

WHEN RECORDED RETURN TO:

NAME: Myrtis M. Pace  
ADDRESS: P.O. Box 65721  
CITY, STATE, ZIP Vancouver, WA 98665

Doc # 2005157341  
Page 1 of 5  
Date: 05/19/2005 12:04P  
Filed by: SKAMANIA COUNTY TITLE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$23.00

## Chicago Title Insurance Company

ORDER NO.: K144925 / TITLE ORDER NO.: 27837

*SCR 27837*

### DOCUMENT TITLE(s)

1. DEATH CERTIFICATE

2.  
3.  
4.

### REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

☐ Additional reference numbers on page z \_\_\_\_\_ of document

1.  
2.  
3.

**REAL ESTATE EXCISE TAX**

*24920*

MAY 19 2005

### GRANTOR(s): (last name, then first name and initials)

1. PACE; MELVIN T.

2.  
3.

PAID

*Exempt*

*Vicky Chelland, Auditor*

SKAMANIA COUNTY TREASURER

☐ Additional names on page \_\_\_\_\_ of document

### GRANTEE(s): (last name, then first name and initials)

1. PACE; MYRTIS M.

2.  
3.

☐ Additional names on page \_\_\_\_\_ of document

### TRUSTEE:

1.

LEGAL DESCRIPTION (abbreviated: ie Lot, Block, Plat or Section, Township, Range)  
LOT 18, MARBLE MOUNTAIN RETREAT, BOOK 'B', PAGE 5

☐ Additional legal description is on page \_\_\_\_\_ of document

### ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(s):

1. 07-06-18-4-0-0318-00

2.  
3.

*5-19-05*  
*SPM*

☐ Additional legal description is on page \_\_\_\_\_ of document

I am requesting an emergency non-standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

\_\_\_\_\_  
Signature of Requesting Party



**LACK OF PROBATE AFFIDAVIT  
(Community Property)**

STATE OF WASHINGTON )

Escrow Order No.: K144925CM

Title Order No.: 27837

SS

COUNTY OF CLARK )

County: CLARK

MYRTIS M. PACE, being first duly sworn, on oath deposes and says:

That affiant is the surviving spouse of MELVIN T. PACE, who died at HOME, on the 28TH day of JUNE, 2004 in CLARK County, State of WASHINGTON. (A copy of the death certificate is attached hereto.)

That among items of community property was real estate described as follows:

LOT 18, MARBLE MOUNTAIN RETREAT, ACCORDING TO THE RECORDED PLAT THEREOF, RECORDED IN BOOK 'B' OF PLATS, PAGE 5, COUNTY OF SKAMANIA, STATE OF WASHINGTON.

**[CHECK THE FOLLOWING ITEMS WHICH APPLY:]**

☐ That affiant and the deceased acquired said property as community property under deed dated \_\_\_\_\_ 1982 and recorded under Skamania County Recording No. \_\_\_\_\_

Gary H. Martin, Skamania County Assessor

OR

Date 5-19-05 Parcel # 7-6-18-4-318

☐ That affiant and the deceased provided for the conversion of separate property to community property by deed dated \_\_\_\_\_, 19\_\_\_\_ and recorded under \_\_\_\_\_ County Recording No. \_\_\_\_\_;

OR

☐ That affiant and the deceased provided for the conversion of separate property to community property and for the disposition of all community property by Community Property Agreement (a copy of which is attached hereto), dated \_\_\_\_\_, 1995 and recorded under \_\_\_\_\_ County Recording No. \_\_\_\_\_.



That there are no unpaid creditors (including claims of the State of Washington for assistance pursuant to the provisions of RCW 43.20B.080) of said decedent or of the former marital community nor unpaid funeral expense, or expenses, of last illness, except as follows:



**[CHECK THE FOLLOWING ITEMS WHICH APPLY:]**

- ☐ That the decedent left a Will, a copy of which is attached hereto.
- ☒ That the decedent left no Will.
- ☒ That the decedent's estate is not being probated.
- ☐ That the decedent's estate is subject to probate proceedings in \_\_\_\_\_  
County, State of \_\_\_\_\_ under No. \_\_\_\_\_.
- ☐ That the value of the decedent's estate as of the date of death, including all real and personal property, was approximately \$ \_\_\_\_\_ including the value of all separate property of said decedent of approximately \$ \_\_\_\_\_, and including the value of the decedent's community estate of approximately \$ \_\_\_\_\_.

Skamania County

This affidavit is made to induce \_\_\_\_\_ TITLE INSURANCE COMPANY (the Company) to issue its policy or policies of title insurance on the real property, covered by the Company's order number set forth above, passing to the surviving spouse because it was community property or passing to the surviving spouse because it was separate property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

DATED: MAY 18<sup>TH</sup>, 2005

X Myrtis M. Pace  
MYRTIS M. PACE

X 360-573-9306  
(Full address and telephone number)

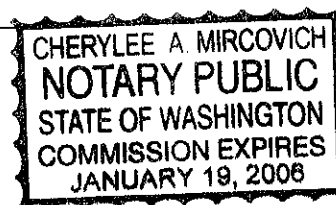
X 13308 NE 8<sup>th</sup> Ave

X Vancouver, WA 98685

MAILING ADDRESS  
PO BOX 65721  
VAN, WA 98665

SUBSCRIBED and SWORN TO before me this 18TH day of MAY, 2005.

Cherylee A. Mircovich  
CHERYLEE A. MIRCOVICH - Notary Public in and for the  
State of Washington, residing at VANCOUVER





# STATE OF WASHINGTON DEPARTMENT OF HEALTH

File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Last, First, Middle, Initial)		2. Death Date					
Melvin Thomas PACE		June 28, 2004					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Male	74				Clark		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State of Foreign Country)	9. Decedent's Education				
June 3, 1930	Ventura	California	High school graduate or GED completed				
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No				White		Yes	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)					13b. City or Town		
13308 N.E. 8th Avenue					Vancouver		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Clark				Washington	98665	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	
14. Estimated length of time at residence		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
15 years		Married		Myrtis Heberer			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Repair Manager				Heavy Equipment Repair			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Thomas Jefferson Pace				Georgia Agatha Spencer			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Myrtis Pace		Wife		13308 NE 8th Avenue, Vancouver, WA 98665			
24. Place of Death, if Death Occurred in a Hospital:							
Place of Death, if Death Occurred Somewhere Other than a Hospital:							
Decedent's home							
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death		26b. State	27. Zip Code
13308 NE 8th Avenue				Vancouver		WA	98665
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Burial		Northwood Park Cemetery		Ridgefield, Washington			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Layne's Funeral Home P. O. Box 7 Battle Ground, WA 98604				July 2, 2004			
33. Funeral Director Signature							
<i>Wm. E. Glunt</i>							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a. Sudden Death							
Due to (or as a consequence of):							
Interval between Onset & Death							
b. Unknown							
Due to (or as a consequence of):							
Interval between Onset & Death							
c. Unknown							
Due to (or as a consequence of):							
Interval between Onset & Death							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
HTN, hyperlipidemia							
36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death			
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending				<input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death			
				<input type="checkbox"/> Unknown if pregnant within the past year			
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	
45. Location of Injury: Number & Street		City or Town		State		Zip Code + 4	
46. Describe how Injury occurred							
47. If transportation injury, specify:							
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)							
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and under the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
X							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Jeffrey Ford, M.D. 14406 NE 20th Ave, Vancouver, WA 98686				0320			
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (MM/DD/YYYY)			
				June 28, 2004			
53. Title of Certifier		54. License Number		55. State File Number		56. Was case referred to ME/Coroner?	
Medical Doctor		H083260				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received (MM/DD/YYYY)			
<i>Rachel R. Overmyer</i>				JUN 30 2004			
59. Amendments							

DOC # 2005157341  
Page 4 of 5



# Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

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

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
--------------------	-------------------	-------------------------------------

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
--	---

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
----------------	-----------	--------------

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

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

### Birth Certificates:

- 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 have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name 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/CHS 021)**

### Death Certificates:

- Only the informant, the funeral director, or executors/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 certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

**CERTIFIED**

JUN 30 '04

*Karen R. Steingart, MD*  
Dr. Karen Steingart  
Health Officer  
Clark County Health Dept.

LL00136858

Page 5 of 5  
DC # 2005157341