodore Harold Shaffer, Sr.		27. MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE SURNAME Gladys Long		28. STATE WA	29. ZIP CODE 98610
30. INFORMANT - NAME Melanie Shaffer			31. MAILING ADDRESS - STREET OR RD NO. CITY OR TOWN STATE ZIP PO Box 231 Stevenson, WA 98648		
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 3/13/2002	34. CEMETERY, CREMATORY - NAME Win-quatt Crematory		35. LOCATION - CITY, TOWN, STATE The Dalles, Oregon
36. FUNERAL DIRECTOR'S 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 CAUSE(S) STATED SIGNATURE AND TITLE X			40. DATE SIGNED (Mo, Day, Yr) March 18, 2002		
41. HOUR OF DEATH (24 hrs) Approx. 1800			42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bradley Andersen, 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 <i>[Signature]</i> Coroner			44. DATE SIGNED (Mo, Day, Yr) March 10, 2002		
45. HOUR OF DEATH (24 hrs) Approx. 1800			46. PRONOUNCED DEAD (Mo, Day, Yr) March 10, 2002		
47. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Bradley Andersen, Coroner PO Box 790 Stevenson, WA 98648			48. ME/CORONER FILE NUMBER 2002-181SK		
49. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Gunshot Wound To 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.					
A. DUE TO, OR AS A CONSEQUENCE OF: Immediate					
B. DUE TO, OR AS A CONSEQUENCE OF:					
C. DUE TO, OR AS A CONSEQUENCE OF:					
D. DUE TO, OR AS A CONSEQUENCE OF:					
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE.					
54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) Suicide		55. INJURY DATE (Mo, Day, Yr) March 10, 2002	56. HOUR OF INJURY (24 hrs) Approx. 1800	57. DISEASE OR INJURY OCCURRED: Decedent shot self with rifle	
58. INJURY AT WORK? (Yes/No) No		59. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) Home		60. RESIDENCE - STREET OR RD NO. CITY, TOWN, STATE 8862 Wind River HWY Carson, WA	
61. RECORD AMENDMENT (Receptor use only) DOCUMENTARY EVIDENCE REVIEWED BY DATE X <i>[Signature]</i> 3/19/02		62. RESIDENTIAL SOURCE X <i>[Signature]</i> 3/19/02			

DOH 0003-01-02

AFFIDAVIT FOR CORRECTION

BOOK 232 PAGE 624

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 PER YEAR	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1 STATE FILE NUMBER 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 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. 3/99)

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 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/administrators (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:

Adm: 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.

RECEIVED

MAR 19 2001

Karen Stenigard
 Dr. Karen Stenigard
 Health District Officer
 SW. Washington Health Dist

II00047766

**AFFIDAVIT
Lack of Probate**

State of Washington

County of _____

MELANIE LYNN BAEZ, being first duly sworn, deposes and says:

1. The undersigned affiant is the EX-WIFE of THEODORE H. SHAFER JR., who died MARCH 10th, 2012 at CARSON, State of WASHINGTON, then being a legal resident of CARSON, KAMAHIA, WASHINGTON.
(relationship to decedent) (decedent) (date of death) (year) (city) (city) (county) (state)

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:

THEODORE JESUA RICHARD SHAFER 21 SON STEVENSON, WA
JESSE MARCUS SHAFER 18 SON CARSON, WA
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

<u>JESE MARCUS ELLIFFER</u>	<u>18</u>	<u>SON</u>	<u>PARSON WA</u>
(full name)	(age)	(relationship)	(residence)
_____	(age)	(relationship)	(residence)
_____	(age)	(relationship)	(residence)
_____	(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 \$ 0.

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.

Melanie Lynn Raez
Affiant's Full Name

11/12/02
Date

Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF SKAGAMAW) ss.

On this day personally appeared before me Melanie L. Raez 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 12 day of November, 2002

Notary Public
State of Washington
JAMES R COPELAND, JR
MY COMMISSION EXPIRES
September 13, 2008

[Signature]
Notary Public in and for the State of
Washington, residing at Shirley
My appointment expires 9-17-03

EXHIBIT 'A'

PARCEL I

A tract of land located in the Southwest Quarter of the Southeast Quarter of Section 23, Township 4 North, Range 7 East of the Willamette Meridian, Skamania County, Washington, described as follows:

Beginning at a point 972 1/2 feet North of the Southwest Corner of the Southeast Quarter of the Southeast Quarter of said Section 23; thence North 100 feet; thence West 200 feet, more or less, to the county road known and designated as Wind River Highway; thence South 03°26' West following the Easterly line of said Highway to a point due West of the Point of Beginning; thence East to the Point of Beginning.

PARCEL II

A parcel of land located in the South Half of the Southeast Quarter of Section 23, Township 4 North, Range 7 East, Willamette Meridian, in Skamania County, and State of Washington, Being more particularly described as follows:

Commencing at the Southwest corner of the Southeast Quarter of the Southeast Quarter of said Section 23; thence North 0°34'30" East along the West line of said Southeast Quarter of the Southeast Quarter a distance of 972.50 feet to the point of beginning of the following described parcel. Said point of beginning is also the Southeast corner of that tract of land conveyed to Theodore and Melanie Shaffer et ux., by Statutory Warranty Deed recorded on June 27, 1997 in Deed Book 166 at Page 634, Skamania County Deed Records.

Thence South 89°25'30" East at right angles to said West line of said Southeast Quarter of the Southeast Quarter a distance of 50.00 feet; thence North 0°34'30" East parallel to said West line of the Southeast Quarter of the Southeast Quarter a distance of 100.00 feet; thence North 89°25'30" West at right angles to said West line of the Southeast Quarter of the Southeast Quarter a distance of 50.00 feet to the West line of said Southeast Quarter of the Southeast Quarter; thence South 0°34'30" West along said West line of the Southeast Quarter of the Southeast Quarter a distance of 100.00 feet to the point of beginning. Subject to the rights of the public in roads and highways.

Gary H. Martin, Skamania County Assessor

Date 11-21-12 Parcel # 04 07 23 34 08 00 80